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A Resolution of the Teleological-Deontological Controversy in Ethics using Meta-ethical Design

by

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ABSTRACT

Meta-ethical design uses holistic inquiry based on system modelling rather than philosophic analysis. Such design aims to provide a tool to aid the making of actual choices. Participative research iterating between theory formation and theory application has led to the development of a structure which clarifies ethical choice and ethical theorizing. The model, which consists of three linked seven-level hierarchies, is based in the purposes inherent in all action. However, it allows for the deontological perspective as well as the teleological. While the primary hierarchy is teleological because it aids specification of purposes to be pursued in action, the tertiary hierarchy is deontological because it represents the specification of ethical rules which channel action. The secondary hierarchy, which mediates between these two, combines both teleological and deontological approaches. It contains seven systems, each of which organizes ethically-oriented inquiry and action around a particular ethical obligation and a progressively more abstract and enlightened aspiration. These ethical systems are alternately teleological and deontological. Examples of choice in the health-care field are provided to illustrate the model.

DEFINING ETHICS

Ethics concerns the *obligation* or *duty* to act in a certain way. It relates to what one is *bound* to do (*obligation* etym. L. obligare = to bind up, to pledge), or what *ought* to be done (*duty* etym. ME dew = to owe). Such a definition implies that choice and action are central to ethics and ethical judgements. Furthermore, it implies that action is purposeful—or must be construed as such, and that preferences are chosen.

TELEOLOGY OR DEONTOLOGY

The assertion that, in practice, the language of obligation is intelligible only in connexion with decisions about preference and purpose cannot be taken for granted, as is common in the systems discipline and in most social science research.

One of the deepest controversies within philosophy has been whether ethics is indeed concerned with notions of purpose and so *teleological*, (from Gk: telos = purpose); or whether ethics is *deontological*, (from Gk: deon = duty) that is to say, obligations stand alone as unique self-imposed requirements without any need to refer to intentionality [1-3].

The teleological view holds that it is self-evident that people have reasons for their choices, and that the good justifies the right. The danger in such thinking is the tendency to accept that ends justify any means. Classical philosophers (Plato, Aristotle) were unambiguously clear that ethics was inextricably interlinked with the search for ultimate values like truth, goodness and happiness. Indeed, the notion of duty hardly existed prior to Kant.

Kant attempted to set forth the primary principles of morality apart from all subjective considerations of personal preference or inclination [4]. Many modern philosophers have gone even further and claimed that classical (teleological) ethics rests on a mistake [5]. It just does not make sense, they argue, to ask why we should fulfil a duty, and consequences are irrelevant in assessing the goodness or otherwise of ethical

behaviour. In this deontological position, there are only means. The fundamental ethical question is then seen as: what is right? Rightness is invariably assured by an authority of some sort. The danger in such thinking is that it implies a blind performance of duty.

Because testimony to the good ultimately emerges from inner experience which is ever-changing, teleological ethics is inherently dynamic and subjective. Because deontological ethics is based in the worth and sanctity of authority, stability is assured and values appear to be objective. Related to this is the issue of whether man has indeed the freedom to choose and change, or whether our actions are determined in some way. Teleology seems to allow dynamic freedom of choice by the individual, because active pursuit of the undefined good is required; while deontology seems to imply static obedience by the individual because given duties exist.

Review of the literature reveals that modern philosophy has drifted away from the realities of practical choice and the expression of virtue. In this way, it avoids the dilemmas faced by ordinary people. Instead, the search persists for subjectivist or objectivist 'moral facts'. This search takes place either from an exclusively deontological or an exclusively teleological position. In other words, neither point of view has triumphed to date. In field research, both perspectives appeared to be required as a matter of course; and many philosophers, without clearly resolving the issue, do accept both as valid [2, 6].

It could be argued that the final arbitration should be left to participants in the field research. Although often careless of terms, such people, when pressed, found it equally meaningful and not tautological to speak of having an intention to fulfil (or to refuse to fulfil) a duty, or to speak of having a duty to pursue (or to refuse to pursue) a purpose. Similarly, what was held to be good could be judged to be right or wrong, and what was held to be right could be considered good or bad. In other words, in everyday life, the two perspectives were sharply distinguished but tightly linked.

The conclusion that follows from this brief clarification is that any adequate model of ethics, either in relation to concrete action or in relation to theories of ethical choice, must accommodate and do justice to both teleological and deontological perspectives.

The main difficulty with teleological ethics lies in the mystery of transcendence and ultimate values (i.e. absolute good, Being, God) to which any analysis of ends inevitably leads. If the transpersonal or spiritual nature of man can be accepted, then this difficulty fades [7]. The model to be presented strongly argues for the reality of this domain. The difficulty with deontological ethics lies in the arbitrariness of imposing a structure on purposes and actions in complicated situations. However, if the need for structure and authority can be accepted, this difficulty fades too. Again, the account to be provided presents structure as natural and appropriate.

META-ETHICAL DESIGN: A NEW MODEL FOR ETHICAL CHOICE

Meta-ethical inquiry aims to clarify the foundations of ethical theorizing so as to provide a base for the ethical understanding of particular problems. The inquiring approach which has been generally used is philosophical analysis [8]. However, there seems to be general agreement that theoretical philosophy (meta-ethics) and applied philosophy are poorly linked and that no systematic approach is available for general use [9].

Meta-ethical *design*, however, implies the use of a systemic inquiry approach so as to create something that can be directly adopted in practice [10]. Design-oriented inquiry involves modelling the structures used in actual ethical choices and preferred in ethical theorizing [8, 10]. The model is therefore not just a theory but a tool or instrument. The investigation which produced the present theory/instrument was carried out primarily through consultancy oriented to providing managers, professionals and politicians with assistance in their decisions [11]. While developing the model, the classical and modern philosophical literature was reviewed. Repeated iterations between

theoretical development and application were performed to ensure that the model both represented ethical activity adequately and worked effectively. The model is represented in Figure 1.

The paper will outline the model very briefly in order to demonstrate that it allows for both teleological and deontological perspectives to be combined in a logical, elegant and useful fashion. The schema is illustrated with examples of ethical choice and related behaviours taken from the health-care domain.

« INSERT FIGURE 1 ABOUT HERE »

THE TELEOLOGICAL HIERARCHY OF PURPOSE

Asking managers the questions 'why did you?' and 'why ought you?' revealed that their ethical concern was initially manifested by appeal to purposes and values that were held to be good or right. The analysis of purposes had already led to the recognition of a seven level hierarchy of purpose inherent (if not always explicated) in any action conceived as rational [12, 13]. This framework appeared to have emerged in human thought to enable the development of values and their conversion into action. The various purposes are hierarchical on conceptual grounds, and they also correspond to social structures whose powers are progressively wider and more general as the hierarchy is ascended [13, 14].

The levels, from the most concrete upwards, have been defined as follows. L-1: *Tactical objectives* are specific, finite results to be achieved in finite periods of time. Conflict here occurs between different actions which may produce the same required result. L-2: *Strategic objectives* are purposes which provide a feasible direction for action. Conflict here focuses on different ways to convert values into action to maximize impact in the situation. L-3: *Political aims* are purposes which lay down preferred foci of emphasis and concern. The preference may be quantified in the form of a degree of priority. This is the first and most concrete level of pure value, and

conflict exists here between different valid values. **L-4: Missions** are purposes which define the basic identity of an actual enterprise. Values here act as a source of consensus within the endeavour. **L-5: Banner goals** are purposes which express specific actualizable values which are not tied to any single endeavour or organization. These values allow consensus across the boundaries of organizations. **L-6: Value systems** are purposes which interlock to form a coherent system which provides a structure and rationale for values and purposes actually specified in any endeavour. They are the source of all value in any particular domain. Value systems are powerfully integrative (for those adhering to them), and intensely divisive (between adherents of different systems). **L-7: Ultimate values** are purposes which are universal, abstract and eternal, and which enable self-transcendence via their basic commonality with all humanity. They are the ultimate unifying force for good (or evil), and are naturally attributed to deities.

The various articulations of ultimate values—truth, goodness, beauty, justice, perfection, love—all turn out to be different aspects of just one ultimate value: absolute good. It therefore follows that the hierarchy of purpose provides the primary teleological framework for concrete ethical choice.

THE MIXED HIERARCHY OF ETHICAL SYSTEMS

Value systems organize the values and purposes which are held and pursued in any domain, but they do not justify themselves or their pursuit except by reference to ultimate values (or to equivalents like absolute good or God). Difficulties arise where there is a conflict of value systems (or values), each of which appeals to the same ultimate value. Given that research reveals that in most domains there are a multiplicity of competing value systems [13], this difficulty is far too serious for it not to have been solved during the evolution of consciousness and social life. Investigation revealed that general value systems have been developed which are not domain-specific, and which exist (and can be designed) specifically to resolve value disputes.

These superordinate value systems which organize other value systems in the service of absolute good have been termed *ethical systems* [11]. Research has revealed seven of these ethical systems. Each system derives its sense of conviction, as well as other characteristics, from the nature of purpose or value within a corresponding level in the primary hierarchy, hence the seven form a secondary hierarchy nested within L-6 of the primary hierarchy

The term 'ethical system' is not used here, as is conventional in philosophy, to refer to a linked set of ethical or moral principles. Rather, it refers to a structure whose inter-related elements contribute to the practical realization of a single core obligation. An ethical system does not specify what to do in any particular situation. However, from its root in a particular basic obligation, it indicates how to consider proceeding, specifies an ethical imperative, and determines the appropriate ethical aspiration and ethical virtue—all of which aid, and subsequently justify, ethical choice.

These features, together with further explanations of the assumptions, form and implementation of the ethical systems, have been described in detail elsewhere [11]. For the present purpose—to clarify the teleological and deontological roots of ethical choice and their relationship—it is only necessary to indicate the basis or principle of ethical obligation and the ethical aspiration, together with an illustrative example.

L-1': The *rationalist* ethical system is based in an obligation to meet concrete and self-evidently sensible and worthwhile objectives. This makes it teleological.

Example: Patients in large long-stay mental illness and mental handicap hospitals in the U.K. have suffered regimentation, neglect, and often maltreatment and cruelty [15]. These institutions were a product of fear and ignorance. Research investigations and governmental inquiries led to the inescapable conclusion that, if patients were to be cared for sensitively and humanely, it was best to close them down. After a number of public scandals, this policy was adopted and pursued. In the event many patients suffered because local communities were hostile to hostels, and the social services agencies responsible for community care accorded these patients a low priority.

The ethical aspiration is the straightforward resolution of a concrete problem viewed as bad for individuals—in the above example: inappropriate hospitalization and poor hospital conditions. But this produces change which inevitably disrupts people, and therefore poses a new ethical dilemma which can only be resolved at a higher level.

L-2': The *conventionalist* ethical system is based in an obligation to conform with widely accepted views on what is valued and proper within the relevant society. This makes it deontological.

Example: The U.K. Government decided it was necessary to make an ethical response to scientific developments which allowed women to have children without necessarily having a husband or sexual intercourse. The Warnock Committee 'were reluctant to appear to dictate on matters of morals to the public at large', and took the view that its recommendations had to be compatible with what was broadly acceptable in society. Evidence was therefore taken widely from over 400 organizations and individuals, and research challenging existing values was not commissioned [16].

The ethical aspiration is the maintenance of continuity and stability within society—in the above example: in relation to values surrounding child-bearing—while accommodating to change. Continuity and change constitute social reality. However, ethical improvement means transforming reality, and this requires moving up a level.

L-3': The *experientialist* ethical system is based in an obligation to pursue emotionally desired values which can be easily applied. This makes it teleological.

Example: At the end of 1987, a budgetary crisis developed in the U.K.'s National Health Service. It was defused when the Prime Minister's announced a review. This review was pursued without expert research, and without consulting or recognizing the importance of existing values. The result was a collection of loosely linked initiatives without details of how they would work or what the long-term consequences might be [17]. They were based on various long-standing values of the politicians in power, especially: a) radical change is essential, b) markets are good, and c) hospitals should have greater freedom of operation. The crisis was taken as an opportunity to apply these.

The ethical aspiration is the pursuit of ideals—in the above example: introduction of markets to benefit patients—in the face of constraining realities. However, the

multiplicity of ideals and complexity of reality pose severe limitations on what can be achieved. These can only be overcome by moving up to the next level.

L-4': The *individualist* ethical system is based in an obligation to ensure one's security and interests in the light of existing power relations. This makes it deontological.

Example: In applying for a grant, medical researchers compete with each other for limited funds. They attempt to further their own interests, both in terms of their career and scientific concerns. Funding bodies use their power to influence the topics studied; and, when assessing, disregard any effects of an award on a researcher's institution or family. It is hoped that strong research will dominate, and that more capable researchers will control less capable ones. When researchers become key figures in the research establishment, they expect to promote their own view of what good research entails.

The ethical aspiration is the exercise of strength by individuals—in the above example: intellectual and organization capabilities of academics, and the resourcing power of the funding bodies—while recognizing and handling weaknesses. This constitutes a form of egoism which implies and builds on inequalities. Such egoism can only be dealt with by moving up again to a higher level.

L-5': The *systemicist* ethical system is based in an obligation to balance all the consequences in relation to the values and interests of all concerned. This makes it teleological.

Example: Psychiatric practice requires reaching a balance between care and support for patients and for their relatives. Two crucial issues are: how can a family being adversely affected by the patient's condition be helped without harming the patient; and how can the family be involved to help the patient even when the patient specifically opposes this [18]. Responses which might find the balance include: enabling self-help, providing separate professional help for the family, involving other agencies, and allowing a relative to self-refer and thereby become a patient too.

The ethical aspiration is the exercise of altruism by virtue of egoism. In the above example, altruism is represented by the determination to help despite all difficulties and even the objections of those being helped; and egoism is represented by the strengths

and weaknesses of the clinic and its staff which provide the treatment. However, leaving all to autonomous individuals, however altruistic, takes no account of differences in their opinions and interests, nor of differences in the opportunities open to potential beneficiaries. These require handling at a higher level.

L-6': The *legitimist* ethical system is based in an obligation to adhere to a rule of ethical choice created and imposed by a legitimate authority. This makes it deontological. Many examples will be provided in the next section which is devoted to this system. The ethical aspiration is to uphold the collective good while recognizing the constraint of individual autonomy. However the functioning of individuals and society constitutes the temporal order, and lacks any focus on ultimate values which transcend time and place. Such consideration requires handling at the next and final level.

L-7': The *transcendentalist* ethical system is based in an obligation to respond to a deep inner sense of what is right and good, a sense which emerges ultimately from the eternal and divine. This makes it teleological. No particular example is appropriate. In any particular case, the individual responsible must look deeply within himself and reach a sense of what ought to be done. The resulting choice needs to be authentic, otherwise the person is described as a hypocrite. The ethical aspiration is the pursuit of spirituality while recognizing the claims of temporality. Nothing can be higher, and so the hierarchy is now completed utterly.

The hierarchical nature of the ethical systems, derived formally from the hierarchy of purpose, is also evident from a consideration of the seven ethical aspirations and constraints (see Figure 2). It appears that the ethical aspiration and constraint at one level combine to form the constraint at the next higher level. To overcome this, a new higher aspiration is invoked. So the hierarchy progresses from the basic constraint at L-1', the situational problem, to the highest aspiration at L-7', spirituality.

Thus, problem resolution in a given actual situation (L-1') is a worthwhile aim, but not if the continuity of the community is put at risk. Continuity (L-2'), though

worthwhile and essential, does not provide for improvements suggested by ideals. Ideals (L-3') are worthwhile, but little will be achieved if individuals cannot exercise their capacities to the full. Strength (L-4') is a worthwhile aspiration for an individual, but others invariably suffer as a consequence. Altruism (L-5') is worthwhile, but insufficient if those beyond the appreciation of an individual are ignored and the collective good is not specifically ensured. The collective good (L-6') is a worthwhile aim, but not if ultimate values are forgotten. Spirituality (L-7') embraces ultimate values and appears to be the highest ethical aspiration.

Many ethicists prefer to emphasize the higher aspirations, like altruism, and may refer to choice on, say, conventional or prudential grounds as non-ethical. However, the research found this to be far too extreme a viewpoint. A restricted perspective flies in the face of the reality of ethical behaviour revealed by empirical investigation. Further, it neglects the ethical foundations logically called for by the higher level aspirations. It has been concluded, therefore, that the lower level obligations are essential to the design of an effective and conceptually coherent model.

« INSERT FIGURE 2 ABOUT HERE »

THE DEONTOLOGICAL HIERARCHY OF ETHICAL RULES

Although the legitimist ethical system was but one of seven practical approaches useful for aiding ethical decisions in real situations, its rules (or principles) are synonymous with ethics for many deontologically-oriented philosophers. Being at the sixth level, legitimism has particularly significant practical and theoretical properties. First, as in other such hierarchies, it is applicable as a context or meta-system for all lower level ethical systems [13]. In other words, in all social groups, one is obliged in practice to make ethical choices within certain rules. These rules underpin the existence of a social group, and doing what is forbidden, even if transcendently justified, potentially leads to undesirable consequences. Second, a tertiary hierarchy should be identifiable within L-6', because L-6' is the image of L-6, and L-6 contained the

secondary hierarchy of ethical systems. The tertiary hierarchy would be one of rules, with each level having a different form of rule.

Research revealed the existence⁶, under different names, of a variety of types of rules. In each case, the rules were brought together into a characteristic code. All codes of rules showed the basic properties of the legitimist ethical system, and each served a particular function in the overall goal of maintaining society, its cohesion and pursuit of the collective good. Following the core obligation of legitimism—'to adhere to a rule of ethical choice created and imposed by a legitimate authority'—the main properties relate to the authority, its form and operation. In each code the legitimate authority was different, this authority imposed or upheld rules differently, and the inducements and punishments to ensure compliance with the authority took different forms.

On analysis, each type of rule was found to derive its legitimacy from a particular ethical system. Hence, as predicted, there were seven levels of rules forming a tertiary hierarchy, which reflected the secondary hierarchy of ethical systems. The codes were found to exist in fundamental versions which emerge spontaneously in all societies; and in restricted forms which relate to the desire to adapt fundamental forms to meet specific needs of particular communities or bodies within wider society.

A full account of the tertiary hierarchy has been provided [11]. In what follows, the seven ethical rules and codes are named, and the function of each type specified. The form and source of legitimation of the fundamental version is indicated, and types of restricted versions are noted. Examples are again provided as illustration.

L-1": Prescriptions, which are organized into a *protocol*, serve to maintain a social consensus on what constitutes precisely correct behaviour. The fundamental version is a code of etiquette which is legitimated by popular leaders. Restricted versions, called codes of good practice, are developed by acknowledged experts. They are widely used in organisations because direct control of behaviour is then possible via managerial

authority. Such codes have sometimes been controversial in sensitive areas like care of the mentally handicapped or handling of child sexual abuse.

Example: A recent U.K. Report on embryo research made a variety of recommendations which were prescriptions e.g. no doctor or nurse should be compelled against their conscience, written consent of the mother should be obtained [19]. The Report did not wish these to have the status of law, but expected them to be used voluntarily by existing ethical committees who vet research proposals in U.K. hospitals. If the criteria are not met by any particular study, the vetting committee should take steps to stop the research by refusing permission to commence, or by prohibiting use of certain facilities.

L-2": *Conventions*, which together create an *ethos*, serve to maintain a social consensus in relation to attitudes which govern behaviours. The fundamental version is the moral code, which is legitimated by the immediate social group. It focusses mainly on bodily matters. Restricted versions take the form of informal local standards governing behaviour within particular social sub-groups. Conventions evolve dynamically and people are acculturated to them. Social pressure, backed by the threat of rejection, is exerted on individuals to ensure compliance.

Example: Smoking first became accepted as conventional behaviour in the upper classes and then spread to other classes. As the harm caused to one's own health and the risks of passive smoking have become more appreciated, convention is starting to move against smoking. For a long time smoking was a conventional indication of maturity. Now anti-smoking advertising encourages young people to show maturity by not smoking, and encourages them to pressure others not to smoke.

L-3": *Beliefs*, which as a body constitute a *dogma*, serve to maintain a social consensus in relation to ideas. The fundamental version is a creed which deals with the fundamental imponderables of existence and which is legitimated by one's conscience. Failure to adhere to the dictates of conscience leads to inner feelings of disapproval and guilt. Restricted versions are to be found in particular domains of action, and especially in new movements which aim to alter society.

Example: Many readers of this Journal probably believe that knowledge is preferable to ignorance, that science offers the most effective way of developing knowledge and coping with illness, that such knowledge is tentative and never certain, and that the well-being of

society and the health of its people depends on gaining more knowledge. Scientists' lives are devoted to this dogma. However, most people have not been socialized to hold such ideas, do not believe deeply in them, and do not feel guilty about not following them. So Governments may not give health-care research the priority academics think it deserves.

L-4": Rights, which are embodied in a *declaration*, serve to maintain a social entity including its internal structure. The fundamental version is membership rights which are legitimated, in principle, by all people within the social group. Benefits of membership of a social group depend on claiming the assigned rights. Restricted versions include the rights of particular groups lacking full membership rights, like children or the severely mentally ill.

Example: The latest UN Convention on the Rights of the Child (1989) sees children as having a say in their own lives, and views their psychosocial health needs as important as their physical health needs. Thus the Convention identifies a child's right to life, development, a name, a family, privacy and similar matters; and attempts to protect children from such evils as prostitution, abduction, torture, and military service. The Convention will be binding on its signatories but there will be no judicial machinery to enforce it and no right of individual complaint.

L-5": Maxims, which need to be organized into a *philosophy*, serve to maintain social functioning. The fundamental version is an ethical teaching. This generally stems from a religious-philosophical source, and is itself the legitimating authority within society. Maxims deal particularly with relationships. Not adhering to ethical maxims brings public condemnation. Codes of ethics of professional groups are examples of the restricted version. These consist of maxims tailored from an accepted ethical teaching, and elaborated to suit the circumstances of the profession.

Example: The Canadian Medical Association preface their detailed code of ethics with a list of seven memorable maxims [20]. (1) Consider first the well-being of the patient. (2) Honour your profession and its traditions. (2) Recognise your limitations and the special skills of others. (4) Protect the patient's secrets. (5) Teach and be taught. (6) Remember that integrity and professional ability should be your only advertisement. (7) Be responsible in setting a value on your services.

L-6": Regulations, which must be formally organized into a *system*, serve to maintain social order. The fundamental version is the set of laws which is, again, itself the legitimating authority. The governing body of a society which makes laws should operate within these. A judicial system ensures that law-breaking incurs a penalty as defined in legislation. The power of legalized force means that there are often attempts to get ethical practices, conventions, beliefs, rights, and maxims embodied in law. This is not always possible or satisfactory, and in any case does not obviate the need for these other types of rule. Restricted forms include institutional rules such as those of a school or firm.

Example: A great many laws are focussed on issues of health. Thus most governments have laws ensuring health and safety at work, and laws ensuring hygiene where food is processed, handled or sold. Firms can be inspected, fined, and even closed down if these laws are broken.

L-7": Supreme commandments, which constitute a *logos*, serve to maintain an awareness of social duty. The fundamental version exists in an utterly abstract form as the eternal verities which epitomize duty (e.g. choose good rather than evil) and provide a basis for the whole system. The logos is legitimated by God or the transpersonal self, and is only realized when the individual genuinely identifies his or her whole being with it. The restricted version takes the form of a primary dictum e.g. the Hippocratic injunction to doctors—*primum non nocere*.

Example: Obedience to supreme commandments, like 'love God and all His Creation' or 'be perfect in word thought and deed', or 'treat others as ends and never as means' enables a person to do things like providing medical care for enemies, social rejects or deviants in the right spirit and irrespective of social pressures.

The legitimist ethical system is the ultimate deontological level, and so all these codes are deontological. The tertiary hierarchy may therefore be properly described as the deontological framework for ethical choice. (It should be noted, however, that the instrumental nature of this analysis has led to the proposition that rules at each level are, in practice, rooted in a general purpose related to the maintenance of social existence.)

Again it is worth noting that many may not regard the lower level codes as 'truly' ethical. For example, 'hypothetical imperatives' (the L-1" prescriptions) were specifically proposed as non-ethical by Kant [4]. Similarly philosophers and sociologists prefer to see conventions classified as 'moral norms' rather than 'ethical principles'. Nevertheless, in actual practice, ethical action is frequently governed by prescription, and conventional morality is a powerful force for good or evil. Ideally, it seems, there needs to be a mutual reinforcement amongst rules at each of the seven levels.

CONCLUSION

The model has now been outlined. The compulsion to consider ethical issues in any choice is to be found in a rule: the supreme commandment (L-7"). This exists to ensure that a person has an awareness and identification with duty. However the specification of what is ethical in any particular situation is a purpose which originates from an ultimate value (L-7). This exists to ensure that actions embody the good. Ethical inquiry demands the linkage of these two worlds of rule (deontology) and purpose (teleology). The resolution takes place through using ethical systems which constitute the secondary hierarchy.

The secondary hierarchy may be described as mixed, given that the odd-numbered ethical systems—Ls 1', 3', 5' and 7'—are teleologically oriented, and the even-numbered ethical systems—Ls 2', 4' and 6'—are deontologically oriented. The mixed quality of the ethical systems is also evident from the dual character of the core obligations. These may be considered to be either deontological or teleological. The core obligations are maxims (L-5") in so far as they are essential rules for social functioning and require to be handled with propriety. They are banner goals (L-5) in so far as they express actualizable values not tied to any endeavour, and are driven by basic human needs.

To provide the broadest and deepest perspective on ethical choice in any particular situation, the model calls for all ethical systems to be used [21]. Hence both perspectives, the teleological and the deontological, are valued as much in practice as in theory.

This framework appears to meet the criteria for practical guidance by an ethical theory as set by DeMarco and Fox [9]: it allows resolution of difficult issues, provides assurance that a correct path is being followed, ensures consistency in ethical thinking, and generates understanding of the problematic issue. However, the correct choice still remains a matter for judgement. The model is but a tool. As such it may be used wisely or foolishly, and for good or for evil. The individual who is socially assigned responsibility for a practical choice therefore retains an unavoidable personal responsibility to decide in accord with what is good and right.

REFERENCES

1. Brandt, R.B. (Ed). *Value and Obligation: Systematic Readings in Ethics*. Harcourt Brace Jovanovich, New York, 1961.
2. Finnis, J. *Fundamentals of Ethics*. Clarendon Press, Oxford, 1983.
3. McIntyre, A. *A Short History of Ethics*. Duckworth, London, 1966.
4. Kant, I. (1785). *Groundwork of the Metaphysics of Morals*. (Transl. H.J. Paton.) Hutchinson, London, 1948.
5. Nowell-Smith, P.H. *Ethics*. Penguin, Harmondsworth, 1954.
6. Shirk, E. *The Ethical Dimension*. Appleton-Century-Crofts, New York, 1965.
7. Tart, C. (Ed.) *Transpersonal Psychologies*. Routledge Kegan Paul, London, 1975.
8. Kinston, W. A total framework for inquiry. *Sys. Res.*, 5, 9-25, 1988.
9. DeMarco, J.P. & Fox, R.M. (Eds.) *New Directions in Ethics: The Challenge of Applied Ethics*. Routledge Kegan Paul, London, 1986.
10. Churchman, C.W. *The Design of Inquiring Systems*. Basic Books, New York, 1971.
11. Kinston, W. *Ethics and ethical systems*. Discussion Document, SIGMA Centre, Brunel University, London, 1990.
12. Kinston, W. Purposes and the translation of values into action. *Sys. Res.*, 3, 147-160, 1986.
13. Kinston, W. Completing the hierarchy of purpose. In: Ledington, P.J.W. (Ed.) *Proc. 33rd Ann. Conf. Int. Soc. Sys. Sci.*, 3, 245-254, 1989.
14. Kinston, W. Designing the four compartments of organizations: Constituting, governing, top officer and executant bodies. *Journal of Applied Systems Analysis* (submitted).
15. Martin, J.P. *Hospitals in Trouble*. Basil Blackwell, Oxford, 1984.
16. Warnock, M. *A Question of Life: The Warnock Report on Human Fertilisation and Embryology*. Basil Blackwell, London, 1985.
17. Department of Health. *Working for Patients*. HMSO (Cmnd 555), London, 1989.
18. Bloch, S. & Chodoff, P. *Psychiatric Ethics*. Oxford University Press, Oxford, 1984.
19. Polkinghorne Report. *Review of the Guidance on the Research Use of Fetuses and Fetal Material*. HMSO (Cmnd 762), London, 1989.
20. British Medical Association. *The Handbook of Medical Ethics*. BMA, London, 1981 (p. 76-82).
21. Kinston, W. *Ethical choices in drug abuse and control: An instrumental approach*. Discussion Paper, SIGMA Centre, Brunel University, London, 1990.

Figure 1: The model of ethics resulting from meta-ethical design

The teleological framework of purpose and the deontological framework of ethical rules are in single boxes indicating their holistic nature; whereas the ethical systems are in discrete boxes reflecting their distinctiveness. Teleol. = teleological. Deont. = deontological. For details see text.

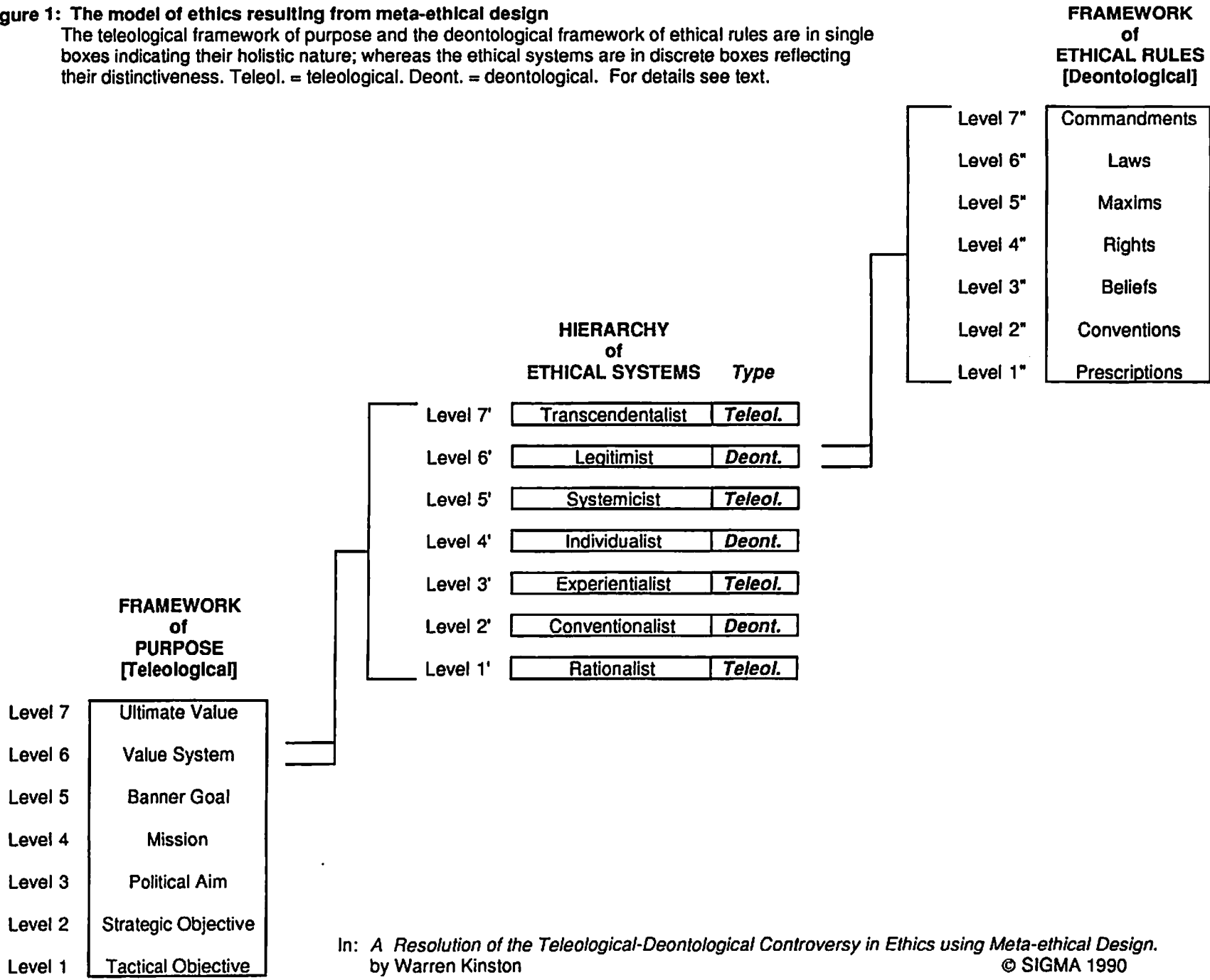
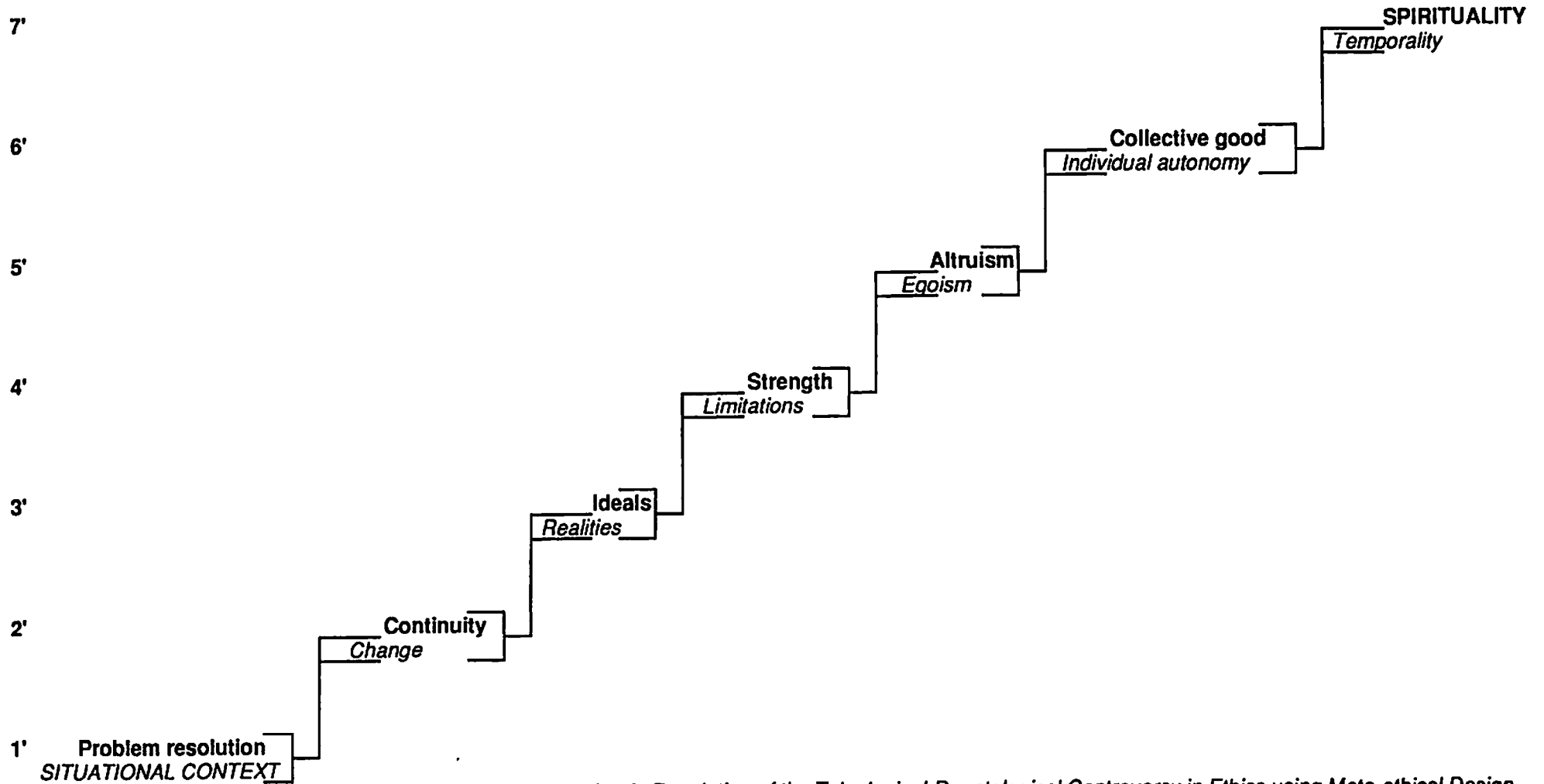


Figure 2: Evolution of the hierarchy of ethical systems according to ethical aspirations.

The emergence of each level is based on resolving the duality of aspiration and constraint at the preceding level. This resolution serves as the constraint at the higher level, where a new higher ethical aspiration is invoked. The term in bold is the ethical aspiration, and the term in italics is the constraint.

Level of Ethical System



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