A Primer on Dental Ethics: Part II
Moral Behavior

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Abstract

Neither being right nor feeling certain are preconditions for moral behavior, but believing that you and others together can create a better future is. A distinction is made between the theoretical, conditional, and reversible activities of ethical analysis and the individual act of courage in committing to moral behavior. Three positions in moral behavior are considered. (a) Research reveals that moral development involves sequential stages of more complex functioning and continues into the third decade of life. Almost all individuals have a choice of several frameworks they can apply to moral problems and very few are capable of functioning at the level where philosophical discussions take place. (b) Secondly, survey and observational research among professionals shows high levels of opportunism throughout training and practice. These questionable moral habits are motley, with inconsistencies across type and time within individuals, and are heavily dependent on peer context. (c) Finally, performance language—promises that bind groups of individuals to future behavior and build moral communities—can serve as the foundation for moral behavior. Eleven specific "lessons learned about moral behavior" are identified.

Statisticians are aware of the difference between the symbols σ and SD. Both of them are used to represent standard deviation; there numerical values should always be identical in particular situations. But the Greek term sigma is understood to refer to standard deviation in the theoretical sense, in general equations and formal discussions of universal cases. The Latin term refers to specific standard deviations, ones that are calculated from concrete data in particular studies. The same pairing of Greek and Latin symbols is carried throughout statistics for averages and other parameters. This distinction helps us remember whether we are talking about theoretical situations or concrete ones.

The same distinction can be drawn between ethics and morality. Ethics, εθικοσ, is Greek and refers to the study of good and bad or a set of principles deriving from such a discipline. Morals, from the Latin *moralis* and *mos* for custom, means good or bad behavior. Professors of ethics could do their best work alone in an office and we would read their books to find out what they were thinking. By contrast, professors who are moral do not cheat on their spouses, shade their income taxes, or palm off heavy committee assignments on junior faculty members—regardless of what they publish. Evidence for ethics is reasonableness; evidence for morality is action.

There have been some philosophers, such as Socrates and William James, who maintained that this distinction is too thin to matter practically. For them, anyone who understands right and wrong in the ethical sense will engage in only right behavior in the moral sense. This does not square with common sense.

The connection between ethics and morality is much like the connection between σ and SD. There are many sigmas that have no realization in the actual world and figure primarily in theoretical debates among statisticians. But practical uses of standard deviations that do not conform to the principles of statistics are at risk for leading to error in inferences about research. Heavy emphasis is needed on the difference and also the relationships between ethics and morality in order to avoid the twin follies of behavior that is not grounded in ethics and trying to reason our way to good behavior. The virtues of ethics and morality are not the same: the defining characteristics of ethics are reason or wisdom; the defining characteristic of morality is courage. We need to increase the available supply of both.

In the first part of this primer, published at the end of 2006 in this journal, I presented the three major branches of ethical theory: principle and universal ethics, virtue ethics, and consequential ethics. The dissatisfaction that emerged in this discussion is that multiple patterns of behavior seem to be "justifiable" on each theory, but none had succeeded in making a lasting impact on the tone of society. Even if one theory could dominate another

(which has not happened yet), the evidence that adherents to any particular approach are in some way "more ethical" is not compelling.

So we must now pass, in the second part of this primer, to the other wing of the house and consider what lies beyond the three doors of (a) developmental moral theory, (b) descriptive morality, and (c) performance language.

Door #4: Moral Development

The first door into understanding good and bad behavior opens onto the exploration of how we grow morally. The way a child talks about right and wrong is different from the language and approach of an adult. We tend to prefer communities built by ethically mature individuals to honor among thieves. It may even be the case that severe forms of antisocial behavior are the result of arrested moral development.

Kohlberg

The leading name in this approach is Lawrence Kohlberg, a Harvard professor who took his own life a few years ago. Kohlberg studied cohorts of children, almost exclusively boys, over long enough spans of years to note changes in the way they approached moral dilemmas. He observed certain regularities during this development in the way dilemmas are framed, with these developmental stages emerging in essentially the same order in each child. He divided this growth pattern into three levels: (a) preconventional, (b) conventional, and (c) postconventional moral reasoning. He further divided each level into two patterns, making a total of six stages of moral reasoning. His primary research tool was the moral dilemma, in particular the case of Heinz, the poor man whose wife was dying of a disease for which a very expensive possible cure was available. Heinz was unable to get help raising money from his friends and the druggist wanted full payment up front, so Heinz contemplated stealing the drug. (The full dilemma appears in Part I of this pair of essays in the fourth issue of the *Journal of the American College of Dentists* for 2006.)

Participants in Kohlberg's research were asked to explain their reasoning about moral dilemmas. We can illustrate this approach by discussing the dilemma a senior dental student faces over having only one individual in her family of patients with an "ideal Class II state board lesion." Optimally, this particular lesion should be treated in sequence several months before the initial licensure examination, but that would leave the student with no qualifying patient for the boards in an environment where such patients are so scarce that individuals with such lesions charge thousands of dollars to sit for one-shot chances on the boards.

At the preconventional level, the dental student would frame the problem in tightly personal terms of reward and punishment. At Stage 1, the following theme might be running through the student's head: "I know Dr. Boxhider will

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find out about this. He is a tyrant, and if he discovers my hoarding this lesion, he would ruin my career." Punishment is assumed to be an inevitable consequence of detected transgressions. At Stage 2, the fear of punishment is not as concrete and literal, but self-interest is still the underlying force. "This patient doesn't understand optimally sequenced care and was responsible for letting the caries get out of control in the first place. If I have to postpone the boards or run the risk of showing up with a questionable patient, I can kiss that associateship at the Wonderful Dental Care Group good-bye." Stage 2 moral thinkers are literal loophole lovers.

Conventional in Kohlberg's terminology means with reference to the norms of groups to which the individual belongs and whose interests should be considered when deliberating ethical choices. A Stage 3 dental student would rehearse thoughts like these in the dilemma of reserving a Class II lesion for initial licensure examination: "My friends would consider me naive to treat the patient now; everybody hoards patients. The clinic director would be unsympathetic to giving me more patients, particularly such scarce ones when other students don't have anything like a qualifying patient in their pools." Also at the conventional level of moral reasoning, but of a more global or societal nature and somewhat more abstract, the Stage 4 student would reason differently. The ADA Code of Ethics says "The most important aspect of this obligation [Code Section 3: Beneficence] is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires, and values of the patient." Issues of competence, the meaning of timeliness, and the patient's not having said anything about the matter must be interpreted as part of applying this stage of moral reasoning.

The highest level, postconventional moral reasoning, is a bit more vague. Individuals at this level move to abstract considerations of principles of right and wrong beyond their own self-interests or the interests of significant reference groups. They create individual codes of ethics that could be defended as correct and appropriate in some universal sense. The individual at Stage 5 is a delight to ethicists and will always get an A in the ethics class. He or she is aware of and can counterpose a full range of ethical considerations. Our hypothetical student would identify all of the arguments presented so far and add others. "There is an issue of fairness here; am I obliged to follow the rules of a system that itself subordinates patient health to other considerations? Aren't I considering making a decision for my patient without informing her or finding out her wishes? Circumstances have placed me in this unfortunate position, but my overall performance as an emerging professional is consistent with the highest ethical standards; it is the pattern that matters, not the exceptions." Kohlberg admits that Stage 6 is idealistic. Comprehensive, universal ethical positions are rare—except among philosophers. If the student with the precious Class II lesion could unify or clearly prioritize the blizzard of alternative considerations into a unified whole, he or she would score at the highest level.

Kohlberg's research, and a fair bit of subsequent work, has demonstrated that these levels emerge in sequence: preconventional reasoning comes before conventional reasoning, and then post-conventional reasoning follows. In fact, however, the levels telescope: individuals who are capable of conventional reasoning are also capable of preconventional reasoning (but not vice versa). The stages are only capabilities, not typical behavior patterns, and individuals who could operate at the postconventional level often function at the preconventional level, especially under stressful circumstances.

The possibility of advanced stages of moral reasoning is age-related. Conventional reasoning is rarely seen before adolescence; postconventional reasoning begins to emerge in late adolescence, and certainly continues to evolve beyond the time most dentists have settled their practice habits. Kohlberg presents evidence that the possibility of higher stage reasoning continues to increase at least as far as age forty and that it is associated with both IQ and with completing higher education. This appears to be a clear positive answer to the question whether dental students can learn moral behavior in dental school. (The first conversion from preconventional to conventional levels among young boys seems to be a function of the socioeconomic status of parents, but not the later changes.) Almost all individuals studied by Kohlberg were at Stage 3 and Stage 4; the highest level encountered in most groups is Stage 4/5.

Kohlberg's theory concerns itself with moral reasoning, not moral behavior. He is explaining to us what individuals typically are capable of doing when asked to discuss moral choices. There is no way to tell with certainty, for example, what the dental student will do with the Class II lesion. We only know what he or she would be able to justify doing.

Piaget, Rest, and Gilligan

A rich picture of developmental approaches to moral reasoning requires discussion of the contributions of Jean Piaget, James Rest, and Carol Gilligan.

Kohlberg was an admirer of the Swiss psychologist Piaget and built on his work. Beginning in the 1930s, Piaget engaged in systematic observation of children in natural settings. His working idea was that children are not just little or incomplete adults; they exhibit age-specific patterns of behavior in their cognitive, social, and moral behavior. Each of these stages is internally consistent, but with age, the more crude systems are replaced, in an order that is the same for each child, with more complex and serviceable mental structures.

Piaget has his own theory of moral development, but perhaps his major contribution (judging from today's perspective) was in noting that cognitive, social, and moral development evolve in parallel with each other. Clearly, Kohlberg's conventional level of moral reasoning is linked to the child's ability to function as part of a social group and his view of postconventional reasoning requires advanced cognitive skills. Piaget noted that the ability to consider hypothetical situations (what if), the ability to mentally reverse situations, and the capacity to take the perspective of others are all involved in advanced reasoning. They also play a critical role in teamwork, delayed gratification, and ethical deliberation. Recent research on the physiology of the brain reveals that mylentation of the frontal lobes and their integration with other regions of the brain is delayed significantly compared to development of the cognitive cortex or the areas responsible for long-term memory. The frontal region is concerned with short-term memory (which permits comparisons of alternatives), the capacity for counterfactual reasoning (solving complex hypothetical problems), and acts of will such as choosing to sacrifice now for a greater good later. Damage to the frontal lobes is associated with antisocial behavior. It appears that Piaget's observations that cognitive, social, and moral behavior are interconnected and emerge in stages has a physiological foundation.

James Rest and the center he founded at the University of Minnesota are characterized as Neo-Kohlbergian. The Defining Issues Test is the most commonly used test now for measuring individuals' moral reasoning development, which is reported as three types: personal interest, maintaining norms, and post-conventional schema. In the tradition of Kohlberg, five dilemmas are used to evalaute the thinking of individuals confronted with moral choices.

But Rest also proposed that moral judgment could be understood as more than reasoning independent of moral action. He developed a four-component model for morality. (a) Moral sensitivity or awareness comes first; we must recognize that we are in an ethical situation before we can respond to it. Perhaps some people are especially sensitive and others a bit oafish in knowing what is going on around them and whether it matters. (b) The second part of the model is selecting an appropriate course of action. This is the step of ethical analysis; of considering alternatives and prioritizing and articulating reasons justifying potential behavior. This is what ethics books are about and what is taught in ethics courses. (c) Motivation to act ethically is the third step, and Rest lays out the possibility that an individual could have been a star at step two (ethical analysis) and then fold his or her tent and go no further. Rest also acknowledges the possibility of doubling back in this process. For example, a sound ethical analysis at the second step might be reframed if the moral action at the third step appeared inconvenient. (d) Finally, there is the matter of implementation, which involves persistence, ego strength, and interpersonal skills. Again, allowing that the steps in Rest's model are independent, we can have a sensitive individual at the highest level of sophistication in ethical analysis, and highly compassionate to engage in moral behavior who, nonetheless, makes a botch of the intervention for lack of communication skills, understanding of organizational dynamics, or even because he or she is the wrong person (as an alcoholic father advising his son on drinking). Rest places less emphasis on the linear ordering of levels and sequence in moral reasoning than did Kohlberg. There has been too little work

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extending and strengthening Rests work of the four steps in moral behavior.

Carol Gilligan, a research associate of Kohlberg's, noticed that few of the boys in his studies reached the higher levels of moral development. She also thought that women might frame the dilemmas used in the research in different terms. She became a pioneer in the field of women's studies with her interviews of professionally oriented graduate students and women who were facing decisions about abortions. The women's voice when looking at their own issues was certainly more complex and nuanced than the voice used by boys to describe moral reasoning for hypothetical cases. Gilligan described this voice as one of "care." By this she did not mean nurturing as in the traditional female role of caring for others. Instead, her axis of moral development runs from simple acceptance of socially or group-defined roles (which she calls separation from self) to a personal sensitivity to the full range of individuals affected by a moral action, including the woman herself (which she calls identity). The morally mature woman cares what might happen to herself and others and orients toward avoiding actions where anyone might be hurt.

What We Found Behind Door #4

The developmental approach to morals calls into question some naïve assumptions about good and bad people.

a. The metaphor that pictures individuals as containers of moral virtue, to be filled by education or other means, does not seem appropriate. Very likely there is something called the capacity for morality, but the capacity grows over the first ten to forty years of life. Although the growth may be in some invariant sequence, it is not at the same pace for all, and the process is subject to premature truncation. Muriel Bebeau, an Honorary Fellow of the College, has demonstrated that ethics training can advance individuals to higher levels of reasoning. David Ozar, another Honorary Fellow, has developed a hierarchy of moral action that represents higher-level moral reasoning. Nevertheless, it is apparent that education (in the sense of filling up the student with knowledge) is an incomplete view of moral development.
b. Individuals do not always use all of their moral capacity. One could be capable of the highest flights of ethical theory but choose–for reasons that we have not studied–to act in certain situations, or even generally, on a conventional or even preconventional basis. We need to understand better why some individuals in some situations fail to live up to their full moral potential.
c. Everyone is not capable of functioning at the highest moral level. Children certainly cannot manage ethical challenges the same way adults do; even late adolescents may not have reached their stride. If we take Kohlberg seriously, very few of us ever reach the level where we incorporate anything like the ethical theory of philosophers into our moral behavior. Quite literally, there is a serious risk of disconnect between ethical theorizing and practicing good and bad behavior, and better theories will not do much to bridge that gap.
d. Framing morality as rule-following represents a low-level approach to ethical matters.

Door #5: Descriptive Ethics

Eighty years ago Hartshorne and May (1928-1930) set out to identify children who had a propensity for defective moral character. They studied eleven thousand children in school, home, and athletic contexts where lying, cheating, and stealing might be possible and captured the children's' perceptions, reporting their findings in three volumes. The dominant insight: there is no such thing as a moral type of child. Virtually all children were flawed, but not in any consistent pattern. Some would steal but not lie; some would cheat on an arithmetic test but not a geography test. Moral behavior appears to be largely situation specific.

Men are more likely to admit to cheating than are women, and students with low overall academic performance say they cheat more often (Cizek, 1999; Stern, 2006). Nath and colleagues (2006) report differences between medical, dental, nursing, pharmacy, and allied health programs on what constitutes

professional behavior. Donald McCabe, the current leading researcher on lack of academic integrity (2005; 2006), finds that 66% of college students self-reported cheating in 1993; thirty years previously this figure stood at 65%. However, self-reported cheating is higher in professional schools: 72% in engineering schools and 84% in business schools. A preliminary report by McCabe at the 2007 meeting of the deans sponsored by the American Association of Dental Education suggested that the number in dental schools may be even higher. Andrews and her colleagues (2007) report that 75% of U.S. and Canadian dental students self-report that they have cheated on examinations (23% very often) and 58% say they have cheated on preclinical assignments. A 2000 paper (Beemsterboer, et al) reported that 83% of dental schools had experienced cases of ethics allegations involving copying on tests. The proportion of schools with allegations of altered clinical records was 52%, 26% for taking credit for clinical work what was not one's own, and 21% for stealing.

Lapses of integrity are more difficult to study among practicing professionals because cohort samples are more difficult to assemble, although it may be assumed that all of them were once students. Serious breaches were reported by Steneck (2006) in the practicing science and engineering communities. Reid, Mueller, and Barnes (2007) found that 81% of surveyed dentists saw no ethical issue involved in accepting gifts from patients. Nearly fifty years ago McCluggage (1960) found that unprofessional behavior in practice was associated with questionable behavior in school, and Masella (2007) recently explored the concern over eroding professionalism in dentistry. In the Harvard study of professional ethics (Fischman, et al, 2004), the first years of practice for journalists, actors, and genetics researcher scientists were decisive in creating a "professionalism of expediency." My own research (Chambers, et al, 2002) found that practice profiles among young dentists that exhibited a tendency to engage in unusually procedures was unrelated to educational debt, but associated to a small degree with borrowing to establish a practice.

The evidence on professional cynicism is consistent, but difficult to interpret. In dentistry (Hutton, 1968) and other professions (Goldie, 2004; Pascarella & Terenzini, 2005), a consistent pattern is noted of students increasing in cynicism as they enter the clinical phase of their professional educations. By contrast, the findings are equally clear that humanitarian and service motives rise noticeably in college and the first years of professional education. The American Association of Dental Schools' annual Survey of Seniors for the Class of 2006 (Chmar, et al, 2007) lists the motives of service to others receiving a 50% rating in the "very high" category; income potential and working with hands each received 41% "very high" ratings.

There is also research on factors associated with lapses of integrity. Jones (1991) proposes a general model involving the interplay between individuals and the organizational contexts in which they find themselves. Perceived probability of detection, temporal immediacy, concentration of effect (dramatic nature of acts), proximity of those involved, and prevailing social consensus all play a role. Surveillance and availability of collaborators also seem to matter. Jones is particularly concerned over asymmetries in status such as those that exist between a lawyer or business executive and their clients; and he suggests that professionals—because they work in contexts where there is no immediate check on their work—are especially prone to moral challenges. McCabe (2001) found that college students called before an ethics board but not disciplined were likely to be repeat offenders. The most definitive research on factors that contribute to moral gaps in the academic setting is summarized by McCabe, Butterfield, and Treviño (2006). Incidence of self-reported cheating is related to perceived likelihood of being reported, personal acceptance of academic policies, and estimates of how widespread cheating is among classmates. There seems, however, to be no significant association between cheating and perceptions regarding the severity of possible penalties.

The view of morality from the perspective of peer networks seems to be useful (Brass, et al, 1998). Zey-Ferrell and Ferrell (1982) found that beliefs by employees in organizations about how strongly they felt their colleagues valued corporate norms was a better predictor of their self-reported ethical lapses than the employees' own personal beliefs. Sheehan and others (1990) and Silver and Glicken (1990) report that medical students and residents reflect, in their own moral frameworks, the abuse they receive during training. McCabe (2006) summarizes this view: "Observed peer behavior was the most important of the influences studied for all of the graduate students" (p. 300). This should be obvious in the case of collusion and other forms of collaborative dishonesty, such as fee-splitting. But it raises a challenge to understanding how to intervene to reverse the direction of moral decay. If, as Habermas (1990), Rest

(1986), and other moral philosophers suggest, moral failure is defined as action that damages those around us, how, at the same time, can the morals of those around us be the driving force for elevating our level of morality?

The power of the cultural context in moral matters affects both whether or not morality will be preserved and what will be done, or not done, when breaches occur. As a student wrote recently in the *Journal of Dental Education* (Koerber, et al, 2005), "Most people understand they are doing something wrong, but they don't understand the consequences of behaving unethically" (p. 214). There seems to be evidence (Andrews, et al, 2007) for the oft-told concern of students that faculty members overlook breaches of integrity. Only 63% of the surveyed dental students (and 42% of the faculty members) claim they support the academic integrity policies in place in their schools; fewer, 38%, believe these policies are effective in managing cheating. (To be fair to faculty members, they blame the administration, and the administration blames society.) McCabe (2005) expresses the problem in these terms: "Each campus constituency tends to shift the 'blame' for cheating elsewhere" (p. 28). A faculty member at Rutgers (Puka, 2005) recently had the courage to defend in writing his view that the system is so broken that students should be allowed to cheat if they want to.

Whistle-blowing is a mixed virtue. Trevino and Victor (1992) found that business school students viewed colleagues who report cheating as ethically ideal but disliked. In the study by Andrews and colleagues (2007), only 47% of students agreed with the statement that "students should be held responsible for monitoring other students." The analogy would be that audible flatulence in church is impolite; but it is a worse offense to point it out. Schrader (1999) notes that "most students resolve dilemmas by letting the issue drop, by doing nothing, by going along with the situation or with others in it, and by letting the problem resolve itself" (p. 48). We have already considered Carol Gilligan's work with women where identifying and validating the concerns of those who might be hurt in a moral crisis is considered by many to be the purpose, the final resolution, of moral issues.

The final piece of data comes from a dental school study where the question was asked "Why do you believe your classmates cheat?" Fourteen percent said it was to get ahead, improve class rank, etc. About a quarter each attributed cheating to fear of failure and physical opportunities being made available. Not being prepared, needing to catch up, and being pressured were mentioned by about four in ten students. The most common motive for academic dishonesty, mentioned by 51% of the dental students, was lack of respect for the system. This is the cultural context argument blown up to rather large proportions. Students seemed to be saying "A system that I regard as being questionable has only weak claims on my behavior when there is so much at stake." Students felt that 94% of their classmates were engaged in cheating. This study was conducted thirty years ago (Fuller and Killip, 1979) and the respondents are now entering the prime years of their practices. Similar findings emerged twenty years earlier in the study conducted by Douglas More and commissioned by the American College of Dentists.

What We Found Behind Door #5

What can be learned in a general way about morality by looking at research on how professionals actually behave?

e. Perhaps the most meaningful lesson is that people are not all good or all bad; in fact, they may not even be consistent across opportunities or across times. Our understanding of moral action is enhanced if we also know the context in which the person is behaving. Perception of peer values and organizational norms are powerful stabilizers of moral activity. Our attention is thus drawn to the entire peer group and we should begin to inquire into the potential for moral behavior generally in a community. The "bad apple argument" is too limited; we must at least be willing to consider a few "bad barrels" as well.

f. The realization is inescapable that moral integrity is a porous concept. Opportunistic behavior is arguably the norm among professionals. Most of us are facile at rationalization. It is unlikely that we will be able to address moral weakness as long was we continue to think of it as being clear-cut, localized, and only needing spot attention to address unambiguous violations.

g. While we are fixated on the fact that professional behavior is opportunity in a situation-specific fashion, a new issue begins to take shape in the background: why is such widespread moral weakness accepted? Equivocation is the dominant response to being confronted with concrete instances of moral lapses or with wholesale characterizations of professional culture as being morally soft. It seems to be easier to agree on ethical theory than to take moral action.

h. Finally, professional amorality begins to look less and less like a matter of finding and punishing individual transgressors. Have we not overlooked chances to raise the level of concern for our fellows, contribute to the common good, and build communities where we can all thrive? Morality has become a question of how far down will we allow individuals to go (negative morality) rather than how far up we can rise as a community (positive morality).

Door #6: Performance Language

True philosophers get heartburn over the descriptive morality of the previous section. "How," they ask, "can various descriptions of what people do be used as a basis for deciding what they should be doing? Just because people act a certain way does not mean that is the right way to act." In fact, this mistaking what is for what ought to be has a special name: the "naturalistic fallacy."

We saw behind the first door in the previous essay (principles approaches to ethics) that given situations are open to multiple interpretations, some of them leading to conflicting courses of action. There is also the problem that clear ethical understanding does not necessarily lead to behavior that is consistent with that insight. But the wobble between ethical theory and moral behavior is even greater than that. The deontological ethicists, those who hold that good intentions are the basis for ethics—duty ethics and casuistry—face the problem of uncovering the true motivation for behavior. William Jennings Bryan noted that "it is a very poor mind that cannot think of a good reason to do what it wants." Good lawyers and press agents can be hired if extra help is needed. Even those who act from the purest of motives cannot be distinguished with any certainty from those with a clever justification, thus making each individual the only true judge of ethics on the ethics-as-duty view, and then only for himself or herself. Of course, this is an unacceptable position, and we have to find some way to protect ourselves from it.

Here is the problem expressed as a little story. The instructor stood in front of a philosophy class I was taking many years ago. I thought he had a bit of a smirk on his face as he gestured toward the blackboard and asked in a challenging way, "What is this? It is right in front of you. Just tell me what it is." He was pointing toward something that looked like a straight vertical line followed by, but slightly detached from, something that looked a bit like a three. Finally he said he would give us a hint. Evenly spaced in front of the ambiguous figure he clearly made an 11 and a 12; then to the right, again evenly spaced, he made a distinct C followed by a D. Soon the game lost its interest. In triumph, the professor announced that the "it" he was pointing to was a blackboard. He might as well have said "this" is a figure, a game, a gesture, the end of my finger, or even "this is not a hippopotamus." All of these descriptions are equally correct in theoretical terms, and some sort of context might be cooked up to make many of them reasonable. This is called the problem of indeterminacy of designation. That is a fancy way of noting that there is no one-to-one correspondence between the real world and our interpretation of it. Every description is not meaningful—the professor could not have convinced us that he was pointing to a hippopotamus—but there remains a very large, if not infinite, number of plausible interpretations for any given situation.

> The definition of immoral does not mean ungrounded in ethical principles; it means failure to make or follow through on promises that build community.

Moral Consciousness and Moral Commitment

This matters a lot in the relationship between ethics and morality. The "it" we are interested in might just be somebody's conception of an ethical ideal, as in "it's just the right thing to do." The way the problem is framed makes a difference in how it is approached. Ethical disagreements that arise so often when considering dilemmas are likely to be traceable to individuals who agree substantially on their ethical positions but interpret the case differently. Alternatively, individuals may agree on the ethical principles involved in a case, but only one of them will act based on those principles. How can we bridge the gap between ethics and morality?

Sometimes it happens that the situation can be reframed to ensure an ethical interpretation that justifies a predetermined favored course of action—or most often principled prevarication. This is called an ethical rationalization. Carol Gilligan's famous case study of women facing decisions on abortion illustrates the tenuous relationship between ethical interpretation and moral action. The stories are heart wrenching for the complex tossing and turning the women engage in. The common denominator in the ethical resolutions is distress over realizing that there is no solution that avoids having to hurt someone (but only in one of the cases Gilligan reported was the fetus mentioned). Five of the eleven cases described in detail were women who were choosing a second or third abortion or who had subsequent abortions. It appears that an individual can be deeply, totally engaged in an ethical decision, and even do things, without there being a clear sense of moral action.

A parallel situation exists in dentistry. As part of the initiative of the American College of Dentists to raise awareness of the damage caused by fraud and quackery, a colleague and I crafted a case where a dentist recognizes gross and continued negligence in the care rendered by a colleague. The case was engaging in the traditional sense that students and dentists could recognize principles such as nonmaleficence and fiduciary responsibilities to patients. But problems arose when the same case was presented in terms of moral action. We asked what the ethical dentist should do in this case. Many said some action was necessary, but the natural of the actions tended to be vague. There were always some practicing dentists who felt that the ethical dentists should avoid taking any action. Because this was puzzling, we asked the "no action justified" dentists, who included officers in organized dentistry, to explain their framing of the issue. "You can't tell if the patient is lying" and "perhaps there is something going on in the referring dentist's life" were examples of ethic reframing. We incorporated each of these objections into new versions of the cases. For example, multiple sources of the complaint were introduced, each from personal friends of the ethical dentist who were upstanding members of the community, emphasizing the repeated nature of the abuses. This did not do the trick—even when the cases were presented to the objecting dentists in versions that specifically addressed their objections. Some people are just not going to take moral action—regardless of how fully their conscience is filled with ethical conviction.

This does not amount to nihilism—"there is no rational order in the world, so who cares." Nor do we have to put up with ethical relativism—"each person is his or her own ethical standard." We are, however, pretty much locked into pluralism. Ethical pluralism is the position that, for each situation, some interpretations are untenable, but there may be more than one acceptable alternative. Moral pluralism defines a moral space, ruling out many unacceptable courses of action, but leaving in one or more morally required courses of action. Additionally, the moral space has fuzzy borders and sometimes an ambiguous relationship with ethical theory. But there is a bridge, and we turn to that now.

Moral Promises

A remark that sounds very much like Lewis Carroll is "I don't know what I mean because I haven't said it yet." Language is the key to grounding moral behavior in ethical theory. It is the bridge we have been looking for. Sometimes, language is used to describe the situation as it is seen. The dentist says, "I see a little spot on this radiograph." (Actually, the dental assistant could say this as well and may be the one who draws it to the attention of a dentist who has overlooked it.) The dentist can also say, "This is caries and your insurance company will pay a certain amount as reimbursement for repair if I tell them it is." (The assistant certainly cannot say that.) The first example is descriptive language; the latter is performance language. Performance language actually does something. It creates actionable categories that change someone's or something's status; it commits the speaker to a course of action.

The difference between descriptive and performance language can be seen in the analysis of ethical dilemmas that are used in teaching situations. Those discussing the case in class may bring up alternative analyses and demonstrate good knowledge of ethical principles. When asked to switch roles from an abstract observer to take a position within the case (for example, "What would you actually say to the patient if you were the dentist in this case?"), some participants can make this role change while others cannot. Some will say, "Mr. Black, I recognize your desire to have these teeth removed based on what happened to your parents. But those teeth are sound, and as a professional I value preserving health. I would be happy to work with you so you have the strongest teeth and healthiest mouth possible, if that is what you would like." Others dodge the issue, saying, "I would want the patient to understand that my own autonomy has to be part of the solution too. But I don't want to say anything that would offend the patient because he might just go to a cheapo clinic and get them all out." The first

response is "in the case," the second is "about the case."

There are three important differences between descriptive and performance language. First, descriptive language is theoretical, reversible, and conditional. Its truth or utility depend on perspective and that is open to interpretation. Multiple interpretations of the context are possible, so several descriptions are plausible, as in the illustration of the professor and the blackboard. Inconsistent potential actions can be countenanced simultaneously. In the example above, the dentist wants both to decline the patient's wishes and at the same time avoid "losing" the patient. These inconsistent hopes can be maintained as long as the case is being "described." By contrast, performance language represents an actual and irreversible behavior. After having told the patient that the dentist will not extract vital teeth, he or she could not very well say, "That was only a theoretical statement and now we can talk about other possibilities." Descriptive statements could happen; performance ones happen as soon as they are stated. That is why some of those considering ethical dilemmas prefer to remain at the theoretical level, or may even be incapable of actually taking a moral stance.

The second difference concerns perspective and responsibility. Descriptive statements are true or false based on conformance to abstract and general standards. "Failure to obtain informed consent is a breach of patient autonomy no matter what the circumstances or the parties involved." One would always be correct in making that comment, in a general sort of way, even if it had no bearing on whether or not a particular dentist should obtain informed consent in a specific case. Moral claims must be personally redeemed. In performance language, one only and always speaks for himself or herself. What makes the moral claim "I should ensure informed consent" true or not is no longer the ADA Code of Ethics but the speaker's behavior. Taking a moral position through performance language makes the speaker responsible. That is why some of those considering ethical dilemmas prefer to remain at the theoretical level, or may even be incapable of actually taking a moral stance.

The third difference between descriptive and performance statements concerns relationships. Descriptions interpret what appears to be going on between individuals; performance language creates relationships. Descriptive language talks about a slice of the present as a specimen. When we listen to discussions of ethical cases conducted at this level, we draw conclusions about the speakers, such as, "Boy, she sure knows the codes and ethical principles," or, "I feel uncomfortable with his view of the world," or, in the case mentioned above regarding extractions, "The speaker seems to be waffling because there is no way to have it all." Ethical analysis provokes judgments about the speaker. By contrast, performance language creates expectations about mutual futures—without being judgmental. The dentist who engages the patient who wants to have all his or her teeth removed by offering to work together is making a commitment to future actions that involve both parties. It is a promise that the person to whom the performance language is expressed can count on certain behavior now and to come. On this line of reasoning, the definition of immoral does not mean ungrounded in ethical principles; it means failure to make or follow through on promises that build community when they are needed. That is why some of those considering ethical dilemmas prefer to

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Moral behavior includes physical acts such as charity dental care and establishing office hours that are convenient for working single mothers. These may not be performance language in the conventional sense of making speeches, but they carry the same impact of responsible communication intended to make a better community. The phrase "to take a stand" derives from the practice of standing up to be counted as taking a position. Serving on a peer review committee, questioning a colleague about his or her practice seeming to move away from traditional health values, or speaking at a White Coat Ceremony are moral acts. So is writing an editorial. Any pronouncement intended to build a moral community that publically commits the speaker to a positive role in that community is a moral act. Analyzing an ethics case or developing a personal philosophy is not.

> The universal moral question sounds something like this: "I would like to talk with you about what I see as an opportunity for you and me to work together for a future that benefits all of us."

The moral question and the ethical one are different. Ethics is the study of right and wrong and the job is finished when a correct sorting of possible positions has been made and, even better, when some rules have been framed that facilitate this kind of sorting. If done well, there should be an element of certainty in this work. Moral positions are anything but certain; they are based on faith and courage that a process should be followed—a tool rather than a rule. The moral question is, "How can I get into a conversation about improving community?"

The universal moral question sounds something like this: "I would like to talk with you about what I see as an opportunity for you and me to work together for a future that benefits all of us." Note that this statement does not presuppose a correct position, although it makes the speaker responsible and implies that a better condition (not the perfect one) would involve several people. Note also that the speaker is not required to assume an ethically complete or superior posture. Taking moral positions always makes one vulnerable. One need not be a philosopher or even a saint to engage in moral action; but it sure helps to have courage.

What We Found Behind Door #6

Language approaches to ethics are new philosophical methods. It may seem paradoxical that talking is the bridge between realizing what is right and behaving morally. What are some of the conclusions that can be drawn from this distinction?

i. Ethical analysis is certainly not a moral behavior. When philosophers do it, it is an academic discipline. When students do it in an ethics course, an interview, or any other artificial situation where they are describing what is happening, they are engaged in school work. When we point out the ethical lapses of others or propose changes that we would like to see others bring about, that is homiletics or moralizing. When we rehearse ethical justifications for actions we have already taken or would like to take in order to clothe our actions in respectability, that is faux ethics.

j. True moral behavior is making promises or letting others believe that we have made them. Sometimes this involves specific language, but more commonly we use acts or assume roles that de facto carry legitimate expectations. Whenever others can reasonably be expected to count on us in the future to redeem these promises for the mutual benefit of all concerned, we have made a promise and have acted morally. When there is uncertainly about this kind of understanding, we need to talk about it. But in all cases, we speak in the first-person singular. There is no morality without an "I": there is no safe, universal perspective.

k. Because morality is about relationships and about the future, there can be no certainty. Courage is required. One of the surest signs that one is not behaving morally is to approach others with a precondition that you will be right. The proper attitude is that you are willing to work with others to try to make things better; time and your joint efforts will tell. This is not ethical judgment (the application of right and wrong) but moral engagement (the discovery and creation of better communities). ■

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Recommended Reading

Summaries are available for the recommended readings marked by asterisks. Each is about eight pages long and conveys both the tone and content of the original source through extensive quotations. These summaries are designed for busy readers who want the essence of these references in fifteen minutes rather than five hours. Summaries are available from the ACD Executive Offices in Gaithersburg. A donation to the ACD Foundation of $15 is suggested for the set of summaries on moral action; a donation of $50 would bring you summaries for all the 2007 leadership topics.

Austin, J. L. (1962).
How to do things with words.
New York, NY: Oxford University Press.

Austin argues that certain types of statements "do" something rather than merely describe. "I offer to pay $1M for the house" or "The jury finds you guilty" are examples. The book is an analysis and classification of such statements, which Austin calls performatives. The meaning of performatives is in their impact on listeners, not in their being true or false.

Donaldson, T., & Dunfee, T. W. (1999).
Ties that bind: A social contracts approach to business ethics.*
Boston, MA: Harvard Business School Press. ISBN 0-87584-727-7; 306 pages; about $30.

This theory of business ethics is based on an assumption of a growing consensus around hypernorms that all would agree to (although the authors do not identify these norms). Under these hypernorms is "moral free space" in which we are at liberty to make private arrangements within moral communities (such as firms). These norms are authentic when approved by a majority of members but are binding on all. The two major protections for members of communities is voice (freedom to speak up) and exit. There are suggestions for resolving various types of conflict. The program is called Integrative Social Contracts Theory (ISCT). "Business ethics, we assert, is more a bundle of shared understandings than a set of fixed pronouncements. It exists as a rich and at times even internally inconsistent mosaic. Business ethics should be viewed more as a story in the process of being written than as a moral code like the Ten Commandments" (viii).

Gilligan, C. (1982).
In a different voice: Psychological theory and women's development.
Cambridge, MA: Harvard University Press.

Detailed reporting on studies of women making decisions regarding abortions and analyzing hypothetical ethical dilemmas intertwined with commentary from one of the founders of critical theory from the women's perspective.

Habermas, J (1984).
The theory of communicative action.
Boston, MA: Beacon Press.

This is an application of performance language to social and political institutions, with a very high standard that all those affected by moral decisions should have an opportunity to participate in discussions about what counts as good. This is tough reading: two volumes translated from the German and extremely wide-ranging.

MacIntyre, A. (1966).
A short history of ethics.*
London, UK: Routledge.
ISBN 0-415-28749-9; 273 pages; about $15.

This is not a summary of various ethical theories; it is an exposition and critique of major and minor positions that reveals shifts over the centuries in the framing of ethical problems.

a) Tribal Greek (900 BC)—ethical as fulfilling one's role in tribe;
b) Socrates and Plato (450 BC)—unsuccessful search for an abstract sense of the good;
c) Aristotle (350 BC)—virtue consisted of fitting in with the upper class in a closed society;
d) Christianity (until 1500)—loyalty to unjustified principles in a world that was dangerous and offered no opportunity for success;
e) Luther, Hobbes, Spinoza (1550)—individual emerges as owing allegiance of faith to God and political allegiance to ruler;
f) Age of Reason (1600s)—rise of science and beginning of middle class give rise to notion of natural rights of man, beginnings of ideal of liberty;
g) British Enlightenment (1700s)—men can decide what is right as part of their civil government;
h) French Enlightenment—men can create moral societies;
i) Kant (1780)—ethics can be defined as a rational abstraction;
j) German Idealism (early 1800s)—the state becomes or can become the the dominant moral agent;
k) late German Idealism (late 1980s)—individual moral life becomes meaningless;
l) English nineteenth century—dominated by social reform programs with moral underpinnings such as utilitarianism (the greatest good for the greatest number); and
m) modern English thought focuses on reforming the moral question and trying to get precise about the language used without taking positions about how individuals or groups should behave.

Reimer, J., Paolitto, D. P., & Hersh, R. H. (1982).
Promoting moral growth: From Piaget to Kohlberg (2nd Ed).*
Long Grove, IL: Waveland Press.
ISBN 0-88133-570-3; 285 pages; about $20.

Kohlberg used observations of psychological development of boys and young men to develop a theory that the cognitive capacity to reason about moral issues develops through two stages at the preconventional level (rewards and punishments) to two stages of a conventional level where morality is considered in light of social norms. He also suggests two additional stages at the postconventional level based in philosophical reasoning, although there is little evidence that this is obtained by many individuals. The authors began working with Kohlberg in 1976 teaching moral development.