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# Virtues of autonomy: the Kantian ethics of care

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## Abstract

The ethics of care, adopted in much of the nursing literature, is usually framed in opposition to the Kantian ethics of principle. Irrespective of whether the ethics of care is grounded in gender, as with Gilligan and Noddings, or inscribed on Heidegger's ontology, as with Benner, Kant remains the philosophical adversary, honouring reason rather than emotion, universality rather than context, and individual autonomy rather than interdependence. During the past decade, however, a great deal of Kantian scholarship – including feminist scholarship – has rendered this series of oppositions questionable, challenging the view that an ethics of care and Kant's moral law are irreconcilable. This paper therefore re-examines Kant's writings, drawing on recent scholarship, and argues both that they provide the care ethicists with everything they require, and that they offer something beyond an ethics of care, something that repairs the deficits in philosophies of caring. It concludes by suggesting that a Kantian ethics of care has significant implications for the construction of nursing knowledge.

*Keywords:* autonomy, care, ethics, Kant, principle.

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## Introduction: reading Kant

The ethics of care was originally formulated in opposition to a kind of moral theory that was regarded as

essentially Kantian and, to a considerable extent, that opposition remains at the centre of current debate. The 'different voice' (Gilligan, 1982) belongs to women, and many writers have seen the ethics of care as a feminist alternative to the ethics of principle, associated with men, and derived largely from an orthodox reading of Kant. Even where the basis for an ethics of care has been switched from gender to something else – e.g. in the attempt (Benner & Wrubel, 1989) to inscribe caring on the axis of

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Heideggerian ontology – Kant has continued to figure as the *bête-noire*, a dark philosophical adversary hovering in the background. Certainly, Benner is no friend of Kant, her instincts being thoroughly communitarian, and her work characterized by frequent attacks on the misguided ‘Western project of creating an autonomous self’ (Benner *et al.*, 1994, p. 248). So it is safe to say that the ethics of care has usually been regarded as anti-Kantian, and that until relatively recently that view would have gone virtually unchallenged.

During the last 15 years, however, Kantian scholarship has developed such a radically different reading of Kant’s ethics that the conventional picture now looks far less convincing. It has been argued that ‘a new basis for dialogue with the “ethics of care” position may be possible’ (Munzel, 1999, p. 7); there has been a challenge to ‘the presupposition that the care perspective and the perspective of the moral law are, in fact, mutually exclusive’ (Nagl-Docekal, 1997, p. 106); and it has been suggested that we have no reason to think that ‘Kantian moral theory lacks any of the essential ingredients of a morality of care’ (Sedgwick, 1997, p. 85). Women philosophers have played a very significant role in this revisioning of Kant’s thought (Herman, 1993; Baron, 1995; Korsgaard, 1996; O’Neill, 1989; Shell, 1996; Munzel, 1999), and it is worth noting that a number of explicitly feminist writers have recognized Kant as a potential ally (including Grimshaw, 1986; Dillon, 1992; Tronto, 1993; Kneller, 1997; Nagl-Docekal, 1997; Moen, 1997; Koehn, 1998). So the rehabilitation of Kant is not just a male backlash.

The new reading of Kant reflects the switch from a narrow focus on the *Groundwork* to an interest in the critical writings as a whole, especially the *Metaphysics of Morals*, the *Lectures on Ethics* and the *Critique of Judgement*. While the *Groundwork* seems, at first sight, to support the traditional view of Kant’s ethics as cold, overly rational and based entirely on an appeal to rules and principles, the other works demonstrate that his thinking is far more subtle, and far more human, than the popular accounts imply. In particular, the *Doctrine of Virtue* reads almost as if it were an 18<sup>th</sup> century attempt to formulate an ethics of caring, and it certainly sketches out a variation on the

ethics of virtue (Wood, 1999). However, it remains true that there are differences between Kant’s views and those of seminal writers on care ethics (including Gilligan, 1982; Noddings, 1984; Held, 1993; Baier, 1994; Meyers, 1994). In this paper, I shall try to tease out some of these differences, arguing that, in each case, the Kantian position holds the advantage. In doing so, I will cover ground already explored in depth by Herman, Baron, Munzel and the rest; but, to compensate, I will also attempt to indicate some of the implications for nursing.

### Kant, the myth

The powerful myth about Kant runs something like this. He portrays people as non-social thinking units, individuals who relate to one another only contingently, and who do so on the basis of reason rather than on the basis of emotion or attachment. They make ethical decisions by reference to a moral law, which applies universally, independent of context, and which is apprehended by acts of pure rationality. The principles that make up the moral law determine the rightness or wrongness of actions taken as a class, and irrespective of the consequences that a particular action might have. They prescribe duties, binding on all rational beings just insofar as they are rational, and take no account of the inevitable interdependence that all human communities experience. The essential condition underlying morality is not the fact of relationship between one individual and another, but the individual’s own autonomy, guaranteeing that she/he is free both to understand the moral law, and also to act on it.

There is an undeniable coldness to this image. If it were an accurate picture, the care ethicists would be correct to think of Kantianism as the paradigm case of the deontological ethics-of-principle they oppose. Fortunately or unfortunately, however, it is not accurate, or not completely so. About half of the account sketched in the previous paragraph is right, but the rest is wrong; and even the half that is right is presented in such a way as to create an entirely false impression, because many of the things Kant says do not have the implications that have been ascribed to them.

Implicit in the account are at least four conceptual oppositions, all of which are familiar from the post-Gilligan debate about the ethics of care and what distinguishes it from Kantian ethics. These are the oppositions between (i) autonomy and interdependence, (ii) universality and context, (iii) deontology and teleology, and (iv) reason and emotion. In the rest of the paper, I will examine the ways in which Kant's theory diverges from the ethics of care, at least as it is normally understood, using these oppositions as a template. At the same time, however, I will emphasize that a fuller account of the Kantian view gives the caring ethicists everything they want. The difference is, it offers something else as well, and I shall argue that this 'something else' represents an improvement.

## Autonomy

There is, we should first note, more than one concept of autonomy. Kant's primary use of the term is defined as follows: 'the property the will has of being a law to itself (independently of every property belonging to objects of volition)' (Kant, 1998, 4:440). In this sense, autonomy is a theoretical condition that must be invoked if the categorical imperative is to have any application; if, in other words, it is going to be possible for anyone to act in accordance with it. To act morally, the agent must be able to recognize sufficient reasons for action that do not arise out of his or her needs, desires and inclinations (Allison, 1996). The categorical imperative is just this idea: a law that the will provides for itself, in so far as it exercises the faculty of reason without reference to anything empirical. Autonomy is the power to self-legislate. It is both a necessary and a sufficient condition for compliance with the moral law, through the exercise of pure practical reason.

I will return to this concept of autonomy later, when I discuss the opposition between reason and emotion. It is rather different from the concept that is contrasted with interdependence. This second notion of autonomy is a matter, not of grounds for action, but of individuation: the idea that the moral agent stands alone, as it were, and must be identified in isolation from the community he or she belongs to

(Kneller, 1997). It is much less obvious that Kant espouses this second sense of autonomy, and there is, in fact, no reason why he should have to. Certainly, he does not deny that human moral development takes place in communities (Louden, 2000), even though his ultimate appeal is to a sort of idealized 'global' community, the Kingdom of Ends, which we are all engaged in building by virtue of our participation in reciprocal relationships (Korsgaard, 1996). Moreover, given that the Formula of Humanity – one version of the categorical imperative – bids us to 'act so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means only' (Kant, 1998, 4:429), he cannot reasonably be accused of ignoring the fact that morality is about our commitments to other people. Again, consider the fourth example of the Formula of Universal Law, where Kant offers the following comment on someone refusing to offer assistance to those in need: 'a will that decided this would conflict with itself, since many cases could occur in which one would need the love and sympathy of others and in which, by such a law of nature arisen from his own will, he would rob himself of all hope of the assistance he wishes for himself' (Kant, 1998, 4:423). If this is not a direct reference to the idea of interdependence, it is hard to know what else it is. Similar remarks occur throughout the critical writings. 'Thus it is utterly false to claim that Kant views the moral life "individualistically" in the sense that it abstracts from social and historical realities. On the contrary, Kant thinks . . . that the struggle against evil can be effective only if it is carried out through an *ethical community*' (Wood, 1999, p. 331).

Admittedly, Kant would reject the extreme concept of interdependence that Noddings appears to adopt: 'It is not just that I as a preformed continuous individual enter into relations; rather, the I of which we speak so easily is itself a relational entity. I really am defined by the set of relations into which my physical self has been thrown' (Noddings, 1989, p. 237). If this is right, 'interdependence' is a misnomer, as there are no primordial 'selves' for the 'dependence' to be 'inter'. On this view, the self is virtually a construct; it is 'relation' that is ontologically primitive. However, if Kant would reject this position, so would many

others, including (probably) the majority of feminists and care ethicists (Koehn, 1998). Even Benner, whose Heideggerian metaphysics might nudge her in this direction, avoids the temptation. And rightly, as Heidegger makes it very clear that *Dasein*, while it is Being-with and inhabits a 'with-world', is also highly individuated (the discussion of authenticity would make absolutely no sense if it were not).

However, there is a third sense of autonomy that Kant would accept, but which many care ethicists view with suspicion. It is this sense of autonomy that Benner rejects when referring to 'the Western project of creating an autonomous self in charge of one's own ends' (Benner *et al.*, 1994, p. 248). This is the kind of autonomy that, according to Benner, promotes 'dangerous self-reliance' and a misconceived notion of self-respect. It is also what Koehn (1998, pp. 169–170) has in mind when she suggests that, while the care ethic attaches great importance to 'listening', the Kantian ethic can be applied 'single-handedly', in that it does not 'require agents to actively and routinely consult with others'. This is autonomy as independent thought and action, putting the views of other people, in the final analysis, firmly to one side.

The problem is that, although Kant certainly does accept the first part of this formulation, he does not accept the second. Thinking for oneself does not entail ignoring others (Arendt, 1982). True autonomy in Kant's primary sense is the ability to disengage from inclination and recognize the categorical imperative as the supreme principal of practical rationality. However, an individual cannot even begin to apply the categorical imperative without 'listening', without 'transferring himself to the standpoint of others'. For the imperative requires that 'the ends of a subject who is an end in himself must be also, as far as possible, my ends' (Kant, 1998, 4:430), that one must make other people's happiness and well-being one's purpose. But how is that possible – indeed, how is it conceivable – if the moral agent refuses to engage in dialogue with, or make some attempt to understand, the people whose interests she seeks to promote? How, finally, is this different from the Noddings (1984) view that caring involves a 'motivational displacement' of the caregiver's interests? So thinking for oneself does not entail indifference to other

people's thoughts and feelings. In Kant's terms, as Baron observes, 'it is not as if we are supposed to avoid being influenced by others. What is true is that we are to think for ourselves, and not ask others to direct our lives for us' (Baron, 1997, p. 149).

Moreover, thinking for oneself is, for Kant – as for many feminists – emancipatory (Kneller, 1997). It is a way of freeing judgement from habit, prejudice, tradition and blind authority. Again, this is not at all inconsistent with dialogue. As Arendt (1982, p. 40) suggests, 'Kant's view of this matter is . . . that the very faculty of thinking depends on public use; without "the test of free and open examination", no thinking and no opinion formation are possible'. She adds: 'To think critically applies not only to doctrines and concepts one receives from others . . . [rather] it is precisely by applying critical standards to one's own thought that one learns the art of critical thought' (Arendt 1982, p. 42). This is the kind of observation that is hard to find in writing on the ethics of care, including the nursing literature. Benner *et al.* (1994, p. 249) seem actively to discourage patients from thinking for themselves, unless their conclusions coincide with orthodoxy: 'self-determination is at odds with multiple commitments and being related to others', they say, with the implication that the 'others' in this case are largely healthcare professionals.

Benner's comment illustrates an interesting tension in the ethics of care: between 'respect for difference' (Koehn, 1998) and the distrust of autonomy. On the one hand, there is an openness to individuality, the ways in which each of us is unique, and an emphasis on the importance of listening. On the other, there is a profound scepticism about the exercise of self-determination, 'dangerous self-reliance', which is presumably a natural consequence of the very individuality we are asked to respect. Unless the point of 'listening to difference' is to make co-option into a shared, privileged or orthodox view technically easier, it is hard to see how this tension can be resolved. Or is autonomy to be granted to others, while denying it to ourselves? Benner, Baier and, arguably, Noddings seem to take the first path; Gilligan often seems to take the second (Broughton, 1983). Despite the rhetoric, the care ethic appears to

offer a choice, in practice, between two dubious extremes: openness to difference, with a view to suppressing it; and openness as a kind of passive acceptance of anything that is presented by the 'different other'. The first line of thought says 'incorporation', while the second looks like a weak form of pluralism (weak because uncritical). This is not just logic-chopping. In the case of ethnicity, for example, the first standpoint would open the door to an unconscious racism, while the second would put out the welcome mat for cultural relativism.

Autonomy interrupts this two-way slide, insisting on self-determination for both parties, not just one or the other. Thinking for oneself grants it to the 'listener', and avoids the kind of receptivity which is merely passive. Genuine respect confers it on the 'listened-to', and refuses to endorse either uniformity or assimilation. Kant, of course, has no problem with this concept of autonomy, but it looks as if the same cannot be said for the ethics of care.

## Universality

I turn now to the opposition between universalism and the particularity of context. The indictment sheet claims that the Kantian ethic ignores nuance; it rides rough-shod over the differences inherent in each new situation, and refuses to regard anything other than a description of the proposed action as morally relevant. The various 'ifs', 'buts' and 'maybes' are all flattened by morality as steamroller. The ethics of care, on the other hand, recognizes the importance of difference, between people and between situations. It values the individuality of both caregiver and cared-for, accepting that every act of caring is unique and that generalization is therefore impossible (Graham, 1983; Noddings, 1984).

However, the indictment is wrong, and Kant would have no problem acknowledging the significance of context. Indeed, he insists on it: 'nothing is more laughable than when one . . . does not see what is fitting in the circumstances (cited in Loudon, 2000, p. 169). The universality of Kant's ethics is no different from the universality of Noddings' ethics, as represented by the 'first and unending obligation'. In both cases, we are urged to care, but the details – the spe-

cific ways in which we might undertake this task, and the ways in which we must re-evaluate its implications from one situation to the next – cannot be catalogued. 'What is universal about caring', observes Koehn (1998, p. 22), 'is not its form but rather the demand upon each of us to be caring'. Quite so, and Kant would readily agree. In fact, he has a technical term for a requirement of this sort, the kind that points us firmly in a particular direction, but which also (and inevitably) permits discretion in the matter of how – and even how far – we pursue it. The term is 'imperfect duty', and the duty to care (actually, the duty of love to other human beings) is classified under this heading (Korsgaard, 1996).

However, there is a further aspect of universality in Kant that goes beyond what we find in the ethics of caring. The popular view of Kantian ethics as a blanket morality probably derives from the Formula of Universal Law, which states that one should 'act only according to that maxim by which you can at the same time will that it should become a universal law'. However, the notion that this principle entails 'universal rules', applicable in all circumstances, is a mistake. Kant holds that, in acting, I (implicitly or explicitly) adopt a maxim of the form: 'In circumstances C, I will perform action A, in order to achieve goal G' (Korsgaard, 1996). This maxim is (or should be) tested by the Formula of Universal Law, to determine whether it is acceptable from a moral point of view. If it is, then I am permitted to act in accordance with the maxim. This procedure is clearly very different from one that involves a mechanical, blanket prescription along the lines of: 'Always perform actions of type A, irrespective of the circumstances, and irrespective of the goals and purposes you may have'. So the 'exceptionless rules' interpretation of Kant's ethics misses the mark by some distance.

The Formula of Universal Law does, however, have the very interesting consequence that it can generate prohibitions, when a proposed maxim fails the test (again, these prohibitions are situation-specific, rather than general 'thou-shalt-nots'; so to compare this idea to the Ten Commandments, say, is equally mistaken). Such prohibitions are associated with what Kant calls 'perfect duties', or 'duties of respect'. They are

requirements that one should not perform certain actions because they will involve treating another person as a 'means only'. As one might expect, duties of this kind take priority over imperfect duties, so that (for example) even an act of caring might be deemed wrong if, on a given occasion, it infringed against the duty of respect (Korsgaard, 1996).

In contrast, caring ethicists do not appear to have a space for prohibitions, possibly because they assume that prohibitions will necessarily take a 'blanket' form. Yet it is clear that acts of caring may sometimes be problematic for reasons covered by the idea of a perfect duty. I shall offer two examples. First, caring can sometimes infringe against the cared-for person's autonomy (Hoagland, 1991; Curzer, 1993). As Kuhse notes, 'traditional caring relationships may themselves perpetuate patterns of domination, submission and exploitation' (Kuhse, 1997, p. 153). It is interesting that Benner & Wrubel (1989) gesture at this idea when they refer to Heidegger's distinction between 'leaping in' and 'leaping ahead', which they read as the difference between taking over someone's life and working towards restoring them to an autonomous existence. However, they mention it only in passing, and do not appear to make any use of it, despite the fact that one would like to know how this idea squares with Benner's objection to the notion of autonomy in general. Secondly, there is a question about how far the effort to care for one person may detract from the capacity to care for another; for it is presumably not impossible that the time and energy invested in caring for one patient may be at the expense of time and energy needed to care for other patients (Curzer, 1993). So caring may, on occasion, infringe not only against the cared-for person's rights, but against those of others who are eligible-for-care. This is, then, a question of equity and justice. It is noticeable that there are very few analyses of the problem in the nursing literature.

## Deontology

As Munzel (1999, pp. 2–3) observes, the 'deontological reading of [Kant's] ethics has been seriously challenged'. A deontological ethic is one that attaches moral worth to an action, intrinsically, rather than to

any of its extrinsic features (such as the consequences it is likely to have, or the ends it will serve). In the literature on caring, this idea is normally represented as the 'ethics of principle', and there is much reference to 'rules' (e.g. Noddings, 1984; Meyers, 1994). Just as the Kantian ethic is supposed to strip social relations from the moral agent, so it allegedly strips anything teleological from moral conduct. However, we have already seen that Kant's views do not fit this picture. For one thing, as I have already suggested, the categorical imperative is not a rule, and judgements cannot be derived from it without reference to the maxim that an agent proposes to adopt. As any maxim must incorporate the *purpose* which the proposed action is intended to fulfil, and because the list of purposes that any particular action might be designed to pursue is without limit, it is clear that the categorical imperative is not remotely like a general prescription. It is more like a test to which maxims are subjected, and which tells us whether 'this-in-order-to-achieve-that' is morally acceptable or not. Given that ends are already built into the maxim, so to speak, it is equally true that teleology is built into the system. In this respect, as Wood (1999, p. 327) suggests, 'Kant is not (in the now commonly accepted sense of these terms) a "deontologist" but a "consequentialist"'; for his theory is 'consequentialist in its style of reasoning' (Wood 1999, p. 414).

Still, calling this an ethics of principle does no harm, provided it is recognized that the ethics of care is principled in exactly the same way. For how else are we to understand Noddings' (1984, p. 17) claim that 'my first and unending obligation is to meet the other as one-caring'? Here is an end, caring, and here too is a principle – unless the reference to a first and unending obligation can be construed in some other way. In fact, as Broughton (1983) and Koehn (1998) have noted, the writings of both Gilligan and Noddings are full of implicit and explicit references to principles, right and duties; while Nagl-Docekal (1997, p. 111) argues that 'the care ethic, albeit unintentionally, rests on a universal moral principle', with care ethicists unavoidably committed to 'precisely the kind of universality they claim to reject'.

So again, closer inspection suggests that there is little to choose between Kant and the care ethicists

on this dimension. As with autonomy, however, there is a subtle but significant difference. Kant's 'principle' generates caring, but caring is not all it generates. The *Doctrine of Virtue* discusses a range of duties (or, as Noddings might say, obligations) derived from the Formula of Humanity, and the duty to 'meet the other as one-caring' (the duty of love to other people) is one of them. However, the Formula of Humanity states that you should 'act so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means only'. So we have duties towards others, but also duties towards ourselves. The latter include a duty to cultivate one's faculties, both natural (powers of mind and body) and moral (striving to improve ourselves). In all instances, part of the point of self-cultivation is to enable us to fulfil other duties – including the duty to care – rather more effectively. Self-cultivation is an intrinsic feature of Kant's moral theory.

It is difficult to find anything comparable in the ethics of care literature. Caring presupposes a certain kind of character: otherwise the various 'pathologies of caring' (considered briefly in the previous section and again in the next) could not be held in check. However, on what basis can a care ethicist require the cultivation of a character of that sort? If the relevant character traits are a condition of effective caring, then they cannot, logically, be derived from it, and caring cannot be the mechanism through which they are developed. In practice, most writers not only duck this issue but also fail to specify the character requirements for ethically good caring. Koehn (1998) is a perceptive commentator on this weakness. For example, in her discussion of Meyers (1994, p. 70) she says: 'An ethic of empathy needs a richer notion of character development and some mechanism apart from empathy for developing our sensibilities'. As with empathy, so with caring more generally. Kant's advantage here is twofold. First, the duty to self-cultivate can be derived independently from the same principle as the duty to care; so his concept of moral character serves to underpin effective caring. Secondly, he does tell us, and in some detail, what moral character is and how it can be developed. On both counts, his ethics of care seems preferable to that of contemporary writers.

## Emotion

The distinction between reason and emotion represents one of the philosophical 'sticking points' (Hacking, 1999) in the care ethics debate. The usual view is that Kant dismisses all feeling and inclination as morally irrelevant, and attaches moral worth only to reason's recognition of duty. It is this fact that ultimately disqualifies him from being considered as anything other than a purveyor of calculating, coldly austere ethics; and claims of the kind I have been making – that he can be regarded as a care ethicist – founder on the fact that caring is necessarily rooted in emotion, personal relationships and attachment. If the Kantian ethic is reason-driven, then it cannot, by definition, have any affinity with caring. At best, it can be said to imitate the ethics of care; and if someone acts out of rationally perceived duty, then, however much her conduct resembles that of 'one-caring', the resemblance is superficial.

It is probably worth saying, though the point does not address the argument directly, that care ethicists presumably do not regard reason as morally irrelevant. The most caring motives and relationships have to be tempered by a willingness, sometimes, to stop and think. Occasions when caring impulses create a clear conflict of priorities (van Hooft, 1987), when they clash with other transparently moral demands (Baron, 1995), when they become paternalistic, controlling or manipulative (Baron, 1997; Kuhse, 1997), when (conversely) they become vulnerable to the manipulations of others (Koehn, 1998), or when they 'encourage favouritism in health care' (Curzer, 1993, p. 58) . . . all these are situations in which a rational assessment is, on any showing, necessary. So we must be wary of a tendency to polarize things, and assume that there is an 'ethics of reason' and an 'ethics of feeling', neither of which can be permitted to draw on resources provided by the other. Equally, we must be suspicious of those care ethicists who make covert claims on reason, while denying that Kant is entitled to incorporate emotion into his own perspective. This is not to argue in favour of a facile 'bit-of-both' position; it is simply to point out that a 'rationalist' view of ethics need not dismiss feelings as morally irrelevant, any more than an ethics of care is obliged to

dismiss reason as morally irrelevant (for, indeed, it cannot do so).

It is very clear that Kant does not regard feelings as morally irrelevant. It is true that he thinks of excessive emotion as a moral hazard, but there seems nothing objectionable in observing that rage, jealousy or infatuation can get in the way of an ethical response, even when this is conceived in terms of caring. For the rest, he states his view quite explicitly: 'Natural inclinations, considered in themselves, are good, that is, not a matter of reproach, and it is not only futile to want to extirpate them but to do so would also be harmful and blameworthy' (Kant, 1960, 58/5). Moreover, he thinks we should actively cultivate our moral emotions: 'it is a duty to sympathise actively in [the] fate [of others] . . .', and to this end it is also a duty to 'cultivate compassionate . . . feelings in us' (Kant, 1991, 457). So not only is it untrue that Kant thinks we must detach ourselves from emotions, in order to free up reason for moral calculation, it is also untrue that he attributes no moral significance to them (Guevara, 2000; Guyer, 2000).

Now it might be objected, of course, that this claim still misses the point. From where the care ethicist is standing, describing 'active sympathy' as a *duty* fails to capture the reality of caring as a natural impulse. It is something that proceeds from emotion, not something one should have to make oneself do, even if it is also something that can be cultivated. However, if anyone wants to dig their heels in here, they have a bit of a problem. For caring now becomes a purely psychological matter. Either you feel sympathy, or you don't; and if you don't, how can the 'ethics of care' make any moral demand on you? What, indeed, is the point of an ethic that appeals only to people of a certain cast of mind and which, in any case, recommends what they are naturally inclined to do without prompting? How can a writer who would urge us to accept the ethics of care do so without suggesting that we *ought* to care, and that we ought to cultivate the appropriate sentiments if we have no natural tendency in that direction? At this juncture, then, we are back to the 'first and unending obligation'. Noddings cannot avoid this idea and neither can anyone else. The difference is that for Kant it is explicit, whereas for the care ethicists it slips out

accidentally, or as something they only reluctantly concede.

There is one last option available to someone who is determined to drive a wedge between the Kantian ethic and the ethics of care. Let us agree that, for Kant, there is a duty to cultivate sympathetic feelings. What happens, though, when I actually confront a moral choice? If I have indeed cultivated sympathy, then I will be inclined to act on that impulse. However, Kant says that I must act out of duty, and duty alone, if I am to have moral worth. How can he have it both ways? What was the point of cultivating sympathy if I am not then allowed to use it, as it were? The problem here is the belief that Kant thinks acting out of duty must be the 'sole motive'. He does not. Duty is a regulative concept (Baron, 1995), an idea that reflects the fact that the Formula of Universal Law is not a rule but a test. Certainly, duty may function as what Herman (1993) calls a primary motive, but its more usual role is as a secondary motive, setting moral limits on what can be done (see also Stratton-Lake, 2000). In effect, it ratifies a proposal that I may adopt for other reasons, including reasons occasioned by caring and sympathetic impulses. In cases of conflict, when the sympathetic impulse clashes with what morality requires, duty takes precedence; but, generally speaking, there is no reason to think – and Kant does not suggest – that 'inclination' and duty are, motivationally, in competition. Indeed, part of the point of cultivating one's feelings is to ensure that such competition does not often arise.

In summary, then, reason and emotion both have an essential role in Kantian ethics. It is difficult to make the same claim for the ethics of care, as most writers on caring treat reason with suspicion, or else say very little about it. Benner is obviously a case in point. She distrusts anything that smacks of 'rationality', and her account of skilled professional practice is characterized by its lack of enthusiasm for explicit cognitive activity. Expertise is habit, or intuition, born of experience; conscious analysis is reserved for new and unfamiliar situations (Benner, 1984). The problem is that one person's intuition is another person's prejudice. Reason's job is to 'vet' intuition, habit and experience, and check that they are not simply camouflage for whim, folklore, fad or fancy,

and, indeed, any other form of parochialism, chauvinism or preconception. So Kant's linking of reason and autonomy will not go away, and the care ethicist's distrust of this connection deprives her/him of a valuable resource: scepticism. Koehn (1998, pp. 40–41) is particularly sharp about the care ethic's lack of self-suspicion: 'Given the well-known phenomena of bad faith and projection, the ethic should have some feature or factor capable of engendering self-suspicion in the caregiver regarding her own motives. There is, however, no Socratic daimon nor any warning regarding pride and hubris in this ethic [which] bases itself upon only the subjective desires, whims, and needs of the cared-for and caregiver'. It is precisely these subjective whims and desires for which Kant's autonomy as self-determination, critical-thinking-for-oneself, provides the corrective. This is the care ethic with more than a dash of distrustful rationality, and it draws our attention to yet another significant difference between Kantian and contemporary approaches to care.

### **Conclusion: moral knowledge in nursing**

This paper has drawn on recent Kantian scholarship in an attempt to support the following claims. (a) The traditional view, that Kantian ethics and the ethics of care are radically opposed to each other, does not hold water. (b) There is nothing in the ethics of care that cannot easily be accommodated in Kantian ethics. (c) Because Kant's moral theory includes the ethics of care, but also much more, there are some significant differences between his position and that of the contemporary care ethicists. (d) The Kantian ethic qualifies the care ethic by locating it within a fuller account of moral conduct and moral character.

I have traced the evidence for these claims through four philosophical dimensions, normally assumed to define the sense in which Kantian ethics and the ethics of care diverge. Correspondingly, the discussion has distilled a theme with four variations. The theme is critical thought. The variations are: the link between difference and self-determination; cultivation of the powers of both mind and body; prohibitions governing infringements of other people's rights; and

the need for self-suspicion. Broadly, these variations correspond to the fourfold classification of duties (Korsgaard, 1996) that Kant offers, respectively: imperfect duties to others; imperfect duties to oneself; perfect duties to others; and perfect duties to oneself. Comfortably the most striking feature of Kant's theory is the way in which these are all generated from first principles and, by the same token, the manner in which they all fit together. It is this, more than anything else, that differentiates Kantian thought from the contemporary ethics of care.

I do not wish to claim that care ethicists never refer to these duties. Gilligan, for example, alludes to the infringement of rights; Meyers is aware of the value of scepticism about one's own feelings. However, the ethics of care ethos tends to divert attention away from these requirements and, in practice, it understates or even ignores them. Moreover, writers on caring ethics have considerable difficulty (or would have, if the topic arose more often than it does) in accounting for the necessary role that Kant's duties play in moral deliberation. There is, in other words, no philosophical space in which to place them, and this is why the explicit references so frequently take the form of an aside, inevitably creating unexplored tensions. It is also why Kant's moral theory is an improvement on the ethics of care, more narrowly construed.

It would be interesting, at this point, to explore the relation between conduct of thought (*Denkungsart*) and moral character (Munzel, 1999). Doing so would help to justify the idea that I have merely drawn attention to four variations on a single theme, and that this account is actually present in Kant's work. Suffice it to say, however, that the development of character (including the development of a caring nature) is predicated more on *Denkungsart* than on feelings, emotions and inclinations; and, as Munzel says, this offers a different way of thinking about character, and about the educational task of 'bringing people to caring'.

The four variations provide some illustration of this insight. They are all examples of critical thinking, but they also serve to widen the field of knowledge, the range of considerations, appropriate to 'one-caring' (including nurses). Not merely being 'open' to differ-

ence – whether rooted in culture, gender, sexuality, age, disability, and so forth – but being able to recognize it without incorporating it, without denying it autonomy. This requires knowledge. Not just caring on a one-to-one basis, but surveying the broader picture, the costs as well as the benefits, and the unintended consequences for others eligible-for-care or as yet uncared-for. This requires knowledge. Not only valuing the impulse to care, but interrogating it and understanding the pathologies that are sometimes associated with it. This requires knowledge. Not merely relying on experience and intuition, but actively cultivating the powers of mind that can support or, alternatively, challenge them. This, too, requires knowledge. None of these are unfamiliar in the nursing literature, but they tend to get lost in discussions of caring, and – worse – they cannot even be explained in the terms that a contemporary ethics of care makes available.

A less dogmatic, and less hostile, reading of Kant could help to repair this deficit. Certainly, Kant's theory should be more congenial to nurses than, say, Heidegger's. For one thing, there is no ethics discernible in *Being and Time* (Paley, 2000); for another, Heidegger's membership of the Nazi party and his aspiration to become the philosopher of Nazism (Holmes, 1996; Philipse, 1998; Fritsche, 1999) make him a dubious point of reference for the ethics of caring, whatever value his phenomenology and ontology may have. So it is ironic, to say the least, that certain nursing theorists should embrace Heidegger so enthusiastically, while simultaneously demonizing Kant. At any rate, if nursing's antipathy to the Kantian ethics of care rests on the idea that it is 'unconcerned with the empirical realities of psychology, society and history, that it sees no value in the affective side of our nature, and that it is individualistic both in its conception of moral agency and in its moral conclusions' (Wood, 1999, p. xiv), then 'I think the truth is exactly the reverse'.

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