Values and cultural relativism

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Abstract

The six values that commonly apply to medical ethics discussions are autonomy, beneficence, non-maleficence, justice, dignity and truthfulness. These values provide us with a useful framework for understanding conflicts, but do not give answers on how to handle a particular situation. This article discusses values and cultural relativism based on the premise that, when a person makes a value judgement, it entails the idea of that person forming his or her own judgements about value issues. In health care practice, this is an important consideration because personal value judgements may directly influence the ways in which patients are treated. As health care professionals, we are obligated to transcend cultural boundaries, never to intentionally cause harm, and always to avoid the perpetuation of suffering and injustice. When moral values are in conflict, the result may be an ethical dilemma or crisis. Sometimes, no good solution to a dilemma in medical ethics exists and, occasionally, the values of the medical conflict with the values of the individual patient, family or community.

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Introduction

The action of making a value judgement requires that a person form his or her own judgements about value issues. It is on these grounds, also, that we hold people responsible for their behaviour. We are constantly faced with value conflicts between the various spheres of our lives, such as in science, a belief system or a religion; or family; politics; and sexuality. These value conflicts intersect within our own personalities, our social lives, and our professions.[1] But one thing tends to remain: when faced with value conflicts, we all make value judgements. When we say that we "have certain values", it requires that we make our own judgements about how we should behave, or the values we embrace. This will make a great deal of difference to the way in which we understand conflicts between the values of different groups.

Value judgements

When we reflect upon how we should behave, it may rule out the mere acceptance of the preferred code of behaviour in which we were brought up. If we decide to conform to the world view of a group or tradition, we should be able to justify the reasonableness of it, and not simply conform because it is the general practice to do so. Sometimes we articulate our personal values, and at other times we do not do so. For example, imagine if one of your friends is "sleeping around" and this is against your personal value system. The extreme oppositional options may be to either discuss your views with your friend while not dissolving the friendship or to end the relationship. Or, for example, imagine that you place a great value on your appearance. You choose to spend your money on clothes and anything else that you consider will enhance your appearance to others.

Another person places great value on his CD music collection and spends his money differently. You both think the other one is pretty stupid in the ranking of what they consider to be of value. So the ways in which we personally respond to what we consider to be of value differ and we make judgements about the way others place or rank their values. Sometimes, as in the last example, it does not really make a great deal of difference where we as individuals place our values. Our personal appearance or having a CD music collection concerns mainly what each individual happens to prioritise and does not necessarily impact upon others. Other people may make comments, make value judgements, but overall these are of little consequence. Values, the ranking of what is of value to us as an individual and the personal judgements we make concerning the placement of value by others, are not static.

Personal and professional responses: raising a question

Often personal and professional value judgements take on different dimensions; they do not always coincide. In health care practice, this is an important consideration because personal value judgements may directly influence the ways in which patients are treated. Let us look at some ways in which values may conflict. Imagine a health care practitioner who personally ranks the value of motherhood as his/her primary value. Consider the dynamics that might occur when that health care practitioner is confronted with a patient who consults for tranquillisers, claiming she is under enormous stress and the cause of it is her children. Moreover, this patient says she regrets giving up her job, which provided her with more satisfaction than does motherhood.

Now, think of the health care practitioner bound by the one of the values embedded in professional practice – the alleviation of, inasmuch as it is possible, physical suffering. When this health care practitioner is requested by a patient to deeply scarify his three-year-old son's lower abdomen without anaesthesia because it is his cultural tradition, there is a conflict between the value system of the patient and an articulated professional value.

As a final example, consider a health care practitioner who personally believes that those who are not able to conform to society's norms are weak and socially inferior. His or her patient is a dishevelled but rational street person who presents with an abrasion on her cheek. Despite earlier attempts by hospital staff to convince this woman to seek safer accommodation, she insists that being free means living wherever she chooses.

It is easy to see that these examples represent value conflicts between health care practitioners in their roles as professionals and their patients who express different values. There are some ways we can look at value conflicts in these contexts. First, recognising that there are differences between our patient's values and our own may appear quite easy. However, a brief assessment during the health care-patient encounter and making the call that there is a value conflict may not represent the whole picture, as it is impossible to know all the facts concerning the request. Even if that possibility exists, and we are convinced that our case concerns irreconcilable values, a major issue concerns whether we act in accordance with our own personal values or adapt our behaviour in keeping with the values of our profession.

If a health care practitioner allows his or her personal values to override all other considerations and treats the patient with disdain and prejudice because their values differ, then the line between professional responsibility and personal blame has been breached. We all make value judgements based on value demands by which we measure our own conduct. However, as health care practitioners, we are often obliged to move beyond our personal value system. Health care ethics requires that we frame our personal and professional values differently. It requires that the well-being of our patient is our primary value. As Dr Hiroshi Nakajima, the Director of the World Health Organization, puts it: "To be ethical, our responses must be both ethical and humane: first, they must be applicable to people's concrete circumstances, and meaningful to them; and second, they must be respectful of their rights, values and personal dilemmas, as lived within their own communities. In other words, ethical issues must be worked out with the people concerned."[2]

We can see that, as health care practitioners, we are obliged to perform actions that support our patients, actions that encompass the right (ethics) and the good (morality). So while we naturally make personal value judgements, in conflicting situations our professional values must inform our behaviour towards patients. We recognise that some of our patients may hold world views different from our own. However, the differences do not give health care practitioners a licence to treat the holders of such values with unkindness or disdain.

As we proceed, you should begin to see some shaping of the requirements of ethics and the role of value in ethical judgements. Some other questions that might occur to you could concern, for example: whether we have particular duties or obligations; what actions are right or wrong; as well as thinking about the individual characteristics of people that make us consider them as good or bad, blameworthy or virtuous.[3] Questions such as these concern how we look at or even judge ourselves and others. But can they help us out in sorting out the limits, if there are any, of our duties and obligations? Can they help us out in cases where value conflicts arise? Let's return to our case and ask a straightforward question: Since I agree that we should respect different world views, then does it follow that I should perform any action or procedure that my patient requests? To begin to answer this question, we first must have a brief understanding of what is termed "cultural relativism".

Cultural relativism

Cultural relativism was once considered to be a single theory, that there is no absolute truth – be it ethical, moral, or cultural. The theory argued that, since there is no way to judge what is right or wrong or good or bad between different cultures, all cultural beliefs and the values cultures hold are ethnocentric.[4] Nowadays, there are a variety of approaches to cultural relativism. Broadly they range from descriptive relativism (the fact that the origin and status of values in cultures vary), to normative relativism (the notion that, because all standards are culture bound, no transcultural morals or ethics are possible), to epistemological relativism (the belief that humans are shaped exclusively by their cultures, so no cross-cultural unifying human characteristics are possible).

In general, we can say that cultural relativism includes the idea that, under all circumstances, the rightness of any act or goodness of anything for an individual member of culture X is judged by reference to what is considered right and good in culture X. So views about whether actions or things are right or wrong or good or bad are subjective; they are one-sided views. Actions or things have meaning only when viewed from within cultures, but not between them or outside of them.

Because actions and things cannot be judged cross-culturally, value judgements – for example, saying that "multiculturalism is good" or "women are intrinsically provocative" – are accepted by culture X regardless of what other cultures accept. "We could no longer say that the customs of other societies are morally inferior to our own".[5] As examples, we would not be able to say that slavery, the Nazi regime, or apartheid were wrong. We will also have problems if we decide whether our actions are right or wrong just because these actions are in keeping with the particular standards of our society.[5] Not many of us consider our own society's moral norms as ideal. If we think about it, we can always suggest some ways in which they could be improved. Since cultural relativism prohibits us from criticising the codes of *other* societies, logically it would follow that we could not even criticise our *own*.

A major flaw in the idea of cultural relativism is identified in the nature of culture; all cultures change. Even though some cultures demonstrate changes faster than others, change is inevitable. It follows that is a particular practice or tradition within a specific culture today may not be the same in, say, ten years from now.[5] In addition, judging a particular tradition within a culture today as deficient or harmful is not the same thing as disrespecting the whole culture.

Cultural relativists claim that their traditions must be non-critically accepted by all those outside their culture. However, at the same time as rejecting the idea that there are no universally applicable principles or rules, they do not hesitate to criticise the cultures of others. In particular, "the North" is the centre of criticism. This is because it has a shabby history of damaging social, political, and economic acts such as colonialism and slavery. This fact results in hesitancy on the part of those outside that culture to engage in judging a tradition as deficient. While this is true, it is not necessarily right. For example, there is no logical reason to consider issues such as colonialism and slavery as currently practised by some cultures a different moral matter from that of Northern colonialism and slavery.[6]

In practice, cultural relativism, no matter how nuanced, can provide justification for the infliction of harm. We know that, in all cultures, some traditions dominate over others. No culture concurrently practises each one of what are called its "ancient traditions". In fact, the revitalising of an ancient tradition may be evoked to serve the powerful members of a culture who pick and choose it for their own social, economic, or political gain. Thus some individuals may be advantaged, whilst others are not. Some of the groups commonly disenfranchised by traditions are those who have no voice – such as women, children, and the elderly.[7]

The point is that, while we are taught to value and respect cultures and cultural diversity, the ways in which a culture is demonstrated is largely through its traditional practices. No human practice, thus no tradition, is beyond questioning. While some traditions are valuable as a source for understanding and pride, others have the potential to undermine that which is right and that which is good. This is because they have the potential to disseminate cruel and capricious cultural practices in the name of "my culture" or "my tradition".

A return to our question

So what should our health care practitioner do when faced with a father who requests the scarification of his young child? At one end, we could say that all a health care professional must do is to follow the law and the ethical standards and practices in South Africa. Knowing that, within South Africa, abdominal scarification of children is not a traditional practice, we could say that our South African health care practitioner has no obligation to consent to requests made by patients from other "outside" cultures. The father could just be dismissed on that basis alone.

At the opposite end is the option to comply with all requests from patients from all cultures. If you use your imagination, you can see that there could be some very dangerous health care practices that could occur, so blanket compliance with all traditional practices cannot be acceptable. We can also see that such polar opposites represent only superficial remedies to the problem.

Let us assume that, as in our example, the health care practitioner understands that the father does not intend to cause his child harm because his request is relevant to the expression of a treasured cultural tradition. However, this does not justify participation in the action by the health care practitioner as right or good. The practitioner's professional value judgement should be that the request of the father, because it consists of the infliction of unnecessary physical suffering on the child, cannot be allowed. The infliction of unnecessary pain and suffering is a disvalue just as are, for example, the loss of freedom and the loss of pleasure.[8]

A positive action a health care practitioner can take in such circumstances is to use the consultation as an opportunity for patient education and the sharing of ideas. The education of patients is a value and is part of the role of a health care professional. The question we must reflect on when confronted with such dilemmas is: "...whether the practice promotes or hinders the welfare of the people whose lives are affected by it."[6] In other words, who is harmed, and who is helped? While justice and fairness require that we respect different values and treat all cultural groups as equal, this is quite different from saying that all the cultural traditions in all cultures should be equally respected.[9]

Conclusions

Finally, when we are told that we should recognise tolerance as a health care value, it means that we should accept the circumstances that give rise to traditions other than our own; it should indicate our willingness to live peacefully within a pluralist society. However, it does not follow that, as health care practitioners, we are excluded from making value judgements concerning the rightness or wrongness of harmful traditions. As health care professionals we are obligated to transcend cultural boundaries, never to intentionally cause harm, and always to avoid the perpetuation of suffering and injustice.

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