THE SIGNIFICANCE OF CARE ETHICS FOR MEDICAL ETHICS

Anumita Shukla*

Happiness construed in the Aristotelian eudaemonic sense is the primary constituent of, if not identical to, human well-being. Human well-being is in turn the primary aim of medical practice and thus ought to be the primary value that the ethics of medical practice, i.e. Medical Ethics (construed generally) are concerned about. It may seem then that all Medical Ethics, being united in its central concern, should yield to a unified treatment. However, this seeming platitude has faced some resistance in the Nursing Ethics community. Many in the Nursing Ethics community think that nursing being based on caring for the patient the ethical issues arising therein require an ethics of caring and therefore an ethics of care. However, some have taken this to mean that Nursing Ethics requires a separate ethics from Medical Ethics in general. But, historically Medical Ethics as a whole is itself rooted in Humean sentimentalist moral philosophy which an ethics of care, or Care Ethics – a normative ethics based in the notion of Care – can claim to embody well given a sentimentalist notion of Care a la Michael Slote. Thus, I shall argue, Care Ethics offers the possibility of a conciliation for Medical Ethics. Some also argue that Care Ethics is too confused and unsystematic to provide a proper basis for any kind of ethical understanding. I sketch how a Care Ethics based in the understanding of Care as a sentimental motive, in the manner of Slote, has the resources to defend against this charge.

Key Words: Sentimentalism, Care Ethics, Medical Ethics, Nursing Ethics, Care, Motive

* Assistant Professor, Department of Philosophy, Ramanujan College, University of Delhi

INTRODUCTION

Medical Ethics is the ethics concerned with the ethical treatment and care of patients. This platitude, however, reveals little about what exactly it is with respect to the patients that must be the goal of Medical Ethics. Arguably, the aim of Medical Ethics is to maximize the well-being of patients. Yes, the primary concern of medicine is the health of patients. But, the health of patients is a worthy goal to pursue precisely because it is constitutive of their overall well-being. In general, then the aim of medicine and therefore the value central to Medical Ethics is the happiness (construed as Aristotelian eudaemonia which is what we mean by "well-being") of patients. It would seem then that all Medical Ethics should be given to a unified treatment in as much as it all has a unified goal. But this as we shall see has been brought under question.

It is to be noted in this regard that caring is essentially caring for the well-being (i.e. happiness construed as Aristotelian eudaemonia) of the cared for. Care Ethics is just the ethics which is based in the notion of caring and care. It originates from the works of Carol Gilligan[1] and Nel Noddings[2]. Gilligan and Nodding argued that women tend to approach morality in a manner quite distinct from how men do. Women's approach is marked by care, sentiments, and the influence of relationships, whereas men approach morality in an objective, emotionally dissociated, rationalistic and rule- oriented way. They thought that in order to value the "feminine" care-based approach to morality, one requires a normative ethics based on the notion of care which must be established as a genuine alternative to the traditional rule, principle, and rationality based "justice" centered ethics that is built on the "masculine" approach to morality. Care Ethics is just the attempt to formulate precisely such a normative ethic.

Care Ethics has a special significance for Medical Ethics. Both can be seen to be rooted in Humean sentimentalism. On one hand, Care Ethics perfectly exemplifies Hume's idea that morality is based on sentiments and passions and that reason is best understood as a slave to passions. On the other, current understanding of Medical Ethics owes heavily to John Gregory's idea that doctors must act out of sympathy for the patient whose understanding of sympathy was derived from that of Hume. Furthermore, the profession of nursing being one of caring for the patient, Nursing Ethics is seen as an Ethics of Caring which must be informed by an Ethics of Care, or Care Ethics.

While, the significance of care in Medical Ethics has thereby been multiply noted and seems to be beyond question, one must question exactly what notion of care can properly inform morality, especially the ethical issues arising in medicine and healthcare. There are after all many different notions of care and there is no reason to believe that each of them would ground the same ethic, the same moral principles, and therefore same moral evaluations of issues in Medical Ethics. It also needs to be seen whether there can be an ethic that can unitarily apply to Medical Ethics in general without failing the demands that an ethics of nursing seems to specifically face. The lack of clarity on what would constitute an appropriate morally significant notion coupled with focus on an inappropriate notion of care to ground morality has led to criticisms such as from Peter Allmark, himself a medical ethicist. Allmark notes[3] the increasing attention being paid to the ethics of care from nursing. However, he finds the focus on care "hopelessly vague" due to "an inadequate analysis of the concept of care", which he thinks is morally neutral due to which an ethics of care, he complains, fails to inform us on "what constitutes those right things, nor what constitutes the right way."

I believe and will try to argue in this paper that a Care Ethics that is based on the kind of account of Care emerging from Michael Slote's work[4], which I call a *motive account of Care*, has the right tools at its behest to provide a resolution to these problems. Motive accounts of care may be understood as accounts that: i) understand Care as concern and sensitivity to another's needs and the drive to meet these needs,[5] ii) take care to be a warm human sentiment in the same family as love, benevolence, etc.; iii) see caring sentiment as playing the role of motives behind actions; and iv) take caring sentiment as being intrinsically morally worthy and evaluate motives, character traits or actions, on the basis of that. To make the requisite argument I first discuss the connection between medical Ethics and Care Ethics, then I discuss in further detail some issues that are faced in trying to understand Medical Ethics in Care Ethical terms, and then I try to show how a Slotean motive-based account of Care can resolve these issues.[6]

Happiness, construed not hedonistically as pleasure, but eudaemonistically in the Aristotelian sense as well-being, is the central concern of medicine and therefore the central value for Medical Ethics in general. Caring for patients which defines nursing is also aimed at the well-being of patients. Caring and Care are also definitive of Care Ethics. The notion of happiness then provides the backdrop of the aforementioned discord within Medical Ethics and the conciliatory possibility therein provided by Care Ethics. The notion of happiness however shall itself not play any central role in the argument I provide in this paper. Nonetheless, it shall always be presumed.

What is Care Ethics? Carol Gilligan and Nel Noddings thought that women approach moral decisions in a way drastically distinct from how men seem to do. Men have a very rational outlook where they

look to arrive at an action on the basis of universal and objective moral principles, concerned more with what is right and just rather than being concerned with people. On the other hand, women make moral decisions on the basis of their emotional and sentimental connections with the concerned people who are the objects of their actions. They are influenced in their decisions by their care and concern for the other. Traditionally ethical theories focused exclusively on the masculine, rational and objective approach to morality which has been labelled the "justice approach" due to its preoccupation with being right and just. In the process the feminine "care" based approach to morality was ridiculed as being simply emotional and nonsensical, and outcast from ethical discourse. However, Gilligan suggested that this feminine care-based approach can itself be seen as a valid alternative approach to morality.

Care Ethics may be looked upon as the attempt to formulate a normative ethical theory that is based in the significance of relationships. It is an attempt to capture the feminine approach to morality in a systematic and well understood ethical system: one which would establish the feminine moral approach as a genuine and legitimate alternative moral approach to the traditional rationalistic, rule based, duty oriented, masculine, justice approach.

In care ethical literature many points of differences have been noted between the care and the masculine justice approaches. We have already noted that the feminine care approach is a relational approach whereas the justice approach is based on abstract rationalistic principles. The emphasis on abstract principle that can in one go provide the basis of judging for any agent and any situation what the morally correct course of action is has the effect of imparting the characteristics of impartiality, universality, and context independence to the moral evaluations engendered by the justice

approach. In the justice approach the chief question is taken to be of what one ought to do. On the other hand, the care approach is marked by context sensitivity, particularity, and specificity since it matters which specific other is the object of the action and how the other is related to the moral agent. The question significant from this approach is taken to be how the agent is to respond to the needs of the other in the given situation. While these differences have been noted no uniform account of the source of these differences has been provided. But, as I have argued elsewhere[7], the distinctive characteristics of these two approaches are not just random differences between them but are sourced in the distinct understanding of moral agency in these two approaches.

The care approach views the moral agent as embedded in a web of relations whose actions are dictated by the nature of his/her contextually salient relationships with the concrete others, and the sentiments embedded in these relationships. The justice approach sees the moral agent as a rational agent who can dissociate him/herself from this web of relations and evaluate a situation from the perspective of a standalone autonomous being seeking guidance from abstract universal principles. This also underlines the feminist appeal of CE since the "different voice" of women may be construed as consisting precisely in approaching moral issues on the basis of caring relations and sentiments. The concreteness versus generality distinction is also borne out of the different view of moral agency since agents relationally construed are not abstracting away from the concrete situation and the concrete other, as may be needed to apply universal moral principles, but are carrying out their relationships with concrete individuals salient in that specific moment. On the topic of the use of principles it follows from this characterization of the difference between the two approaches that in Care Ethics, unlike

in the justice approach, principles cannot be taken as guiding the actions of the agent. Note this does not mean principles cannot be involved in some way. It only means they cannot play an action guiding role. In Care Ethics the moral agent must be construed solely in terms of a relational being carrying out one's caring relationships and sentiments. Even Noddings[8] herself agrees that in the care approach it need not be that principles do not play any role but only that principles do not play an action guiding role; that the agent does not look towards principles to guide his/her actions.

Rationality does not come into the picture in the care approach in deciding what is the right aim to be achieved. However, it would have to come into the picture on how it is to be achieved. A mother who is moved by her sentiments to respond to her crying child does not use rationality to figure out if she wants to meet the child's need or not, but she must be rational in trying to satisfy those needs since she is more likely to do so successfully by employing reason.

Care Ethics and Medical Ethics: The purpose of discussing Care Ethics here is that Care Ethics seems to have a deep connection with Medical Ethics. For one thing, both Noddings and Slote have actually understood Care as arising from or based in empathy with the other.[9] Slote[10] in fact sees his notion of empathy to be in continuation with Hume's notion of sympathy. The basic idea of Care Ethics is unmistakably sentimentalist in the Humean sense as it is sentiments and passions that are seen to be the direct determinants of the morality of actions and agents, not reason. To be clearer, under Care Ethics sentiments/passions, as warranted by the relations in question, determine the proper moral end; reason only determines the means to that end. Thus, Care Ethics exemplifies perfectly Hume's famous dictum: “reason is ... the slave of the passions”. Care Ethics then gives sentiments and passions the place in morality as Hume would have it.

But the emergence of Hume's notion of sympathy as an important factor in morality is not a characteristic of Care Ethics alone, it also characterizes the overarching idea of the doctor patient relationship in Medical Ethics as we understand it today. Medical Ethics as it stands today is in many ways derived from the works of John Gregory[11], especially his understanding of the significance of doctor-patient relationship for Medical Ethics. As McCollough[12] explains, in Gregory's times doctor-patient relationship was often dictated by economic considerations rather than considerations of patients' well-being. Most doctors' practices were sustained largely in virtue of being contracted to wealthy patrons. The relationships of these doctors with their patients were then highly sensitive to the doctors' economic considerations. Where the doctors were involved with infirmary's set up with the help of donations from the wealthy for the health care needs of the poor, the doctors were on the whole less attentive and committed than in the case of their rich and high-born patients. Gregory thought, notes McCollough[13], that in both of these settings "physicians had become hardhearted, focused on themselves to the exclusion of the needs of their patients". Unhappy with these states of affairs Gregory expounded the significance of sympathy, "learned about from reading Hume"[14], for the doctor-patient relationship.

> *"I come now to mention the moral qualities peculiarly required in the character of a physician. The chief of these is humanity; that sensibility of heart which makes us feel for the distresses of our fellow-creatures, and which, of consequence, incites us in the most powerful manner to relieve them. Sympathy produces an anxious attention to a thousand little circumstances that may tend to*

> *relieve the patient; an attention which money can never purchase: hence the inexpressible comfort of having a friend for a physician. Sympathy naturally engages the affection and confidence of a patient, which, in many cases, is of the utmost consequence to his recovery."*[15]

Here, as McCollough notes[16] Gregory is using "humanity" and "sympathy" interchangeably and sums up Gregory's idea as "Sympathy makes us feel the distress of the sick and moves us to relieve that distress." McCollough[17] goes on to note how this is based in Hume's notion of sympathy: "This is just what Hume's account of sympathy, as the double relation of impressions and ideas, would say."

Note that this statement of McCollough that summarizes Hume's notion of sympathy, as was also accepted and propagated as an ideal characteristic for the doctor-patient relationship by Gregory, is exactly how one understands Care. As I remarked earlier, the Care as a sentiment is best understood as a sentiment of concern and sensitivity to the other that motivates us to meet the needs of the other. This idea of Care if understood specifically in terms of medical and health care needs would translate exactly to "Sympathy" replaced with "Care" in McCollough's summary statement of the significance of sympathy. After all the sick are just the other who have immediate medical and health care needs. Hume's notion of sympathy was itself, in at least some of its uses, better understood as the notion of empathy[18]. Given that empathy is a notion closely related to that of care, it is no surprise that Helga Kuhse and Peter Singer suggest[19] that Gregory's work may "also be read as one of the first articulations of an "ethics of care", owing to his "view of the central role played by care and sympathy in the doctor–patient relationship".

That a notion of Care in the form of Hume' notion of sympathy shaped Gregory's view has great significance for the relationship between Medical Ethics and Care Ethics because of Gregory's significance for Medical Ethics. As McCollough puts it[20]:

> *"It is not too much to say that this history pivots on Gregory: before him in the English-language literature there was no professional medical ethics and no profession of medicine in its intellectual sense (i.e., based on science and the virtues of the scientist) and in its moral sense (i.e., based on a life of paternalistic — in the medieval, not contemporary sense of the term — service to patients and its virtues). After him there was a professional medical ethics and the profession of medicine began to develop an image of the sympathetic physician."*

The significance of an ethics of Care for Medical Ethics has also been appreciated from the significance of caring in certain roles within Medicine, especially that of the nurse. Since caring for patients is the primary duty of nurses, any ethical issues arising within nursing are then readily seen as requiring an ethical understanding of caring and thereby an ethical understanding of care. In fact, in line with the aforementioned distinction, a foundational one for Care Ethics, between an ethics of principles, duties, rules and rationality on one hand, and an ethics of care, sentiments, relationships on the other, some (for example, Jean Watson[21]) from the Nursing Ethics quarters have demanded that Nursing Ethics be understood independently from Medical Ethics. The rationale given is that while Medical Ethics is steeped in a context free rule based "traditional rationalist" understanding of ethics, an ethics of nursing must be able to pay

attention to the "receptivity, intersubjective relatedness, and human responsiveness" that characterize nursing practice, which an ethics of care seems to be aimed at.

Care Ethics and its Application to Medical Ethics: While, the significance of care in Medical Ethics has thereby been multiply noted and seems to be beyond question, one must question exactly what notion of care can properly inform morality, especially the ethical issues arising in medicine and healthcare. There are after all many different notions of care and there is no reason to believe that each of them would ground the same ethic, the same moral principles, and therefore same moral evaluations of issues in Medical Ethics. It also needs to be seen whether there can be an ethic that can unitarily apply to Medical Ethics in general without failing the demands that an ethics of nursing seems to specifically face.

The lack of clarity on what would constitute an appropriate morally significant notion coupled with focus on an inappropriate notion of care to ground morality has led to criticisms from medical ethicists such as Peter Allmark. Allmark notes[22] the increasing attention being paid to the ethics of care from nursing and how that may be seen as the basis of treating Nursing separately from the rest of medicine (and therefore Nursing Ethics from Medical Ethics), "Nursing has long sought to gain an identity separate from medicine and some writers hope that care may be the key to finding this identity". While Allmark notes the significance of Care Ethics for Nursing Ethics he does not do so approvingly. He criticizes Care Ethics, and the possibility of its application to Nursing Ethics or any set of ethical issues in general, on three overall grounds:

> *"(i) As described by its proponents, caring ethics is hopelessly vague. It lacks both normative and*

> *descriptive content.. (ii) This vagueness is due to an inadequate analysis of 'care', and thus of the source of any moral meaning which may attach to the term and its cognates. 'Caring' ethicists take the fact that care related terms are used to express moral judgement to imply that care is itself a good, or the good. This inference is both invalid and false, (iii) When care-related terms are used to express a moral judgement (for instance, to criticise someone as 'uncaring') the source of that judgement is not in the fact of care or its absence. Rather it is in what the person cares about and in how they express that care. 'Caring' ethicists can tell us nothing of the 'what' and the 'how' which underlie the judgement."*

Allmark thus finds Care Ethics and its application to Medical Ethics completely unacceptable.

I think that Allmark's criticisms against the morality of the care approach stem from two sources. One source lies in the application of concepts like universalisability, autonomy, etc. based and nurtured by a characteristically justice-oriented approach to Care Ethics itself. In other words, scholars have become used to looking at morality from the perspective of the justice approach and demand that alternative approaches also validate the notions they have come to see as important for morality. A failure to do so seems to them like a failure to be ethically relevant.

The second source lies in the failure to see how care is connected to morality and good, which leads to criticisms such as Allmark's claim that caring is not itself good, so care ethics is mistaken. Take the

example of utilitarianism to see how off the mark such criticism is. Just as Allmark claims caring is morally neutral, prima facie the utility of an action towards establishing happiness is also morally neutral.[23] In fact, it is unclear if any theory that looks to ground good in some other notion will ever satisfy Allmark's expectations. Allmark's criticism seems just a version of the open question argument by Moore. So, goodness is not a natural property; it is *conceptually irreducible*[24] to any natural property for if we take the example of any natural property it seems an open question whether it is true that the property is good. This shows that good does not conceptually reduce to any natural property. But, surely the right path to take for any theory in the wake of this argument is not to abandon its claims that their favoured natural property is what goodness is grounded in, but investigate how this natural property could ground goodness without goodness being conceptually reducible to it.

While I think that Allmark's criticisms are at least partly based on a misunderstanding of Care and its moral significance, he cannot be blamed for the state of affairs that breed such misunderstanding. On one point Allmark is absolutely correct. Care Ethicists have failed to provide a general agreed upon systematic framework for Care Ethics which can give clear answers to questions as raised by Allmark: what makes Care morally significant, how can it be the basis of a systematic ethic, how and why certain moral notions that have forever seemed to us to be definitive of morality may in fact not correctly capture all possible legitimate approaches to morality at least not in the ways usually envisaged, etc.

Motive Accounts of Care and Medical Ethics: To opponents of the care approach to ethics Allmark's criticisms may be seen as reasons, whether conclusive or not, to give up a vague and confused enterprise perhaps motivated more by socio-political (read “feminist”)

concerns than by the actual theoretical demands of the attempt to grasp morality and the proper basis of its practical application. To me, and I would urge other proponents of an ethics of care to approach such criticisms in a similar way, Allmark's and other similar criticisms must be seen as challenges; as essentially demands for a precise expression of Care Ethics as a systematic ethic, the understanding of care as a normative ethical notion, and a justification of its place as the basis for a normative ethics of care.

I believe that a motive account of care is the best way to meet these challenges. A motive account of Care can establish a principled and systematic ethics of care with clear and defensible normative import which yet satisfies the demands of care ethicists that an ethics of care capture the feminine sentimental and relations-based approach to morality, as opposed to a traditional abstract rules and principles based one. While presenting a systematic ethics such an account need not yet itself boil down to a principle-based approach to morality. To be more precise it can perform the following tasks: i) provide a systematic and principled way Care can be the basis of moral evaluations that accord with our intuitions including those that arise in the context of Medical and nursing Ethics, ii) say how it still captures the feminine non-principled approach to morality which Nursing Ethics appears to require, iii) say why and how Care is moral, and iv) say how it may still provide a unitary ethical grasp thus hopefully reuniting Nursing Ethics with Medical Ethics. Let us briefly see how these points may be addressed by a Care Ethics based on a motive account of Care.

First of all, Care Ethics under a motive account of Care is seen primarily as an ethics of motives. We do evaluate people's motives as good or bad and it seems intuitively correct to evaluate the motive of someone acting out of the drive to meet some other person's needs

motivate by the drive to meet those needs. Thus, intuitively agents and actions motivated by Care seem to us to be morally good. This can be captured by Care Ethics by taking the presence or absence of Care to be the basis for moral evaluations primarily of motives; that is a motive to act that is characterized by the presence of Care (to an extent) may be seen as good (to that extent). Thereon, agents (i.e. their characters) may be seen as good to the extent that they tend to act out of good motives (those characterized by Care), and actions may be seen as good in as much as actions are motivated by good motives (i.e. motivated by Care). Thus, Care Ethics can be seen as providing an *aretaic* evaluation primarily of motives and thereon of actions and characters. This not only provides a systematic basis for wide ranging moral evaluations but also promises to provide evaluations that are intuitively correct.

While this seems to provide a principled basis for evaluation this does not reduce Care Ethics to the justice approach. Such a Care Ethics can see moral agency to lie ultimately in responding to the needs of the other rather than trying to do one's duty. It is when one asks what one's duty is that one then requires principles to answer that question. But such a Care Ethics only promotes acting out of Care that is present between an agent and the others that may be the objects of the agent's actions. In other way of looking at it, a mother selflessly motivated to meet her child's need can readily be seen as acting out of good motives, and her actions as morally good. She is not required to think what is right and seek guidance from universal principles but act solely on the basis of her specific relationship and the sentiments they engender. This is how Gilligan and Noddings saw as the way women approach morality, and this feminine approach can be vindicated as morally non-deficient and good under Care Ethics under a motive account of Care. Thus, such a Care Ethics can capture intuitively

valid moral injunctions and evaluations in a principled and systematic way without requiring the agent to act out of duty and seek guidance from universal principles, thus capturing the distinctive feminine approach to moral issues Care Ethics was born to capture.

All this would be seen as on the right track only if it can be argued that Care is good, a notion which Allmark so vehemently denied. To address that issue it may be noted that a state of affairs where the needs of people are met has to be considered as better than a state where they are not met. This suggests that the needs of people being met is intrinsically good. Here we should pay attention to Thomas Hurka's work. Hurka notes[25] that good motives (often) lead to right action. While this is clear why it is so may not be. There Hurka suggests that the rightness of actions and the goodness of motives may be related. Good motives lead to right actions precisely because the same thing, an independent good, which makes actions right may also be the basis of the goodness of those motives. Good motives are those which are directed towards this good and right actions are those that lead to it.

Most importantly, here the goodness of motives is not dependent upon this independent notion of good or on the rightness of actions. That is the good motives only need to be *intentionally directed* towards the independent good, they need not be causally effective in achieving them. Care then, as a motive, can be good in as much as it is by definition intentional directed towards the independent good of meeting the needs of the other., while still being causally independent.

Lastly, and in continuation of the idea above, such a Care Ethics can unite the aretaic evaluation of motives and actions to the deontic evaluation of actions. This is so, since deontic evaluation of actions

can be readily understood in terms of meeting the needs of others. That is, it seems intuitively highly plausible that actions are right if they meet the needs of all the others affected by an action in a balanced way. But, meeting the needs of all those involved in a balanced way is precisely what would be promoted by a motive which is not characterized by Care for all involved. Thus, agents who act out of motives which exhibit Care for all involved are readily seen to be led to act in the right way. Hence, agents need not think about what is right. As long as they act out of Care for all involved in their actions will, barring epistemic limitations, not only be good but also right.

Let us chart out briefly what such a Care Ethics means for Medical Ethics. For Medical Ethics it would mean that the desire for an ethics that can do justice to the demands of moral issues as they arise in nursing practice need not go unfulfilled on account of the obvious candidate being found too unsystematic and vague. In fact, the diktat's of Care Ethics under a motive account of Care are very clear and precise. Even in tricky medical situations one can and must be guided by Care and seek to address the other's (in such cases the patient's) needs in the best and most balanced way possible. It would also mean that meeting the demands of nursing practice does not require seeing Nursing Ethics as a field separate and discontinuous from Medial Ethics in general. Not just the actions and motives of nurses, but even of doctors – in fact not just of medical practitioners, but of moral agents in general – can be judged on the same basis. Everyone, to be morally good must be guided by care. One is morally deficient only when deficient in care itself.[26]

CONCLUSION

Both Care Ethics, through its focus on the feminine sentimental

approach to morality, and Medical Ethics, through its origin in Gregory's work, capture Humean sentimentalism in a way that leaves Care Ethics the best normative ethical model for Medical Ethics. Nursing Ethics with nursing involving taking care of patients also screams for an ethics of Care. But, some think that Care Ethics should be applicable to Nursing Ethics alone while others like Allmark think that Care Ethics fails to provide any systematic ethics if it provides any ethics at all. I have tried to sketch out, in brief, how a Care Ethics based on a motive account of Care a la Slote can not only provide a systematic ethics that yet captures the distinctively feminine way of approaching moral issues, but also provides a unitary ethics that can seamlessly apply to all ethical issues thus plausibly reuniting Nursing Ethics with Medical Ethics without failing the specific demands of Nursing Ethics. Happiness, construed as well-being, being the central concern of medicine, seems to unify Medical Ethics in general in having the same central value. This unity, I have argued, need not be abandoned.

NOTES AND REFERENCES

1. Gilligan, 1982, *In a Different Voice*, Cambridge, MA: Harvard University Press.

2. Noddings, 1984, *Caring: A Feminine Approach to Ethics and Moral Education*, Berkeley, CA: University of California Press.

3. Allmark, 1995, “Can there be an ethics of care”, *Journal of Medical Ethics*, 21: 19-24.

4. See Slote, 2001, *Morals from Motives*, Oxford: Oxford University Press. Also see Slote, 2007, *The Ethics of Care and Empathy*, Oxford: Routledge.

5. This characterization of Care is not something Slote has propagated himself, at least not explicitly. Instead, this follows from the platitudinous idea that Care as a sentiment motivates us to take care, combined with the understanding of taking care, or 'caring for', as the meeting of needs which

many care ethicists accept. For example, see Diemut Bubeck, 1995, *Care, Gender, and Justice*, Oxford: Oxford University Press, p129, and Sara Ruddick, 1998, "Care as labor and relationship", in Joram Haber and Mark Halfon (eds.) *Norms and Values: Essays on the Work of Virginia Held*, Lanham, MD: Rowman and Littlefield, 3-25, p10.

6. Due to constraints of time and space the argument will have to be largely programmatic. But, I hope to cast sufficient light on certain key components of the argument.

7. See Anumita Shukla and Mayank Bora, 2018, "On motive accounts of Care", *Journal of Indian Council for Philosophical Research*, 35.1: 175-192.

8. Noddings, 2010, *The Maternal Factor*, Berkeley, CA: University of California Press, p69.

9. Noddings actually uses the term "engrossment" which she thinks is distinct from the notion of empathy since it is more receptive but less active than empathy. However, the difference appears to be of degree and not of kind and thus for our purposes here the distinction may be ignored.

10. Slote 2007.

11. Gregory, 1817, *Lectures on the Duties and Qualifications of a Physician*, 2nd Edition, Philadelphia, PA: M. Carey and Son. (1st edition published in 1772)

12. McCollough, 1999, "Hume's influence on John Gregory and the history of Medical Ethics", *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 24.4: 376–395.

13. McCollough, *ibid*, p379.

14. McCollough, *ibid*.

15. Gregory, 1817, p.19.

16. McCollough,1999.

17. McCollough, *ibid*.

18. As Slote (2007, p13) puts it, "Hume in *A Treatise of Human Nature* says important, groundbreaking things about what we would now call empathy, but he used the term 'sympathy' to refer to it".

19. Helga Kuhse and Peter Singer, 2009, "What Is Bioethics? A Historical

Introduction”, in Kuhse, H. and Singer, P. (ed.s) *A Companion to Bioethics*, Oxford, UK: Wiley-Blackwell, p6.

20. McCollough, 1999.

21. Jean Watson, 1988, “Introduction: an ethic of caring/curing/nursing *qua* nursing”, in Watson, J. and Ray, M. (eds.), *The Ethics of Care and the Ethics of Cure: Synthesis in Chronicity*. New York: National League for Nursing.

22. Allmark, 1995, p.19.

23. The simple fact that an action happens to increase the happiness of people does not intuitively make it morally right. Nor does happiness strike one as being same as the good. The point was well made by George Edward Moore, 1903, *Pincipia Ethica*, Cambridge: Cambridge University Press.

24. By conceptual reducibility I mean that the one concept can be completely conceptually captured or analyzed in terms of another concept.

25. Thomas Hurka, 2010, “Right act, virtuous, motive”, *Metaphilosophy*, 41.1-2: 58-72.

Please note that due to time and space constraints I have only been able to explicate Care Ethics under a motive account of Care, and its consequences for Medical Ethics in a programmatic manner. For a detailed discussion of how a motive account of Care may present a well based, systematic, and intuitively correct normative ethics of Care please see (Shukla and Bora 2018). It is also important to see how concrete moral issues as arising within Medical Ethics and Nursing Ethics may be handled on the basis of a Care Ethics based on a motive account of Care. There again the present work has had to remain silent. In (Shukla 2017) I discuss how Care Ethics based on a motive account of Care can address actual specific moral problems. There the focus was on moral problems concerned with the environment, but the same treatment can be extended to moral issues in Medical Ethics and Nursing Ethics as well. Those interested in the relevant application of Care Ethics may refer to that article.