



Morals versus Ethics

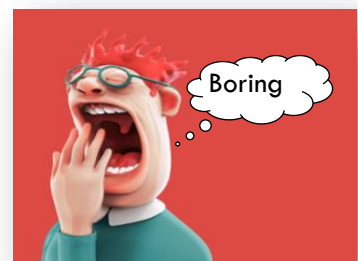
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Morals versus Ethics

Many people, and many respected texts, use the words morals and ethics inter-changeably, as if they were synonyms. They do have much in common, but I think it serves a valuable purpose to consider them as two separate, and at times even divergent concepts. Even those who agree that they are not the same, don't always agree on what exactly they are. I know, it's frustrating, right?!

Despite my passion for language and etymology, I'm going to avoid definitions, which can become complicated, esoteric and downright boring. It's good enough for our purpose to know what they have in common – both morals and ethics are about what is good and right and acceptable – but that they are not exactly the same.



In the beginning...

The roots of ethics and morality go way back, even further than the Greek philosophers that medical ethics lecturers typically start their lectures with.

Several [ancient religious texts and teachings](#) inform our morals and ethics.

What is today known as the **Jewish** Tanakh, and includes the **Christian** Old Testament, contains the earliest recorded code of ethics; the Decalogue, or Ten Commandments.

Transcribed 1200 - 100 BC

Hindu literature promotes ethics as a means to moksha, the liberation from the cycle of reincarnation, which is achieved through stages of increasingly moral demands and self-control in pursuit of universal wisdom.

Around 1000 BC

According to **Taoism** life ought to be lived in harmony with nature, in simplicity and spontaneity. The Tao Te Ching promotes retreat from society as a means of attaining social and personal harmony.

800 - 200 BC

Confucius likened the aristocracy to a family, the king representing the father, i.e. role model for the citizens/ children. If kings upheld their role as moral leaders, laws would not be required.

Around 500 BC

Western philosophy is based on the **Greek** philosophy. Athens was the hub of commerce and intellect of the ancient world. Morals were believed to be a preset code, applicable to all people in all circumstances.

The Sophists, a group of professional teachers of mixed repute, introduced the radical idea that laws could be challenged because they had no inherent truth and were simply based on tradition, experience and practice.

Around 450 BC



I imagine the Sophists were a little like today's social media influencers: Enormously wealthy and popular, mostly for having the gift of the gab. Parents would pay them a fortune to teach their sons to be better businessmen and speakers, and to better defend themselves in the highly litigious Athens society. Protagoras (485-415 BC) was perhaps the most famous, seen in [this painting by Salvator Rosa](#) discussing matters with fellow-Sophist Democritus, while others listened and learned.

[Protagoras](#) said: Of all things the measure is Man, of the things that are, that they are, and of the things that

are not, that they are not.' It's usually paraphrased as 'Man is the measure of all things' i.e. everything is relative to our individual experience, judgement and interpretation. This was not a popular opinion with the powers that be, who interpreted it, possibly inaccurately, as denying the existence of the very deities that they derived their power from. He was charged with impiety, which carried the death penalty.

Greek Philosophers

Socrates (469–399 BC) was no fan of the Sophists either, considering his pursuit of a good, virtuous life to be a higher goal. He followed the more traditional belief that morals/ ethics were external, and therefore fixed, unchanging, objective and knowable. He said our life's purpose is to identify morals, to learn and to improve. He also said that morality is not for the benefit of society but for the internal well-being of each of us as individuals. This position was considered an impious rejection of divine authority. He was tried for corrupting the youth, and executed.



Did you know?

The vague charge of impiety was fairly common in ancient Greece. In some cases a fine could be paid, but generally it carried a death sentence. Executions were DIY in ancient Greece – Socrates had to drink

en route.

We have none of Socrates' own writings, but his student Plato (427–347 BC) recorded his teachings as dialogues and continued to develop on his work, while spending a lot of time and energy contradicting Protagoras and the Sophists. For Plato, a good life had 2 aspects: The political, public sphere, which was most important, and the personal sphere, which he called ethics, or character. Plato's student, Aristotle (384–322 BC) continued the development of virtue ethics, and encouraged the pursuit of balance to develop a good (beautiful) character, but focused on the practical. We are not studying in order to know what virtue is, he said, but to become good, otherwise there would be no point.

What had emerged from the Sophists was that right and wrong are subjective, based on personal or social beliefs rather than fact or truth. This is what many today describe as **morals**. I think of morals as a **personal**, individual set of values that help us to distinguish right from wrong. Our morals develop under various influences, shaped by our perceptions, experiences and our psycho-social environment.

Because we share that psycho-social environment with others, the potential arises for our individual interests to conflict with those of others, so we look to external ethical rules for solutions to maintain a cohesive society. It need not be only society in the strict sense of the word. Think of business, law, government, science, religion or sport. The relevant community needs to agree on certain principles. Socrates, Plato and Aristotle believed in a preset, universal code, a fixed and absolute set of virtues that apply to us all in every circumstance, and that we should all pursue, in our common interest. They valued principles like justice, wisdom, moderation and courage, which all sound like admirable qualities. However, we may not agree on what they imply, so we generally create codes of **ethics** that reflect and summarise our **communal** response to our physical and socio-political

environment. Ethics is often represented by a set of rules or guidelines which may be reached by agreement, or be imposed by an external authority.

To be fair, the ancient Greek philosophers were not the only, or even the first to separate the concepts that we now call morals and ethics. In Taoism, which encouraged man to be in touch with, and in balance with nature, society was recognised as an increasingly complicating factor as man's innate goodness became obscured by desire. Society subsequently needed to adopt communal morals in an effort to cope with the vices of desire. As would happen in Greece, later, not everyone was on board. Zhuangzi (around 300 BC) spoke out against an absolute code. He believed that individuals should determine their own right and wrong as it is impossible to know what is best for someone else.

Similarly, while Confucius believed that formal laws (ethics) would not be required if we simply followed the examples of our ethical leaders, his student Mencius started to formalise the responsibilities of good leaders, adding things like the need for social welfare and the requirement to employ people in public service according to qualifications and ability rather than by birth right. Today, most democratic governments have adopted these concepts, and we consider them obvious, but it was pretty radical at the time to recognise groups that needed protection, or to introduce fair labour practices after centuries of institutionalised nepotism.

We have agreed that, for our purposes, morals are our personal, individual and unique set of values, and ethics is a set of rules, guidelines, traditions or protocols that relate to a specific group.

Why have I been so emphatic about separating them? Because they overlap, and can become difficult to reconcile. So you may be guided by family traditions, your office complex rules, the HPCSA's regulations and the laws of the country, all at once. Reconciling all of your sets of ethical rules, while also considering your morals, can be challenging, but according to Plato, very worthwhile. He strongly

“
Acting according to
accepted values benefits
not only society;
it benefits us as individuals
too.”

believed that acting according to our accepted values benefits us as individuals, an opinion that he paid for with his life.

First, a summary:

	Ethics	Morals
What is it?	Rules of conduct for a specific group/ class/ culture, recognized and known within the group.	Principles or habits regarding right or wrong conduct. Defines how things should work according to our individual ideals and principles.
Source	Social system or group: External	Individual: Internal
Why do we do it?	Because society/ the group says it is the right thing to do.	Because we believe it to be right or wrong.
What if we don't do it?	We will face peer/societal disapproval, sanction of some kind e.g. deregistration or being fired from our job.	Acting against one's morals and principles can have different effects on different people. We may feel uncomfortable, remorseful, depressed etc.
Flexibility	Ethics are dependent on others for definition. Tend to be consistent within a certain context, but can vary between contexts.	Usually quite consistent, but they can change as our beliefs change e.g. in response to our experiences.
So	One can follow the ethical code of conduct, but still have low/ no morals.	A moral person is bound by a higher covenant, may choose to follow a code of ethics as it would apply to a system, but they may also be stricter or less strict because they believe it to be right.

I mentioned the potential challenge in reconciling different sets of ethical rules with our morals. It's easiest, of course, when they are substantively the same, and they frequently are, because they represent the community/ society within we live.

Can you think of an example of where your morals and your ethics may not be aligned?

Doing the right thing is good for the patient, but it also has a positive effect on our own mental well-being, both of which the HPCSA requires us to pay attention to. We'll definitely be revisiting this, but first, some context.

20th Century Healthcare Ethics

Although we base our general ethics on some very old principles, healthcare ethics is remarkably new. After World War II, interest in human rights expanded as experiments in concentration camps and elsewhere came to light and were tested in both the courts of law and public opinion.

In 1932, in [Tuskegee](#) Alabama, before penicillin was known to cure syphilis, 600 Black men, mostly sharecroppers, were recruited by the US Public Health Services (PHS) to a study which undertook to provide free medical care to them. The men, 399 of whom had latent syphilis and a control group of 201 others who did not, were monitored and given aspirin and mineral supplements, even after penicillin became the recommended treatment for syphilis in 1947. Treatment with placebo was continued in order to study the full disease progression. In the mid-1960s, a PHS disease investigator expressed his concerns about the study to his superiors, who formed a review committee. The committee opted to continue. He then leaked details to the press, prompting public outrage resulted in the study shutting down in 1972. By then, 128 participants had died of syphilis and related complications, at least 40 spouses had become infected and 19 children had been born with syphilis. In 1973, ethics guidelines were published.

A similar US-sponsored study was performed in [Guatemala](#) around 1946. Testing the hypothesis that penicillin could not only cure, but prevent syphilis, almost 700 persons were intentionally infected with syphilis without their knowledge or consent.

Ethical guidelines being a product of their time and place, wartime examples are never going to be ideal. Human experimentation was deemed not only desirable, but necessary in the urgent need for wartime solutions, and the unique demands confronting medical research in the 1940s. The [Stateville Prison malaria experiment](#) started in 1944. Malaria was a risk to soldiers in tropical countries, and although the efficacy of quinine was known, access and availability to the Allies had become limited. Risks were explained to the prisoners and only volunteers were used. Prisoners were paid for their participation, and most got early parole. As for the doctors, their research was an alternative to conscription during World War II.

At the Nuremberg trials, twenty Nazi doctors were sentenced and the verdict included the first published code of human research ethics ([the Nuremberg Code](#), 1947) which [includes](#):

- Voluntary consent must be given by someone who has capacity to consent, without coercion.
- The experiment should be necessary, valuable and results not achievable by other means, and should avoid unnecessary mental or physical suffering/ injury.
- No experiments where there is reason to suspect that death or disability may occur, unless the physicians conducting the experiment take part in it themselves, as subjects.
- The degree of risk should not exceed the humanitarian value and importance of the problems.
- There should be proper preparation, protection and facilities to prevent injury/ disability/ death.
- Researchers should be scientifically qualified, and exercise the highest degree of skill and care.
- The subject must be allowed to opt out at any time for either mental or physical reasons, and the scientist must terminate the experiment if there appears to be a risk of injury, disability or death, in their judgment, with their superior skill.

The United States did not formally adopt the Nuremberg Code, and several questionable research projects continued apace. [Stateville](#) shut down in 1973.

At the [Willowbrook](#) State School for Children with Mental Retardation, hepatitis research was carried out between 1956 and 1971. Care in general at the school was lacking by today's standards, as described in a [documentary](#) made 25 years after Willowbrook closed. Having discovered that children who had been infected with hepatitis did not contract it again,

paediatrician Dr Saul Krugman started a study that identified two strains of hepatitis (A and B) and laid the foundation for the development of a vaccine for hepatitis B. Parents gave consent, perhaps more readily because it guaranteed acceptance into the already overcrowded facility and there was only space in the 'experimental wing.' Was it really informed consent, or coercion? (Think of the waiting lists at retirement homes now: You are more likely to get in if you agree to buy life rights rather than full title of the property. Is this coercion?)

Krugman defended his work saying that it was not in contravention of the Nuremberg Code since all children at the school were constantly exposed to hepatitis anyway, and there's no arguing that the results were valuable. There may be other methods now to get the same results, but this was a different time.



Are potentially dangerous experiments acceptable when the participant will not see benefits themselves? Are they ever acceptable?

The [Belmont report](#) (1974) on the ethical principles and guidelines for


research on humans was largely set in motion by the closing down of the Tuskegee study. It has some overlap with the Nuremberg code, and covers basic ethical principles (respect for persons, beneficence, justice) informed consent, assessment of risks and benefits and selection of subjects. Now we have the Nuremberg code, the Belmont report and countless similar codes, but despite an emerging consensus on how ethical principles ought to guide healthcare delivery, we continue to hear about unethical practices.

Together with a new focus on human rights, the 2nd half of the 20th century also brought rapid development in medical technology, adding momentum to the search for ethical clarity in healthcare. How do we fairly allocate scarce resources such as dialysis time, medications, transplant tissues and organs... and, many years later, ventilators, oxygen and vaccines during a pandemic.

Practitioner Mental Health

We've heard a lot about healthcare provider burnout, compassion fatigue and resilience since COVID, but they're not new. Neither is [moral distress](#), a concept first introduced in the 1980s in the context of nursing, by [Jameton](#). Moral distress arises 'when one knows the

right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action’.



Can you think of an occasion where you have experienced moral distress?
Are ethical codes of value when we experience moral distress? Or can they contribute to, even cause moral distress?

It's worth defining moral distress clearly as a first step towards effective interventions.

Moral distress is not the emotional stress we experience during the decision making process, trying to choose an action that is aligned with our values and principles, nor is it the psychological suffering that we experience when we act in ways that are inconsistent with our deeply held morals. Moral distress stems specifically from having decided on a moral course of action, but being prevented from carrying it out because of institutional constraints, e.g. lack of time, supervisory reluctance, an inhibiting medical power structure, institution policy or legal considerations. Jameton later expands his description of moral distress to ‘a common experience in complex societies [which] arises when individuals have clear moral judgments about societal practices, but have difficulty in finding a venue in which to express concerns.’

According to the American Association of Critical Care Nurses, ‘moral distress occurs when: You know the ethically appropriate action to take, but are unable to act upon it. You act in a manner contrary to your personal and professional values, which undermines your integrity and authenticity’. As we measure our experiences, conversations and learning against our morals, we will have times where they match, and our morals are reinforced. Or they may vary and we will either assimilate this variation into our moral code or reject it. However, being obliged to act in a way that just doesn’t fit doesn’t shape our moral intuition, it just causes distress. It ‘obstructs the process of moral deliberation [and] compromises advocacy and moral sensitivity, which results in ethical, political and advocational inexpressivity.’

So experiencing moral distress has both an immediate and a long term effect on healthcare providers, who may be acutely aware of not being able to act morally now, but

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perhaps less aware of how it threatens their moral integrity and the development of their moral intuition. In short, it stunts moral growth.

Under what circumstances would our morals and ethics, generally fairly aligned, be at odds? Since our ethical guidelines are external, it is possible for them to change quickly, and sometimes radically. Such was the case when Roe versus Wade was overturned in 2022. With no case law to insure women in the US access to abortions, each US state was left to decide whether it will allow abortion, and under what circumstances. Fifteen states immediately banned or restricted abortions with others likely to do the same. At least [26 clinics closed](#) and the birth rate in Texas has increased by [10 000](#). Doctors who were previously allowed to offer abortions, now violate the law by doing so and may face prison time, fines, and the loss of their medical license. While the law has changed (i.e. their code of ethics), their morals have not necessarily followed suit.



Doctors and hospitals are being careful, the US being the litigious society that it is. So, rather than being allowed to do what they believe to be best for the patient, there is 'expectant management,' a wait-and-see approach to risky situations such as when a patient's water breaks before 20 weeks.

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best
or a

The pregnancy can't continue but until the foetus dies or the mother gets sick, nothing is done. How is the legal system helping the patient, the baby, even the practitioners who must find it incredibly stressful to have a change of tested protocol enforced by law-makers? In a study of [28 Texas patients](#) who were only offered expectant management instead of immediate care after their water broke early, 10 developed infections, 5 needed blood transfusions, and 1 required a hysterectomy.

[Bioethicists argue](#) that doctors and hospitals have a moral duty to err on the side of early intervention, and refer to the American Medical Association's [Code of Medical Ethics](#): 'In some cases, the law mandates conduct that is ethically unacceptable. When physicians believe a law violates ethical values or is unjust they should work to change the law. In exceptional circumstances of unjust laws, ethical responsibilities should supersede legal duties.' The [AMA](#) has also referred to the court's decision as 'an egregious allowance of government intrusion into the medical examination room, a direct attack on the practice of medicine and the patient—

physician relationship, and a brazen violation of patients' rights to evidence-based reproductive health services.'

The [American Academy of Family Physicians](#) wrote that the decision 'negatively impacts our practices and our patients by undermining the patient–physician relationship and potentially criminalizing evidence-based medical care.'

The [American College of Physicians](#) stated that a 'patient's decision about whether to continue a pregnancy should be a private decision made in consultation with a physician or other health care professional, without interference from the government.' Healthcare providers seem united of opinion, but careful to act. The professional and personal risk is significant.

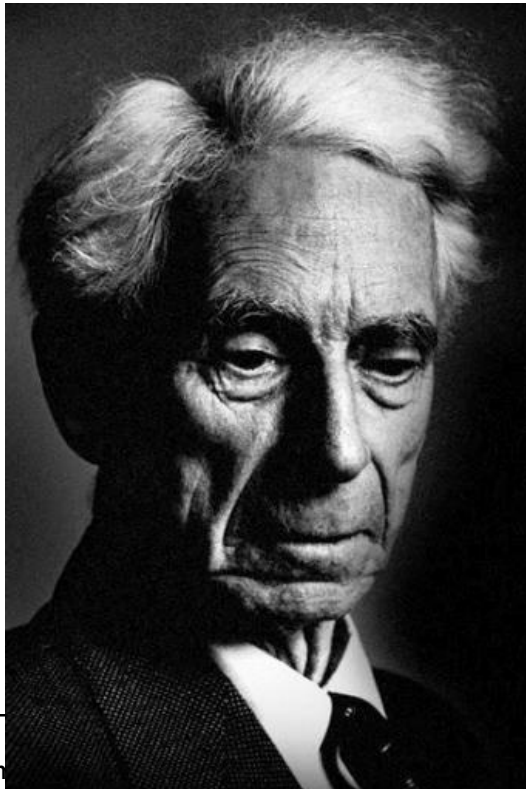
Meanwhile, there's also a lot happening with abortion medications. [Mifepristone](#) has been FDA approved for 20 years, and can be used when medication is considered the best form of abortion. However, a [judge in Texas](#) has ruled that the FDA approval was improper, which would mean Mifepristone would no longer be available. Anti-abortion rights groups support the Texas decision: 'By illegally approving dangerous chemical abortion drugs, the FDA put women and girls in harm's way, and it's high time the agency is held accountable for its reckless actions.' (The closest equivalent body in South Africa to the FDA is our [SAHPRA](#).) However, this was followed swiftly by a ruling from a judge in Washington to preserve access to mifepristone, of which (then) President Biden said: 'If this [the Texas court's] ruling were to stand, then there will be virtually no prescription, approved by the FDA, that would be safe from these kinds of political, ideological attacks.' He could hardly have imagined what is currently happening.

So, are women's right to access abortions better protected elsewhere or could the ethical guidelines change overnight in other countries? They certainly can. 'Despite this outcry of condemnation from within Europe and the current European Court of Human Rights jurisprudence, the [right to abortion](#) is currently afforded very little legal protection. Within this jurisprudence a woman's access to abortion is still almost entirely dependent on the winds of political opinion. If those winds were to change direction, the bodies of women in the UK and the rest of Europe could be subject to the severe restrictions facing women in many states in the US.



Surely, I hear you say, there must be some consistency in law? Inconsistency is one of the most obvious manifestations of unfairness that we are likely to come across. True, but it can also be a way to ensure fairness by introducing change that will align our ethics and morals, and relieve moral distress. And we already know that's a win-win.

~~I'm not suggesting that we should rush to assimilate changing ethical rules into our personal~~
morals without robust internal and external debate. One does not have to look far to find a dissenting view to test your own values. We live in a time where opinions, often unsolicited, are voiced readily, enthusiastically and emphatically. Be careful to whom you listen, is the message in this saying generally ascribed to [Bertrand Russell](#), celebrated mathematician, philosopher, logician, economist and winner of the Nobel prize for literature:



“

The fundamental cause of the trouble is that in the modern world, fools and fanatics are always so certain of themselves, and wiser people so full of doubt. ”

[Bertrand Russell](#)
(1872 – 1970)

H... and that by
n... lessons is

popularly translated as: 'We are what we repeatedly do. Excellence, then, is not an act, but a habit.'

I hope that you will continue to make your ethical decisions mindfully, work through moral distress where you encounter it, embrace the opportunity and responsibility to develop your own morals, and grow your professional ethics.



Healthcare ethics conversations often stimulate thought and discussion by raising more questions. Throughout this article, this sign has indicated questions that may inspire such discussion.

The next issue is dedicated to a deeper dive into these and other ethical questions.

Questions

- 1: What is the primary difference between morals and ethics?
 - a. Morals are external guidelines, while ethics are internal values.
 - b. Morals are about personal values, while ethics are about societal rules.
 - c. Morals and ethics are interchangeable terms.

- 2: Who among the ancient Greek philosophers believed that morality is subjective and based on individual experiences?
 - a. Socrates
 - b. Protagoras
 - c. Aristotle

- 3: What was Protagoras, the Sophist philosopher, charged with in ancient Greece?
 - a. Imposing moral values on society
 - b. Impiety, which carried the death penalty
 - c. Encouraging moral relativism

- 4: Which does not form part of the Nuremberg Code's principle of getting consent in human experiments?
 - a. Consent must be voluntary, without coercion
 - b. The participant must have the capacity to consent
 - c. Consent must be in writing, and it must be kept for the duration of the study.

- 5: What concept describes the situation where individuals know the right thing to do but are unable to act due to institutional constraints?
 - a. Moral distress
 - b. Ethical alignment
 - c. Ethical relativism

- 6: Which healthcare ethics principle involves the fair allocation of scarce resources?
- Autonomy
 - Beneficence
 - Justice
- 7: What US Supreme Court decision led to variations in abortion laws among different states?
- Dobbs, which overturned Roe v. Wade
 - Tuskegee Farm Workers v Alabama State Department
 - Nuremberg Trial
- 8: What is the consequence of acting contrary to one's external ethical guidelines?
- Sanction or punishment by a regulatory body
 - Suffer the disapproval of peers or society
 - Both a and b.
- 9: What is the potential impact of inconsistent ethical guidelines on healthcare providers?
- Enhanced moral growth
 - Reduced moral distress
 - Increased moral distress
- 10: According to Aristotle, how is excellence achieved in ethics and morals?
- Through external guidelines
 - By making moral choices repeatedly
 - By following societal rules
- 11: Which ancient Greek philosopher believed that morals were fixed and unchanging?
- Protagoras
 - Socrates
 - Plato
- 12: Which body is responsible for the approval of new or experimental drugs for public use in the US?
- Food and Drug Administration (FDA)
 - Supreme Court of the United States (SCOTUS)
 - The Department of Health in Washington

13: What did the Nuremberg Code emphasize regarding the degree of risk in experiments?

- a. The degree of risk should exceed the humanitarian value
- b. Researchers should take part in the experiment themselves
- c. The degree of risk should not exceed the humanitarian value

14: Which organization declared that physicians should work to change laws that violate ethical values?

- a. American Medical Association (AMA)
- b. American Association of Critical Care Nurses
- c. American College of Physicians

15: What concept arises when individuals have clear moral judgments about societal practices but have difficulty expressing concerns?

- a. Ethical alignment
- b. Ethical inexpressivity
- c. Ethical relativism

16: Which philosopher said individuals should determine their own right and wrong?

- a. Aristotle
- b. Zhuangzi
- c. Confucius

17: How did the Stateville Prison programme attract doctors and researchers?

- a. It was an alternative to conscription in World War II
- b. Research on hepatitis was well funded
- c. Prestige of participating in cutting edge malaria research

18: In the context of moral distress, what does 'expectant management' refer to?

- a. Eager anticipation of moral decisions
- b. A wait-and-see approach due to institutional constraints
- c. Rapid response to ethical dilemmas

19: What concept describes acting in a way that doesn't fit with personal morals, causing discomfort and remorse?

- a. Moral distress
- b. Ethical alignment

c. Moral growth

20: What ethical principle involves acting in accordance with societal rules?

a. Autonomy

b. Morality

c. Ethics