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# Knowing What is Good, Doing What is Right—A Comment

## *Savoir ce qu'il faut faire et le faire—un commentaire*

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This Comment, in the most general way, attempts to address some fundamental matters contained in this special issue, and makes some observations on how these fundamental matters relate to clinical training. I lay no claims to completeness of treatment; indeed it is apparent that only rough justice can be done to what, after all, is the fabric of our humanness. Except in the broadest sense, I am not concerned here with evaluations of clinical competency, individual biases, a syllabus for ethics, or the ethical relationship of professional and client. These matters are dealt with in various ways by the authors of the papers in this special issue. I am concerned, however, with the history of attempts to define *good* because I believe that knowing and understanding how philosophers, moralists, and others have grappled with this matter guides our attempts to do what is right. Reading the articles and commentaries in this issue, I have been struck by the innumerable ways in which knowing what we mean by good underlies every facet of practise (whatever that might be).

Long before the Sermon on the Mount, Confucius had declared, "What you do not like when done to yourself, do not do to others." This Golden Rule (as it has been called) has found near universal acceptance. That it has been explored, discussed, and mooted abroad by people of considerable intelligence, yet of divergent outlooks, appears sound evidence for recognizing it as a fundamental, ethical truth. The Golden Rule surely informs and directs our daily behaviour, even if it is the case that when we act we are only vaguely aware of its existence and meaning. From the Golden Rule are derived notions like "doing good," "being kind," "learning to know right from wrong"—examples of simple morality that we all attempt to share. Given this very deep and profound ideal, to describe what constitutes the ethics of professional training is a formidable and daunting task. Such a description requires a clear understanding of the historical development of the concept *ethical* and its derivation from the notion of a moral philosophy. Ethics is concerned not with what is or what might be, but rather with what ought, morally, to be. Because ethical behaviour must spring from within ourselves, it is no wonder that the search is unending and the description so difficult.

In his book *Ethics*,<sup>1</sup> P.H. Nowell-Smith tells us that historically moral philosophers have tried to guide us on what to do, what to seek, and how to treat others. Since Aristotle, Western philosophers have worked within the belief that it is possible to outline some general yet essential knowledge of

good and evil in a systematic fashion. (It is understood, of course, that non-Occidental systems of philosophy may offer different guidance about what to do, what to seek, and how to treat others). It is this historical understanding of Western philosophy (played out, for example, in poetry, drama, art, the law) that presumably underpins our daily behaviour and motivates our concerns, whatever those might be. This means, of course, that our lives are lived trying to use objective, practical knowledge about *how* we should live, each day underscoring the observation of the English philosopher G.E. Moore in his *Ethics*<sup>2</sup> that the question of how good is defined is ultimately the most fundamental question in all ethics.

In what way(s) do these broad ideas impinge on training? Let's take the example of the university (although one could with equal ease consider any other milieu). Although the primary work of the university is educating students, the work done at a university involves many different interests. Those interests include parents, faculty and staff, the discipline being practised, the government, to name but a few. These broader interests require that, in asking "How should we live?" it is certainly not unreasonable to argue that we ought always to perform those acts which *under the circumstances* have the best or most desirable consequences for everyone involved. After all, what better more worthwhile thing can we do than what is best for everyone? Elaine Heaton's paper neatly places these ideas within a somewhat different context, that of assuring clients/patients that their care will be of the highest quality. To do what is best for everyone requires choices and decisions about our acts. To decide whether an act/decision is right, each of us has to decide whether, among all alternative acts, *that* act will be about the best total state of affairs. In her paper on paediatric cochlear implants, Abbyann Lynch addresses many of these difficult choices and decisions.

Our frail human aspirations—to secure knowledge, to enjoy freedom, to act conscientiously, to achieve a sense of identity—are all intrinsically good. But having such aspirations requires that we weigh and consider with great care whether we simply put forward our own preferences and attempt to persuade others to adopt our attitudes. Any person, in any position, in any setting, faces the danger that her/his preferences really

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<sup>1</sup> Nowell-Smith, P.H. (1954). *Ethics*. London: Penguin Books.

<sup>2</sup> Moore, G.E. (1903). *Principia ethica*. Cambridge: C.U.P.

represent well-rehearsed biases (in philosophy, this was the view of the School of Sceptics), a danger we must constantly guard against. The difficulties of culture and the peculiar, personal idiosyncrasies of our aspirations constantly challenge our will to do best. Jane and Jack Ross's perceptive paper clearly articulates this profound ethical problem.

What we look for (we hope) are moral truths which transcend culture or individual peculiarities. We hope that the moral judgements, which guide our ethical behaviour, are ultimately universal, objective, and practical, hence the need for careful considerations such as those posed in the paper by Peter Coyte. Morality ultimately involves social activities which contain a set of procedural rules that specify not only our rights and our duties, but also the permissible and impermissible steps we may take in effecting moral behaviour. It is therefore no wonder that terms such as *quality care*, *outcome measures*, and *culturally based health promotion* have assumed such importance in guiding education and practise. As Heather MacKenzie illustrates, we must constantly try to see the many sets of social practices, both imaginable and actual, that intelligent, informed people judge without equivocation to be morally inferior to other sets and practices that seem almost the same (consider, for example, the misuse of genetics by eugenicists). We have also to recognize the general rule that, in making moral judgements, the moral agent (ourselves) as well as the moral critic must try to assume the viewpoint of an impartial but sympathetic observer. As we are all aware, this is an amazingly difficult task because ideally morality judgements are made in the light of *full* knowledge and appreciation of *all* the relevant facts. These facts come both from the observer and from what is observed. It is difficult but necessary for us to imagine the situation about which we are making moral judgements, *as others see it*, before we make our moral appraisal as impartial but understanding observers. This view is implicit in each paper of this special issue.

This said, what ethical dilemmas face us in training students for whatever discipline or profession? Universities everywhere either have established, or are in process of establishing, guidelines for behaviour with respect to sexual harassment, equality of opportunity, conflict of interest, theft of intellectual property, and so forth, each of which is apposite in almost any setting, not simply the university. Each set of guidelines requires extensive consideration, relying on the kind of moral judgements I have outlined above. Yet even simple matters cannot be made simplistic, if they are to meet these exacting ethical standards. In illustration, the University of British Columbia in 1992 issued Conflict of Interest guidelines. The topics covered in this document give some idea of the ethical issues that have to be addressed in just one area of university functioning. For example, in the matter of teaching this document states: "University teachers should avoid conflict of interest which may impede or compromise their responsibility

to instruct and evaluate students in a fair and effective manner. The power imbalance which exists between instructor and student is not to be used for personal benefit." Thus professors must not engage "students to perform services of any kind for the teacher where there is an apprehension that failure to comply will result in a biased evaluation." Within the context of a clinical practicum, it is possible to imagine a situation in which a student expresses strong reservations about a therapy procedure which s/he feels to be poorly designed and inadequately developed. The expression of such reservations might result in an instructor giving a biased evaluation for what, from the student's ethical standpoint, would be an improper act.

Other areas covered in the Conflict document include Scholarly Activities (service as a referee, ethical traditions of the discipline, recognition of scholarship), Extra-University Activities (service on Boards, in professional associations, and the likes, and how such service might impinge on carrying out university activities), and Financial and Non-Financial Gain (acceptance of gifts, business decisions, misuses of information/equipment). Each of these topics require ethical judgement by faculty, a judgement which is rooted in agreement as to what constitutes the general good. In writing policies to cover such matters as "conflict," the committee members have undoubtedly been guided by objectivity, practicality, and universality. It takes little imagination to relate the general positions of such a document to positions which effect education and training in any particular university's departments. When "Members of faculty and staff are expected to conduct themselves at all times with the highest ethical standards in a manner which will bear the closest scrutiny ..." the instruction is to all. In producing this document, its writers assumed (indeed, had to assume) that faculty and staff will know what such standards are and be prepared to practice them. It is a difficult assumption, but one upon which a civilized society must depend.

Since Plato, Western philosophical tradition has wrestled with the concept of good. Although professors, as is true of any community, do not contemplate this problem in a conscious manner, it is undoubtedly the case that the concept of good should inform all aspects of our behaviour. As I have tried to show, acting responsibly is a search to know what is good, in order to do what is right. In concluding, let me pose a very typical ethical problem (hinging on the concept of good) which is constantly before us in educating future professionals. Think of any test of language function (phonetic, phonological, syntactic, or lexical) given by a speech-language pathologist or audiologist and ask on what proven theoretical premises that test is based. Having explored the vagaries of phonetic, phonological, syntactic, and semantic theories, then ask yourself how (or whether) the common good is served by applying such a test. I suggest that any answer will provide a difficult yet illuminating exploration of many (if not all) of the points made in this Comment.