

# AIDS: Duty to the Individual or Duty to Society?

by Rosemary Flanigan

"What ought we to do?" is the question repeatedly asked concerning the escalating AIDS problem. But a decision of moral "ought" must be based on facts, and many facts are missing in the AIDS crisis.

Our fact-knowledge is still so incomplete that it is difficult to argue a social ethical position that one could use in the care of people with AIDS. There is a difference between a *personal* and a *social* ethic (1), and I would like to discuss some principles that might be used in preparing a *social* ethic regarding AIDS.

In general, ethics is concerned with right action—with the rational justification of what makes actions right or wrong. To do this, ethics seeks to uncover the basic principles from which we draw our personal and social standards or rules. Now, if there is only one standard in ethics, the personal standard, then corporate or governmental actions that do not conform to that standard must be immoral—or all corporate or governmental decisions must somehow be outside moral evaluation; that is, they must be amoral.

**"There would arise conflicts between the right of citizens and the rights of the society."**

But the contention that "what is right for me is right for all" fails to grasp the various organizational dimensions of human social life. The position that a personal ethic can suffice for all decisions ignores the ultimate human values that arise only through social practices. If human values are realized through social organization, then it follows that social organizations could have an ethic peculiar to them. For example, though my personal ethic might lead me to forgive the thief who robs me or the rapist who assaults me, I cannot expect that the legal insti-

tution should follow suit. For the institution has a moral obligation to protect by reasonable means the social values for which it was instituted, and then must uphold procedures such as legal judgment and penalty. In another example, although the person with AIDS has a right to privacy, the public health department may still have the obligation to obtain the names of sexual contacts in order to address the threat to society.

If there is a common good that is part of the purpose of a social unit, then an ethics about that social unit would be different from a personal ethic. Public ethical decisions would differ from personal ethical decisions.

There would arise conflicts between the rights of citizens and the rights of the society. For instance, decisions would need to be made whether to spend available money for treatment of those who already have the disease; (i.e., to protect individual citizens), or for education and research about prevention of its further spread (i.e., to protect the society as a whole).

Robert M. Veatch has proposed (2) four ethical principles which I think are pertinent in working out an ethic regarding AIDS. Two of these principles are patient-centered, and two operate at the social level. The first two are:

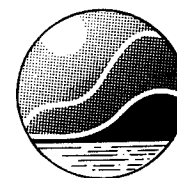
- a) *patient-centered beneficence*, i.e., that one's actions should benefit the patient
- b) *autonomy*, i.e., that the patient's right to self-determination should be respected.

Added to those are the following two principles, which focus on society:

- c) *full beneficence*, i.e., that resources should be used to do the most good
- d) *justice*, i.e., that resources should be distributed to provide all with an equal opportunity to health.

Application of these principles will not be easy, but they can form the basis developing a social ethic, one that respects the person with AIDS at the same time that it benefits the group.

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## Midwest Medical Ethics

Editor: Karen Ritchie, M.D.

Associate Editor: Myra Christopher

**Midwest Medical Ethics** is a quarterly publication of the Midwest Bioethics Center.

1200 East 104th St., Suite 217  
Kansas City, Missouri 64131  
(816)942-1992

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Let us consider the results of developing a social ethic towards AIDS. First, members of society would have the right to participate in the determination of societal values about AIDS; from research through tracking sexual contacts to the care of the person with AIDS. The only way such values can be agreed to is through education, and only recently have the media begun to educate the public about the facts regarding AIDS. In the beginning of this crisis, there was false or inadequate information about the spread of AIDS, which led to some unjust policies (e.g., children with AIDS being denied the right to attend school.) In order to benefit both the person with AIDS and society, a social ethic must be based on accurate and full information. Although there is much we still do not know about this disease, what has become known must be shared with the public, who are the determiners of the values to be upheld.

Second, developing a social ethic toward AIDS would require that

decision makers in societal institutions enact the values the citizens have determined. As the public grows in its understanding of AIDS, and as it sets its priorities of values, those who have the responsibility to carry out the will of the people must act according to that will.

Third, a social ethic toward AIDS would obligate citizens to cooperate with and contribute to societal institutions for the sake of all the members of the society. Education, pressure groups, and lobbying efforts would buttress support for those institutions and practices that best embody the values decided upon regarding both the person with AIDS and society.

As a social ethic toward AIDS evolves, conflicts of rights will emerge. Increasing demands on limited health resources will result in tensions between what is perceived to bring about full beneficence and what is construed to be just; there will be conflicts between autonomy and full beneficence; there will be conflicts between the rights of those with AIDS and the rights of

society. Such conflicts must be worked through. And, again, information and a foundation of ethical principles are essential for any resolution.

Research on AIDS is showing promise on two fronts: some drugs are now showing potential for suppressing the multiplication of the virus, and we are closer to an effective vaccine. But an important question remains: Is the development of a social ethic concerning the search, screening, and care of the person with AIDS proceeding as rapidly as the technology?

- (1) I am indebted to W.L. Lacroix, S.J., Rockhurst College, for the insights expressed here which I have in an unpublished monograph of his, "Resume of Some Ethical Theories."
- (2) Robert M. Veatch, "DRG's and the Ethical Reallocation of Resources" *Hastings Center Report*, June 1986, 25-40.

Sister Rosemary Flanigan, Ph.D. is Professor of Philosophy at Rockhurst College, Kansas City, Missouri.

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## For further reading on AIDS related issues

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