

The Moral Fonts of Action and Decision Making

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Human Nature: The Basis of Morality

Chapter 1 showed that the human person possesses a specific rational nature by which an individual is able to be and to function as a human being. It is because of this nature—endowed with an intellect and free choice—that human acts necessarily possess a specific moral character and identify the person acting as a moral agent. Those human acts performed knowingly and willingly have a moral dimension, whereas those human acts which are done without knowledge or without free choice of the will, such as scratching one’s head or sneezing, do not necessarily have a moral aspect. There is no truly human act which falls outside the parameters of ethical identification and evaluation. Every human act and every general human endeavor is directed toward what is understood as, or appears in some sense to be, suitable, preferable, or fulfilling relative to some aspect of human nature; that is, every human act appears to the agent to be good. Everything—from talking on a telephone, to an alcoholic’s drinking (distinguishing between the initial drinking and that which proceeds from the addiction), to receiving or performing heart bypass surgery—is inescapably moral in the sense that these actions are all attempts to fulfill the various ends of human nature. In each of these situations, the actions have the appearance of being good, of being desirable and suitable. That is why the person is able to act at all. Any number of factors can influence how something has the appearance of being good, from familial and societal conditions to neurochemical elements and events of the brain. However, all individuals who act knowingly and freely have the capacity to ask and answer the question whether their acts truly fulfill their human

nature and are morally good. Indeed, ethics in general should but does not always ask what kinds of actions are truly good and what actions are only apparently good but actually immoral.

The view that there are human actions which are inherently good or immoral as they either fulfill or contradict a stable human nature is contrary to the common assumption that there is an ethically neutral zone in human affairs in which science, technology, and medicine in particular are situated. In this view there are supposedly many human acts that are neither good nor bad. The fact that this position is false is evident from the very attempt to be ethically neutral, because the attempt is itself a value-laden act. The attempt to be ethically neutral would not be possible were it not for the fact that ethical neutrality is perceived and pursued as something more suitable and preferable than not being ethically neutral. Ethical neutrality is regarded as something good for human beings to pursue just as much as any other good might be considered. Because being ethically neutral is actually just one more perceived good among others in human action, the claim to be ethically neutral is self-refuting. The attempt necessarily brings about the precise opposite of what is sought from the perspective of ethical neutrality, namely, a specific value over others that is thought to be conducive to human flourishing.

Hence, the attempt to be ethically neutral is really to be ethically particular. This is often evident when the prohibition of certain procedures in a Catholic hospital is characterized as “bad medicine,” or interference with treatment and the physician–patient relationship, or as an imposition of Catholic values on others. One of the

assumptions behind the objection is that the patient's desire for the procedure is an ethically neutral matter, and therefore, any prohibition of it is a deprivation of something to which the patient is reasonably entitled. In reality this is a conflict between two different and opposing views of what is considered to be ethical medicine. One view is that the patient's medical needs are independent of any other considerations and thus the response to those needs is an ethically neutral matter; the other is that the patient's needs must also be viewed in light of specific ethical principles. The fact that the patient or caregiver may find acceptable something considered unacceptable by the Catholic hospital means that the patient or caregiver is advancing an ethical view different from that of the hospital. It does not mean that the view of the patient or caregiver is ethically neutral (and, therefore, supposedly better medicine) while the hospital's view is not. Ultimately, the patient seeks the procedure that the hospital disallows because he or she considers it more suitable to, and compatible with, a human good, whereas the hospital disallows the procedure because it is viewed as being contrary to human good. Both hospital and patient or caregiver arrive at different views of what constitutes good medicine from the same starting point, that is, human nature. But because they hold to differing views of human nature, they arrive at conflicting views of what should be allowed and what should not.

The centrality of human nature for ethics shows that the charge of "interference" cannot be made on the basis of ethical neutrality, because such neutrality, as we have seen, does not exist. Health care is always provided according to a particular vision of what is good for the patient as a human person. Every health care provider, Catholic and non-Catholic alike, individual or institutional, determines what is health care and delivers that care consistent with a certain view of human well-being. This view can be explicit or implicit, but in either case it is present and at work. The vision of human good in Catholic health care excludes certain options, such as abortion or direct sterilization, but the vision of what is good for the patient in many non-Catholic institutions includes these procedures as options. The fact that Catholic health care excludes these options while many non-Catholic health care institutions include them is a function of two different views of serving the human good of the patient. It certainly is not a matter of interference. The current debate about Catholic interference in the practice of medicine is instructive for our purposes because it is an example of how the moral dimension of human acts (and in particular acts of health care) is inescapable.

Structure of the Moral Act

As morality cannot be properly understood apart from the structure of human nature, so too does the individual moral act have a specific structure rooted in human nature. Before considering the process of moral decision making that concludes in a moral act, we first need an understanding of the structure of the moral act itself.

The Catholic moral tradition has identified three basic factors that shape the morality of an act: the *object*, the *intention*, and the *circumstances* of the act. The primary determinant or source of the moral status of an act is the act's "moral object."¹ The *object* of a moral act is the specific kind of action or behavior chosen. The moral status of an act's object is independent of the person choosing. The object is the substance of an act and is a datum as objective as any physical aspect of the act. The moral object of an act provides the basis on which moral acts are distinguished from one another. The object defines the substance of the act as being, for example, an act of charity, self-defense, adultery, theft, or life conservation. Depending on its definition, the object of an act is something that either truly fulfills and completes human nature or detracts from, and is contrary to, its integral unity.

Unlike the object of an act, intention is a factor that is dependent on the will of the one acting. Intention is the subjective act of moving or tending toward an ultimate end or toward one end for the sake of another. The will's tending toward such intermediate ends is another way of stating that the will intends specific means for the attainment of ends. Intention answers the question, "Why is this act being done?" For example, one can intend the end of providing for the material needs of one's family by knowing and tending toward that end. Such an end can then be achieved in any number of ways, each being intended as an intermediate step or means to the desired end.

Circumstances include the manner in which the act is carried out; for example, the time, place, or instruments used. The circumstances of the moral act are not part of the substance of the act; they do not enter into the definition of what the act is. For example, the deliberate taking of another's property is not a circumstance of the act of theft, nor is it a circumstance of fornication that the man and woman are both unmarried. The quality of being another's property or being unmarried belongs to the very substance and identity of either act. However, in the case of theft, the time of day or the instruments used are properly understood to be circumstances of the theft. Likewise, where and when an act of fornication takes place are circumstances of the act.

The distinctions between object, intention, and circumstances indicates that the reality of a moral act is complex and not reducible to one single factor. In taking account of this reality, the Catholic moral tradition bases moral evaluation on all three factors of the moral act. Every truly good human act possesses a moral integration of object, intention, and circumstances, that is, all three must be good. For example, helping to restore the health of another is a moral object good in kind. Intending this end for the sake of the other's well-being and not for vainglory is a good intention. Administering a dose of medication in the right amount, at the right time, and in the right way are all circumstances proportionate to the object of restoring health. If any of the three moral sources is defective, the action in question cannot be good. Thus, acts are immoral insofar as this integration is fractured in some way.²

The Process of Making a Moral Decision

Having explained (1) that all truly human acts (i.e., acts involving knowledge and free choice) have a moral dimension, and (2) the nature of the moral act, we can now address the process of moral decision making that leads to a moral act. Just as the moral basis of action is not reducible to one thing, so also does the process of engaging in a moral act have many components. Chapter 1 showed that human action cannot be explained simply in terms of deterministic physiological and biochemical processes. Human nature is endowed with intellect and will, which are two powers that cannot be explained by neurochemical causes. It is precisely through the interaction of the powers of intellect and free will in the process of moral decision making that means and ends are ordered to each other and moral goods are freely desired. This integrated process has been traditionally divided into deliberation, judgment, and choice.³

The first step in the process of moral decision making is *deliberation*. The person uses the power of intellect to initiate a search or discovery of the various means (within the relevant circumstances) that are suitable for attaining the intended end. Not only is the suitability of certain means for reaching the end taken into account on their own merits, but the different relationships of specific acts (means) to the end are also compared and weighed. Hence, good deliberation includes a consideration of whether the various means are morally right actions, and how the circumstances will affect the act.

Moreover, one who deliberates well is able to make a correct determination of certain circumstances pertaining to the deliberation itself. This person deliberates

neither too slowly nor too quickly with respect to what should be done. If quick action is required, then deliberation is not delayed. If there is more time to act, then the person who deliberates well knows this and allows for a proportionate deliberation. Consider, for example, the situation of a toddler who is at imminent risk of burning himself on a barbecue grill. A nearby parent of the child knows that the danger must be eliminated. He or she knows that preventing this harm is something good, as it will preserve the well-being of the child. Assuming there is no one in the vicinity to assist, the parent could deliberate (either implicitly or explicitly) about different means to the intended end, including rolling the grill away from the child, dropping the valuable bowl that the parent is holding and grabbing the child, or holding onto the bowl while grabbing the child. Dropping the bowl would ensure that the child is safely pulled away and would probably save critical seconds of time. When something must be done, the parent does not dwell on the probable damage to the bowl, but rushes to pull the child away from danger. In contrast to the quick deliberation in this case, consider the case of applying to colleges. Here the deliberation about the various means to the end of attending college is complex and can take place over an extended period of time.

The next step in the process of decision making is to bring deliberation to a close. Deliberation proposes several options for action, but only one option at a time can be done. Thus, a *judgment* is needed to decide which means will be acted on. This is an intellectual judgment or determination that a certain means is the best under the existing circumstances. However, not only does a person make a practical judgment of the intellect that an act ought to be done, but the person also needs to adhere to that judgment. At the same time that the person intellectually judges what ought to be done, there is a volitional response corresponding to the judgment. At one and the same time the will is moved so that the person becomes committed to the judgment. Philosophically, this conjoined activity between intellect and will is known as the act of *choice*. Following the act of choice, what has been judged and chosen must be executed. The intellect is the power which *directs and commands* the execution and implementation of the means toward the end. The will is the principal cause by which the other various powers of human nature are *used* to bring about what is directed by the intellect.

It will be helpful to see how deliberation, judgment, and choice function together in ordinary and emergency clinical examples. Consider first a routine

case of a radiologic examination of a suspected broken limb. The radiologic technologist first deliberates about the various ways in which the limb can be x-rayed so that the best x-ray may be obtained under the circumstances. The technologist will deliberate about possible views (e.g., upright, flat, anterior, or posterior lateral), possible positions of the patient's limb on the x-ray table, and techniques to be used (i.e., adjustments to the technical settings of the x-ray machine). After considering and weighing these means, a judgment is made about the best view, position, and technique to obtain the desired information about the condition of the fractured limb. This judgment is then adhered to by the will, and the various powers of the technologist are directed and commanded to bring about the end of producing the requisite x-ray films. The case of an emergency appendectomy, on the other hand, involves a "fast-track" decision process. The emergency room physician must be able to execute

deliberation, judgment, and choice with celerity so that surgery may be performed on the ruptured appendix.

A Catholic health care ethics committee is, among other things, responsible for moral decisions that are made about patient care. It is not sufficient for the committee to proceed simply on the basis of the details of each case. The committee must also have a foundational knowledge about the structure of a moral act and the various elements of our human nature that make any particular moral decision possible. Without this foundation, any evaluation of a decision will be incomplete.

Notes

¹ John Paul II, *Veritatis splendor* (August 6, 1993), nn. 78–79.

² See *Catechism of the Catholic Church*, nn. 1750–1756.

³ See Vernon J. Bourke, *Ethics: A Textbook in Moral Philosophy* (New York: Macmillan, 1951).



Editorial Summation: Human beings are endowed with a rational nature that has the faculties of intellect, by which truth can be known, and free choice, by which the good can be chosen without being determined internally or externally. All truly human acts, that is, those which proceed from appropriate knowledge and free choice, are either morally good or evil; there is no morally neutral ground in this sphere. A moral act has a structure; it is composed of three parts or components: the moral object, the intention, and the circumstances. (1) The *moral object* specifies the moral act. It answers the question, "What is being done?" It is the specific, physical act which is deliberately selected for execution and possesses an objective moral quality, for example, not simply the taking of someone's purse but the taking of property that does not belong to the taker. (2) The *intention* answers the question, "Why is this act being done?" It is a subjective element that is the reason this particular act is selected for execution. (3) The *circumstances* are those factors which "stand round the act," as it were, and do not pertain to its essential nature. They answer the questions where, when, and how about the act and the persons involved in the act. For a moral evaluation that finds the entire act good, all three components must be good. Traditionally, the process by which a moral act is executed involves three integrated components: deliberation, judgment, and choice. Deliberation is a search for and identification of relevant options as means to achieve the desired act. Judgment is a decision among the various options for suitably achieving the goal desired. Choice adheres to that decision.