Ethics, Moral Relativism and Moral Cognition

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Ethics is understood as moral principle escorting humanity. In reverence to the strongest of the four pillar of medical ethics; the respect to patient's autonomy reinforced by basic human rights; any patient has all rights and freedom to decide or consent for any act he/she is undergoing as a treatment procedure. The decision/consent is made in the state of compos mentis by individual more than 18 years of age; sans misconception about truth, science and undeniably without influence or coercion. Expressed informed consent stands above all other forms of consent, undersigned by patients and healer following good understanding of the procedure and having all associated queries responded, in the language best understood by the patient; preferable that non-medical terms be used for explanations. Basically, healers are mere moral facilitators in the decision making process and whether the consent stands valid in court of law can only be predicted once the lawsuit has been filed or resolved against healer.[1]

The theory of moral relativism stands in with an idea that moral principles are non-universal, and that it may differ between communities and cultures. Moral principles grow within an individual alongside his/her cultural beliefs, customs, knowledge and practices. Every individual believe that good moral values are the ones believed firmly in their society. Although controversial; idea of normative relativism suggest that, all cultures/ societies should respect if not accept, the differing moral values not withstanding personal perceptions either by upholding personal perceptions with moral equilibrium or muteness. Moral absolutism, on the other hand stands as a phrase used contrary to moral relativism, believing that there is one and only absolute moral principle which is right.

Moral cognition studies biological and social explanations using neuroimaging techniques alongside behavioral, anatomical, genetic and molecular analysis; in an attempt to understand involvement of diverse and decentralized network of various areas of brain in rationalization process whilst moral decision making tasks.[2]

Hypothesis

An elderly patient in his 9th decade of life underwent surgical intervention for intra cranial hemorrhage post blunt force poly trauma to head and charts read lowest on coma scale. The modern tech-machine is sustaining the elderly's heart and lungs for past week. A cognitive healer understands the brain death has not occurred yet and that the patient cannot be declared a deceased. Patient's request is to release the elderly from ventilator support and allow succumbing from home, requesting deposition of family to perform pre-mortem cultural rituals, with no hope of survival.

DISCUSSION

Facilitation of decision making process is to be done by the healer[3] ; a part of ethical obligation. Moral relativism stands with decision of life or death made by next to kin based on his moral principles and compromised medical knowledge to understand 'all organs are dead but brain, in a comatose'. Applying facilitation to sustain mechanical life by the healer could be misconstrued for Moral Imperialism.

Normative relativism sanctions healer to respect patient's decision made during unstable mental and psychological state of cognition. With discrepancies in ethical equilibrium and fear of ethical fading, a solution is derived to either perform act of commission by halting mechanical support by the healer, or act of omission by pausing medications; both of which amounting to passive/active euthanasia, keeping aside ambivalent laws of lands. Finances are left to be settled between the famous two inevitables 'death and taxes'.

REFERENCE

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