A comparison between the ethics of justice and the ethics of care

Annatjie Botes PhD MA
Professor, Department of Nursing, Rand Afrikaans University, Johannesburg, South Africa

Accepted for publication 18 May 2000

BOTES A. (2000) *Journal of Advanced Nursing* **32**(5), 1071–1075
A comparison between the ethics of justice and the ethics of care
The parameters of the problem within which the principal aim of the present article will be addressed can be described as follows. When making ethical decisions there are different perspectives that health care professionals may use. This may lead to conflict and insufficient co-operation between the members of the health team. Two of these perspectives are the ethics of justice and the ethics of care. The ethics of justice constitutes an ethical perspective in terms of which ethical decisions are made on the basis of universal principles and rules, and in an impartial and verifiable manner with a view to ensuring the fair and equitable treatment of all people. The ethics of care, on the other hand, constitutes an ethical approach in terms of which involvement, harmonious relations and the needs of others play an important part in ethical decision-making in each ethical situation. To seek some sort of way of avoiding conflict and promoting a mutual understanding about ethical decisions in the health team, there is a need to examine the ethics of justice and ethics of care. In order to understand the ethics of justice and ethics of care, the purpose of this article is to compare the two ethical perspectives. It is argued that the ethics of justice and the ethics of care represent opposite poles. If the members of the health team were to use only one of these two perspectives in their ethical decision-making, certain ethical dilemmas would almost certainly remain unresolved. Both the fair and equitable treatment of all people (from the ethics of justice) and the holistic, contextual and need-centred nature of such treatment (from the ethics of care), ought therefore to be retained in the integrated application of the ethics of justice and the ethics of care.

Keywords: ethics of justice, ethics of care, comparison, ethical decision-making, health care, holism, reductionism, universal, contextual, complementary

INTRODUCTION

The provision of health services is achieved by the joint function of various members of the multiprofessional health team. Each of the professional groups represented in the health team makes decisions regarding the health and well-being of the patient, which fall within the scope of its responsibilities and practice. The key agents in the health team are the nurse and the physician. Co-operation between the members of the health team and especially between these two key agents is a prerequisite for quality health care.

In order to address the complex ethical issues characteristic of the health care environment, it is vital that the

Correspondence: Annatjie Botes, Professor, Department of Nursing, Rand Afrikaans University, PO Box 524, Auckland Park, Johannesburg 2006, South Africa. E-mail: acb@edcur.rau.ac.za

various members of the health team learn to co-operate with one another. The ethical phenomena and problems in the health-service domain are, however, not limited to one discipline only. In the same way that health services constitute a team effort, ethical decision-making also ought to be a joint activity. The various members of the health team must therefore enter into negotiations with each other when making ethical decisions. The issue at stake here should, for this reason, be 'health care ethics', and not 'medical' or 'nursing' ethics (Loewy 1996, p. vii).

The parameters of the problem within which the principal aim of the present article will be addressed can be described as follows. When making ethical decisions there are different perspectives that health care professionals may use. This may lead to conflict and insufficient co-operation between the members of the health team. Two of these perspectives are the ethics of justice and the ethics of care.

The ethics of justice constitutes an ethical perspective in terms of which ethical decisions are made on the basis of universal principles and rules, and in an impartial and verifiable manner with a view to ensuring the fair and equitable treatment of all people (Kohlberg 1981a,b, Edwards 1996, p. 23, Botes 1998).

The ethics of care, on the other hand, constitutes an ethical approach in terms of which involvement, harmonious relations and the needs of others play an important part in ethical decision-making in each ethical situation (Gilligan 1982, Flanagan & Jackson 1993, p. 623, Sherblom *et al.* 1993, p. 443, Wiseman 1996, p. 1162, Botes 1998).

To seek some sort of way of avoiding conflict and promoting a mutual understanding with ethical decisions in the health team, there is a need to examine the ethics of justice and the ethics of care. In order to understand the ethics of justice and the ethics of care the purpose of this article is to compare the two ethical perspectives.

Comparison between the ethics of justice and the ethics of care

From concept analysis, the following were identified as the defining attributes of the ethics of justice, namely:

- fairness and equality,
- verifiable and reliable decision-making based on universal rules and principles,
- autonomy, objectivity and impartiality,
- positivistic rationality.

The defining attributes of the ethics of care are:

- care,
- involvement, empathy and maintaining harmonious relations,
- holistic, contextual and need-centred nature,
- extended communicative rationality.

Study of the nature of both perspectives of ethics suggests that they are antipoles (opposite poles) that will be used to compare between the ethics of justice and ethics of care in the following aspects:

- justice vs. care,
- positivistic rationality vs. an extended communicative rationality,
- reductionism vs. holism,
- universality vs. contextuality.

Justice vs. care

The most important antipole of the two ethical perspectives is revealed when juxtaposing justice to care.

The principal aim of the ethics of justice is to ensure fair and equitable treatment of all people (Brook 1987, p. 370). It is the constant endeavour of the agents who subscribe to the ethics of justice to let justice prevail by making verifiable and reliable decisions based on universal rules and principles (Brabeck 1993, p. 35). In order to enable objective decision-making about ethics, the individual acts in the capacity of an autonomous, objective and impartial agent (Edwards 1996, p. 80).

Contrary to that of the individual who subscribes to the ethics of justice, the constant endeavour of the person who subscribes to the ethics of care is to fulfil the needs of the people in the ethical situation and, in this way, to maintain harmonious relations (Gilligan *et al.* 1994, p. xxi). Care, therefore, implies that ethical decisions are taken in a bid to fulfil the needs of others and to maintain harmonious relations. In the context of each unique ethical situation, the agent is involved and empathetic towards every other role-player.

According to Phillips (1994, p. 1), a crisis is looming in the so-called 'helping professions'. Patients, for one, feel that they have been depersonalized – a perception that has its origins in the very fact that a culture of care appears to be lacking in these professions. The main strategy employed in these professions is assumed to be the objectification and standardization of all professional activities as part of a quality-control exercise. Ironically, Phillips (1994, p. viii) postulates that it is owing to this very strategy that the assessment and interpretation so sorely needed in these professions cannot be effected properly. For this reason, Phillips argues that a culture of care be created in the realm of health care services, ultimately to facilitate the process of ethical decision-making.

The demands made on health services by users require that professional services be provided in a culture of care and holism (Brenner 1994, p. vii). The basis on which the ethics of justice is founded does not, however, allow for all these demands, which is why it ought to be supplemented by the ethics of care. Taylor (1994, p. 178) holds the opinion that a few stark principles and rigid rules

could not possibly accommodate the complex and multidimensional nature of human society, as such principles and rules often fail to allow for that which humans deem most valuable.

In the opinion of Loewy (1996, p. 32), care is a product or an exponent of personal experience, tradition, beliefs and social context. He goes on to caution, however, that even though these aspects should never be excluded from the process of ethical decision-making, they could, by the same token, never provide for its sole basis. Merely caring for someone does not provide the 'care-giver' with many guidelines for ethical decision-making. In the opinion of Loewy (1996, p. 32), it would be as dangerous to blindly obey the rules and regulations as it would be to base one's ethical decision-making solely on one's emotions and urge to care. Loewy (1996, p. 32) and Edwards's (1996, p. 154) solution to this problem is to apply rules coupled with care, thus effecting a complementary application of the ethics of justice and the ethics of care.

Flanagan and Jackson (1987, p. 626) echo the foregoing sentiment by concluding that there is no logical reason preventing anyone from using both sets of ethics in the process of ethical decision-making. In his later publications, even Kohlberg concedes that the ethics of justice fails to address the full spectrum of ethical issues and dilemmas (Flanagan & Jackson 1987, p. 631). Although Kohlberg still views the ethics of justice as the primary ethical perspective, he admits that it needs to be supplemented by care. Gilligan, in turn, argues that both justice and care have a place in the process of ethical decision-making, as these two aspects are inextricable linked and in constant interaction.

Albeit diverse, the foregoing arguments serve, once again, to emphasize the importance of the complementary application of the ethics of justice and ethics of care in the process of ethical decision-making, as effected by the members of the health team. The fair and equitable treatment of people from the perspective of the ethics of justice ought to be retained as a principle in the complementary application of the ethics of justice and ethics of care. In doing so, however, it seems important to focus on that which is deemed to be valuable and vital by others. Empathy, as deciding factor in the ethics of care, has, for instance, been found to facilitate that understanding which others value so highly.

Positivistic rationality vs. an extended communicative rationality

Rationality concerns all aspects of fairness and, by implication, the justification of findings through argumentation. A study of the ethics of justice and ethics of care has revealed two different forms of rationality. Underlying the ethics of justice is a positivistic or modernistic rationality, whilst the salient features of the ethics of care are accommodated in an extended communicative rationality.

The positivistic rationality is a specific type of rationality and serves as the distinguishing feature of the modernistic study of science, which has its origins in the physical sciences. The universal impartial methodology – reductionism – for the sake of objectivity, forms part of this rationality model, which reigned supreme as the dominant model in the western cultural history for decades. The ethics of justice clearly has its roots in this rationality model (Van Niekerk 1992, p. 5).

In the context of such rationality model, ethical decisions are justified on the grounds of universal ethical rules and principles. Through the impartial and objective application of universal rules and principles, it is hoped to ensure fair and equitable treatment of all people, even if it means relegating certain aspects such as emotions from the process of ethical decision-making in favour of retaining objectivity.

This diluted or narrow version of the model of rationality, however, causes problems on application to the social and moral phenomena. Social and moral phenomena are bound in terms of interpersonal relations, context and values, and are multifaceted and dynamic in nature. As a rationality model for the social sciences, Van Niekerk (1992) argues in favour of the retention of the epistemological norm of rationality and also for its expansion. As a solution to this problem, he suggests that the communicative rationality of Habermas (1970) be used, in terms of which discourse and consensus would form the means of negotiation.

The ethics of care is easily linked to this extended rationality model, as all the salient features of the ethics of care could be accommodated in such model. Ethical phenomena could, for instance, be approached in a holistic fashion in order to allow for the needs of others. Another draw-card is the fact that each ethical situation could now be interpreted as a unique situation. In this way, objectivity is replaced by consensus between the various role-players in the ethical situation.

There is dissatisfaction and disillusionment with the naturalistic, deterministic worldview (Thomasma 1994, p. 123). Ironically, this dissatisfaction has set in at a time when modernistic science has enabled people to have a longer life expectancy and to enjoy better health. It has become manifest, however, that the naturalistic worldview has failed to provide all the answers to the reality of human society. Thomasma (1994, p. 123–141) argues that, next to rationality, emotional sympathy accounts for one of the crucial elements of ethical decision-making.

This does not, however, imply the throwing overboard of rationality in ethical decision-making. In the light of the fact that ethical problems usually are complex in nature and that ethical decisions often have far-reaching consequences, it is vital to retain the element of rationality in the ethical decision-making process. In order to accommodate the typical characteristics of moral and social

phenomena, the modernistic concept of rationality ought to be expanded to that of an extended communicative rationality. In the light of discourse being the manner in which consensus is reached within the context of an extended rationality, an extended communicative rationality via discourse ought to be an important facet of complementary application of the ethics of justice and ethics of care.

Reductionism vs. holism

The term 'reductionism' refers to that viewpoint in terms of which everything is explained from one perspective, or in terms of which everything that manifests itself in reality can be reduced to one basic aspect. For the sake of objectivity, ethical phenomena in the ethics of justice are reduced to a handful of factors. Emotions that cannot be dealt with in an objective manner are therefore excluded from the ethical debate. The reductionism approach is, in all probability, the Achilles heel of the ethics of justice, as it is not plausible for the sake of objectivity to reduce ethical problems in order to relegate values and emotions. A reductionism approach therefore has serious implications for the validity and ethical quality of the decisions taken in this manner.

The term 'holism', in turn, refers to that approach in terms of which the focus falls on studying phenomena in their entirety. The holistic approach is, in all probability, the single best quality in the ethics of care, in terms of which moral phenomena can be approached from a multidimensional and multifactoral basis (Gilligan *et al*. 1994, p. xx).

Stocker (1992, p. 1) holds the opinion that no single theory or logic could ever solve the problem of conflict and plurality in values. According to him, pluralistic values and conflict form part of morality, with the verification of decisions a distinct possibility.

Owing to the fact that reductionism approach poses a serious threat to the validity of ethical decisions, it is vital in the course of the ethical decision-making process to retain the holistic perspective of the ethics of care.

Universality vs. contextuality

This aspect corresponds with the methodological distinction of Mouton and Marais (1993, p. 48–50), namely the study of science with a universal (nomothetic) or contextual (idiographic) significance. The principal aim of the universal strategy is to aspire to formulate universally valid laws underlying (moral) phenomena, while the contextual strategy is focused on single, unique and structural cohesion.

In the first instance, the phenomenon is studied owing to the fact that it is representative of a broader population of similar phenomena. The ethics of justice maintain this view, as all ethical phenomena are interpreted on the basis of universal rules and principles. These ethical rules and principles are representative of all ethical problems.

In the second case, phenomena are studied in the immediate context and significance. The ethics of care correspond with this, as each ethical situation is deemed to be unique. The ethical decisions, must therefore accommodate the unique needs of the role-players in each unique ethical situation.

Blum (1991, p. 701) criticises the so-called 'principle-orientated' ethical theories for their universal strategy, as moral perceptions correspond with psychological processes and as they therefore are particular or contextual in nature. In the course of the ethical decision-making process, patterns of meaning flow forth from inner experience (values, virtues and principles) within a certain cultural context and in interaction with other role-players (Ray 1994, p. 108). As far as Mouton and Marais (1993, p. 49) are concerned, these two extremes lie on the same continuum, with the result that one is not necessarily more valid than the other.

For this reason, it is clear that so-called 'moral' rules and principles, which have figured forth from a universal strategy within each unique ethical situation, ought to be interpreted contextually or particularly.

CONCLUSION

The ethics of justice is characterized by fairness and equality, rational decision-making based on universal rules and principles, and autonomous, impartial and objective decision-making. At the other pole, the ethics of care is characterized by caring, involvement and the maintenance of harmonious relationships from a need-centred, holistic and contextual point of view.

It is suggested that the ethics of justice and the ethics of care represent opposite poles. If the members of the health team were to use only one of these two perspectives in their ethical decision-making, certain ethical dilemmas would be likely to remain unresolved.

A possible solution to this problem would be for members of the health care team to strike a balance between these poles when making ethical decisions, with the result that the solution would lie in the integrated application of both the ethics of justice and ethics of care.

Both the fair and equitable treatment of all people (from the ethics of justice) and the holistic, contextual and need-centred nature of such treatment (from the ethics of care), ought therefore to be retained in the integrated application of the ethics of justice and the ethics of care.

References

Blum L. (1991) Moral perception and particularity. *Ethics* **101**, 701–719.

Botes A.C. (1998) *Ethics of Justice and Ethics of Care*. Rand Afrikaans University, Johannesburg.

Brabeck M. (1993) Moral judgement: theory and research on differences between male and female. In *An Ethics of Care: Feminist and Interdisciplinary Perspectives* (Larrabee M.J. ed.), Routledge, London.

Brenner P. (1994) Care as a way of knowing and not knowing. In *The Crisis of Care. Affirming and Restoring Care Practices in the Helping Professions* (Larrabee M.J. ed.), Georgetown University Press, Washington, District of Columbia.

Brook R. (1987) Justice and the golden rule: a commentary on the recent work of Lawrence Kohlberg. *Ethics* **97**, 363–373.

Edwards S.D. (1996) *Nursing Ethics: A Principle-Based Approach*. Macmillan, London.

Flanagan O. & Jackson K. (1987) Justice, care and gender: the Kohlberg–Gilligan debate revisited. *Ethics* **97**, 622–637.

Flanagan O. & Jackson K. (1993) Justice, care and gender: the Kohlberg–Gilligan debate revisited. In *An Ethics of Care: Feminist and Interdisciplinary Perspectives* (Larrabee M.J. ed.), Routledge, London.

Gilligan C. (1982) *In a Different Voice: Psychological Theory and Women's Development*. Harvard University Press, Cambridge.

Gilligan C., Ward J.V. & Taylor J.M. (1994) *Mapping the Moral Domain*. Harvard University Press, Cambridge.

Habermas J. (1970) *Towards a Rational Society*. Beacon Press, Boston.

Kohlberg L. (1981a) *Essays in Moral Development. Vol. 1. Philosophy of Moral Development*. Haper and Row, San Francisco.

Kohlberg L. (1981b) *Essays in Moral Development. Vol. 2. Philosophy of Moral Development*. Haper and Row, San Francisco.

Loewy E.H. (1996) *Textbook of Healthcare Ethics*. Plenum Press, New York.

Mouton J. & Marais H.C. (1993) *Basic Concepts in the Methodology of the Social Sciences*. Human Sciences Research Council, Pretoria.

Phillips S.S. (1994) Introduction. In *The Crisis of Care Affirming and Restoring Care Practices in the Helping Professions* (Phillips S.S. & Brenner P. eds), Georgetown University Press, Washington, District of Columbia.

Ray M.A. (1994) Communal moral experience as the starting point for research in health care ethics. *Nursing Outlook* **42**, 104–109.

Sherblom S., Shipps T.B. & Sherblom J.C. (1993) Justice, care and integrated concerns in the ethical decision making of nurses. *Qualitative Health Research* **3**, 442–464.

Stocker M. (1992) *Plural and Conflicting Values*. Clarendon, Oxford.

Taylor C. (1994) Philosophical reflections on care practices. In *The Crisis of Care Affirming and Restoring Care Practices in the Helping Professions* (Phillips S.S. & Brenner P. eds), Georgetown University Press, Washington, District of Columbia.

Thomasma D.C. (1994) Beyond the ethics of rightness: the role of compassion in moral responsibility. In *The Crisis of Care Affirming and Restoring Care Practices in the Helping Professions* (Phillips S.S. & Brenner P. eds), Georgetown University Press, Washington, District of Columbia.

Van Niekerk A. (1992) *Rationality and Relativism*. Human Science Research Council, Pretoria.

Wiseman T. (1996) A concept analysis of empathy. *Journal of Advanced Nursing* **23**, 1162–1167.