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Ethic of Care 1:

The Evolution of an Ethical Theory

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Initially one of the tasks of Bioethics was to help clinicians come to an understanding of what right action required in real cases. Were there formulae or principles that could be applied to determine the right course of action? This led to the development and adaptation of ethical theories for dilemmas raised in health care. Among the most influential has been the use of prima facie duties promoted by Beauchamp and Childress who identified nonmaleficence, beneficence, respect for patient autonomy and justice as guides to ethical decision-making in the clinical setting.[1] Also influential, although very different, was an ethic of care which seemed to speak to the experience of many health care professionals, particularly nurses.

AN ETHIC OF CARE—ORIGINS

The seeds of an ethic of care are found in the mid-twentieth century and developmental psychology. Thanks to the work of people like Jean Piaget, it became apparent that through the course of our lifetime, we go through a process of intellectual development. We begin as infants and evolve in our ability to understand, to learn, to express ourselves, progressing from simple concepts to more complex ideas requiring more sophisticated powers of comprehension and synthesis that lead to what might be called intellectual or cognitive maturity. In the 1950s Lawrence Kohlberg wondered if we similarly go through a process of moral development with our understanding of the good and what it requires becoming more complex and nuanced as we progress. He conducted studies to find out.

Kohlberg's research led him to the conclusion that it was possible to identify distinct stages of moral development—from ego-driven morality that looked to reward and punishment, to a morality influenced by social context, to notions of the good recognized and shared by rational individuals, to an autonomous and universal ethic of justice.[2] Kohlberg discovered that not everyone moved through all of the stages—it took quite a leap to be open to broader understandings of morality and so leave peer groups behind. Indeed not everyone reached the pinnacle of moral maturity which, according to Kohlberg, was the acceptance of justice as the ultimate basis of morality.[3]

In subsequent studies it became apparent that not only did people rarely reach the top of Kohlberg`s moral mountain but the peak seemed to be devoid of women.[4] While this might have led some to question women`s potential for moral maturity, another researcher found herself questioning Kohlberg`s study design and conclusions.

Carol Gilligan wondered whether Kohlberg`s understanding of morality would have been different had he included females among his research subjects rather than confining his interviews to males. Her research resulted in her very influential work, *In a Different Voice*, which proposed a view of morality that had its basis in the experience of women.

According to Gilligan, while the men in Kohlberg`s studies seemed to focus on abstract ideas, autonomy and equality, the women in her studies were drawn more to the concrete, to relationships and equity. Context was important to them as was satisfying the needs of all persons involved in concrete cases. For Gilligan's study subjects, "the standard of moral judgment that informed their assessment of self is a standard of relationship, an ethic of nurturance, responsibility and care."[5] Thus Gilligan made a distinction between an ethic of justice or rights and an ethic of care.[6]

Before going further, there are some points to consider. First, Gilligan did not posit that justice was the exclusive claim of men and care the exclusive claim of women.[7] Nor did Gilligan believe that an ethic of care was superior to an ethic of justice. Her work simply questioned the authority and privilege of an ethic of justice and made the case for the legitimacy of another way of understanding morality. In fact she believed that real moral maturity lay in the integration of both care and justice.[8]

NURSING AND AN ETHIC OF CARE

It seems to me that Gilligan`s ethic of care coincided with nursing`s ongoing evolution as a profession in the 1980s and 1990s. No longer content to be the doctor`s handmaid, nurses were more and more seeing themselves as patient advocates and skilled practitioners. Various nursing theories were emerging to enlarge prevailing views of what constituted good nursing practice. Nurses were pursuing university degrees to become nurse educators and nurse practitioners. I remember attending a very important presentation on miscarriage and stillbirths based on research carried out by OBY/GYN nurses at St. Michael`s Hospital in Toronto. It was an event that influenced the course of my own research.

As nursing was differentiating itself as a profession in its own right, the question emerged: was there a distinct ethic that could speak to the unique experiences of nurses? An ethic of care seemed to do just that.[9] For one thing, it was an ethic that valued care which was something nurses valued about themselves and regarded as distinctive to their practice.[10] They were the direct caregivers, providing compassionate hands-on care to patients in a system that did not necessarily value care.

Furthermore, nursing was an overwhelmingly female profession. The concerns raised by Gilligan's research resonated with nurses: that ethics was not an exercise in theory but was meant to be applied to concrete situations that were rarely neat and tidy. Patients, meanwhile, were not autonomous islands but lived within a network of relationships. Each ethical dilemma involved several individuals. The task was not to find an abstract solution to be imposed on all parties; rather, it was to find resolution that would take into account the needs of everyone involved.[11] This is not to say that an ethic of care was accepted

uncritically by nursing theorists and practitioners; however, there seemed to be a great deal of excitement about this ethic that spoke to the experiences of nurses and that valued care.

CRITIQUES OF AN ETHIC OF CARE

The ethic of care was not without its detractors. It seemed elusive: how exactly was care to be understood? How was such an ethic to be applied without being subjective or even whimsical? Did it allow for the possibility of moral rules and norms beyond "care"? And what exactly did "care" mean and require?[12] But perhaps the most damaging critique came from feminists who saw care as being at the core of women's oppression and not something to be at the centre of an ethical system.

According to feminist theory, within a patriarchal society, power lies in the (male) public domain of production. This is the world of "important" work, of paid work. Women, meanwhile, are relegated to the private domain of reproduction, where their activities such as raising children and running households are viewed as "natural" and unremarkable. This is the world of invisible work and unpaid labour. In this view, central to women's activity and identity is care—being other-centred, self-sacrificial, engaged in hands-on care that is considered unskilled. As such, "care," particularly as it might be understood to be a virtue "natural" to women, is regarded as an obstacle in the quest to having equal access to the power traditionally enjoyed by men. In this view, "[t]here are dangers in reclaiming the 'womanly' virtues, primarily the danger of gender essentialism and glorifying women's oppression."[13] Accordingly, "care" should not be central to an ethic that purports to support women.

This has led to a struggle within nursing. In many ways a hospital can been seen as a patriarchal system. It is hierarchical, traditionally with (male) doctors at the top who have decision-making power and who enjoy better pay and social status. (Female) nurses occupy the lower rungs of the ladder. Historically, they have been excluded from decision-making roles. Furthermore, care, which lies at the heart of nursing, is not valued in the health care system.[14] Mirroring feminist concerns, nurses have feared that an ethic of care would contribute to the ongoing oppression of nurses in a patriarchal health care system.[15]

DISCUSSION

I remember the excitement engendered by an ethic of care and the scholarship it inspired. And I remember the deconstruction of the ethic—even as it apparently arose out of the voices and experiences of women and so began a levelling of the playing field in scholarship, it nevertheless smacked of oppressive essentialism which, according to feminist thought, contributes to the systemic injustices experienced by women.

It is true that care is a devalued activity in our society and remains overwhelmingly provided by women. But does justice consist in preserving the status quo so that only the most marginalized among us will accept the poor wages and working conditions to provide something that is essential to human flourishing? And what about those persons, female and male, who hear the call to provide compassionate care to vulnerable individuals—are they to be denigrated and

unsupported in this choice? Are they to be economically and professionally penalized when they engage in unpaid labour—taking care of an aging parent or young children, for instance? Are professional caregivers supposed to accept that their vocation means that they will be excluded from institutional decision-making because they have chosen a lower status in the hierarchy of the hospital or nursing home?

Is this the only way to understand care? And what might a Christian ethic of care look like? ■

Next: *Towards a Christian Ethic of Care*

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[1] See: Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, seventh edition (New York: Oxford University Press, 2013).
[2] Andre Guindon, *Moral Development, Ethics and Faith* (Ottawa: Novalis, 1992), pp. 21-24.
[3] Ibid.
[4] Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, Mass: Harvard University Press, 1982), p. 18.
[5] Ibid., p. 159.
[6] Ibid., p. 164.
[7] Ibid., p. 2.
[8] Ibid., p. 174.
[9] Peta Lyn Bowden, "The Ethics of Nursing Care and 'The Ethic of Care'," *Nursing Inquiry* 2 (1995), p. 10. doi: 10.1111/j.1440-1800.1995.tb00058.x. Retrieved September 2016.
[10] Bowden, p. 11; Martin Woods, "An Ethic of Care in Nursing: Past, Present and Future Considerations," *Ethics and Social Welfare* 5 (2011), p. 266. doi: 10.1080/17496535.2011.563427. Retrieved September 2016.
[11] Peta Bowden, "An 'Ethic of Care' in Clinical Settings: Encompassing 'Feminine' and 'Feminist' Perspectives," *Nursing Philosophy* 1 (2000), p. 39. doi: 10.1046/j.1466-769x.2000.00009.x. Retrieved September 2016.
[12] Woods, p. 269.
[13] Jennifer A. Parks and Victoria S. Wike, eds. *Bioethics in a Changing World* (Upper Saddle River, NJ: Prentice Hall, 2010), p. 16. See also: Susan Sherwin, "Ethics, Feminism, and Caring," *Queens Quarterly* 96 (1989), pp. 3-13; http://simplelink.library.utoronto.ca/url.cfm509057. Retrieved September 2016; Susan Sherwin, "Feminist and Medical Ethics: Two Different Approaches to Contextual Ethics," *Hypatia* 4 (1989), p. 59. http://simplelink.library.utoronto.ca/url.cfm509060 Retrieved September 2016.
[14] Woods, pp. 266-267.
[15] Bowden (2000), p. 37; Michael Yeo and Anne Moorhouse, eds., *Concepts and Cases in Nursing Ethics*, second edition (Peterborough: Broadview Press, 2005), p. 51.