Should We Be Teaching Medical Students to be Moral Isolationists?

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Abstract

Learning not to judge cultural practices can be implicitly or explicitly stressed to medical students and healthcare professionals. The perspective that one should not impose judgement on the practices of other cultures is termed "moral isolationism." Mary Midgely, a philosopher, argues against moral isolationism, citing it as a logically incoherent theory. This perspective piece presents and applies Midgely's argument within the context of medical education, and healthcare at large.

As medical students, we are implicitly and explicitly taught the importance of being respectful towards other cultural practices, with respect to medicine, healing, and other aspects of daily living as well. This is exceedingly important, as respect is integral to the formation of a trusting relationship between physician and patient. Culturally sensitive health care has been empirically shown to improve health outcomes amongst racial and ethnic minorities in multiple studies.[1,2] Therefore, it makes sense that cultural respect would be such an integral part of medical education in Canada.

However, respecting cultural practices is often conflated with not judging cultural practices, and it would not be untoward to state that we are often led to believe that imposing judgment on the practices of another culture is wrong. Mary Midgely, a world–renowned ethicist and philosopher (who unfortunately passed away this October) describes this position as one of 'moral isolationism,' and argues against it.[3] In essence, moral isolationism is the view that one ought to respect other cultures, but not impose any judgement upon them. I find Dr. Midgely's work on the subject to be greatly important to those embarking on careers in healthcare professions, as it brings clarity and context to an important perspective.

The question of whether or not we should impose judgement on cultural practices is a controversial one in medicine and global health. A popular example would be the practices of circumcision and female genital mutilation in different parts of the world. A more common and polarizing example in North America would be that of parents refusing life–saving treatment for their children due to religious or cultural beliefs. In Canada, the example of Jehovah's Witnesses refusing blood transfusions for their children has a contentious history. In 2009, the Supreme Court ruled that such interventions fall within the legal mandate of the court in cases where the minor's life is clearly in danger.[4] Under different circumstances, however, the courts have gone the other way. For example, 11–year–old Makayla Sault, was allowed to refuse life saving chemotherapy in lieu of traditional Indigenous medicine and alternative therapy.[5]

Both examples have ignited intense public debate in recent history, and have subsequently raised the question: as healthcare providers, community members, and fellow human beings, should we pass judgement on the practices of cultures that we are not a part of? A moral isolationist would say we should not, and Midgely vehemently disagrees.

Midgley argues that as human beings, we experience a common and rather intense difficulty trying to understand cultures that are different from us. She claims that a way of dealing with this difficulty is by taking a stance of moral isolationism, a route that many people favor. Moral isolationism posits that we can never understand any culture well except our own; therefore, in order to respect these different cultures, we should not impose judgement on them. This is also based upon the assumption that as human beings, we are embedded within different societies, each with their own set of cultural beliefs and practices.

However, Midgley also goes on to argue that such a position is not only wrong, but logically incoherent. Midgely forms her argument against moral isolationism by analyzing the logical cohesiveness of the theory with other premises we know to be true. Her argument and its implications can be broken down as follows:

1) *If we cannot judge another culture, that also means we can never truly respect another culture.* Midgley claims that one cannot actually respect another culture without imposing some particular judgement about the culture first. In other words, she means to say that we cannot actually form respect for something—which involves forming an opinion—without imposing some degree of prior judgement. On the other hand, she claims that if we are to be true moral isolationists, then we cannot praise another culture either, as that also involves a subjective evaluation. How would this play out in a medical setting? From a moral isolationist perspective, any attempts to respect a cultural difference would either be disingenuous—as it would require a lack of judgement or evaluation—or nonexistent altogether.

2) *Outsiders can make good and constructive judgements about our own cultures.* Midgely's second point is that outsiders can, and regularly do, make accurate and important judgements about other cultures. Understanding is not binary; we can make progressive judgements along a spectrum that allows us to make intelligent indictments as outsiders about a particular culture. We are (in principle) capable of making fair and logically sound judgements, which are to be distinguished from 'crude opinions;' that is, opinions that are based on ignorance and not reason. In healthcare, we often need to make useful judgements about something without understanding it to an exact degree, but a moral isolationist stance would not allow us to do so.

3) *If the grounds for moral isolationism is not understanding, then we cannot judge our own culture either.* If understanding is a prerequisite for judgement, then we should not be able to judge our own culture because sometimes, we do not fully understand it either. Additionally, this would also mean we have the general inability to engage in moral reasoning of things we do not fully understand. This is both wrong and problematic, as moral reasoning is crucial and fundamental to our existence. The ability to judge our own culture is integral in medicine; without it we would not be able to critically assess, evaluate, and improve practices within our own healthcare system.

4) *We do not live in isolated bubbles of culture, which is an inherent assumption of moral isolationism.* Midgley brings her argument home by negating the very premise of moral isolationism—the idea that we live in isolated bubbles of culture. She claims this to be a false statement, as we are constantly transferring, mixing and fusing aspects of different cultures together, now more than ever before. It would make sense to have isolated opinions of isolated cultures, but no such thing exists. Healthcare is the perfect example, where people from different cultural backgrounds work

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together every day.

In principle, I believe Midgely's argument to be sound and especially pertinent to those working in healthcare and medicine. When educating people who will one day serve as stewards of health and wellness for a multitude of people, I wonder to what extent an education that favors a moral isolationist way of thinking would influence health outcomes. I recognize that Canadian medical history has been stained by acts of racial oppression and discrimination. The most severe breaches in trust have occurred not so far in the past, with instances of unethical research practices and abuse inflicted on Indigenous populations at residential schools as recently as the 1970s.[6] Therefore, it is fundamental that medical education is rooted in cultural respect. But does that equate to a culture of nonjudgement?

When we look at the few examples discussed earlier (genital mutilation, parents refusing life–saving treatment for their children), I believe taking a stance of moral isolationism is inherently wrong. When practices call into question the life and dignity of an individual, we must not turn a blind eye for fear of imposing judgement on something we do not fully understand. In fact, we should look keenly, collaborate, listen, and work towards understanding and critically evaluating practices in a fair and just way, which includes taking into consideration past injustices. We should not be quick to shy away from moral arguments when culture is a factor. That is not to say that any of these practices discussed above are wrong or right; rather, they should not be beyond our discerning eye.

The risk of being a moral isolationist is significant, as harm and oppression can often be masqueraded as a cultural practice. It might be a distorted interpretation of such a practice, but it happens. This is frequently seen in sexual abuse and oppression of women, where rights are breached with culture cited as an excuse.[7] As healthcare professionals, we are in a unique position to advocate and safeguard human rights, especially when the violations of these rights affect health.

Even though I have never been explicitly told to be a moral isolationist as such, the message of "nonjudgement" has been stressed to me at various points in my formal and hidden medical curriculum. In turn, I have pondered deeply on whether or not it is beyond our purview as medical students or healthcare providers to pass judgement on practices associated and stemming from a particular culture. I believe that it is not, and that there is a need to learn just how to do so in a fair, respectable and reasoned way.

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