Feminist Ethics

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Abstract

Ethics is a branch of philosophy concerning appropriate and inappropriate behavior. There are different viewpoints, feminist and traditional, to applied ethics. This paper addresses the background of both perspectives and compares the approaches for several scenarios.

Keywords

Feminist Ethics, Traditional Ethics, Applied Ethics

1. Introduction

Ethics is a branch of philosophy that involves structuring, championing, and proposing concepts of appropriate and inappropriate behavior. It is traditionally divided into three general subject areas: *metaethics*, *normative ethics* and *applied ethics*. *Metaethics* investigates the origins of our ethical principles and their meanings and concerns itself with questions such as whether our principles are simply social inventions or manifestations of our emotions. *Metaethical* answers to these questions focus on the issues of universal thought, the will of divinity, and the meaning of the words themselves that are used. *Normative ethics*, on the other hand, examines the standards of right and wrong that prescribe what humans ought to do, what actions they ought to take. It, thus, studies concepts and principles such as rights, duties, obligations, benefits to society, fairness, and specific virtues. *Applied ethics* is concerned with examining specific issues, such as medical treatments, environmental concerns, work situations, and honesty in academe (Levin, 2021). This paper will address different approaches to applied ethics discussing the background of both the traditional viewpoint and the feminist viewpoint.

2. Discussion

Feminist ethics springs from a dissatisfaction with traditional moral theories,

which the feminists regard as male-centric and problematic to the extent they omit or modulate values and virtues usually associated with women or with roles that are often considered feminine. Feminists have offered a perspective referred to as the "ethics of care".

This perspective is a feminist idea that arose from the responsibilities which parents have to care for children, children have to care for aging parents, and from other relationships which necessitate care. The fundamental idea of the ethics of care is that it contextualizes the details of a situation to promote the care givers and care receivers with whom we have interpersonal relationships. Relationships and compassion are at the foundation; therefore, attention is paid to the context of the situation and the people involved. The ethics of care stands in stark contrast to those male based ethical theories that rely on principles such as justice to determine the rightness of an action and focuses on the morality and integrity of women and relationships between people.

In contrast to this perspective, the ethical theories of deontology and utilitarianism offer alternative views of human relationships and the responsibilities of humans to care for others. Deontology holds that caring for others is a responsibility or duty, rather than a demonstration of love or care for the other person. Utilitarianism looks to an individual's actions and whether they contribute to the greater good i.e., whether they result in the greatest good for the greatest number of people in the long run. In both cases, caring for others emerges, at best, as a secondary concern—either to a duty or to the greater good. Ethics of care, on the other hand, argues that caring for vulnerable individuals and aiding them in decision-making is a primary responsibility born of respect and care for a worthwhile cause that ultimately contributes to society through the benefit it brings to human relationships. According to this theory, care should not be provided naturally and instinctively, but should be calibrated to the needs of the receiver and the capabilities of the giver (Laakasuo & Sundvall, 2016).

Upon further comparison, we need to consider the following perspectives of normative ethics. Utilitarianism is the perspective that an ethical act is one which results in the greatest good for the greatest number in the long run; thus, examining consequences, as one does when assessing the impact of a decision on the various stakeholders, is utilitarian based (Laakasuo & Sundvall, 2016). One need not appeal to any principle other than the *Principle of Utility* (White, 2022). On the other hand, deontologists hold that an action's morality is completely independent of its consequences. The deontological perspective views behavior as ethical or unethical by examining the rules and principles that guide behaviors and is based on a system of rights and duties. One's duty is to do what is morally right and to avoid what is morally wrong, regardless of the consequences (Laakasuo & Sundvall, 2016).

As the ethics of care evolves, feminists continue to make contributions to that perspective. Alison Jaggar posited that women were held back by the assumption that family responsibilities were mainly theirs. Jaggar contended that these responsibilities were just as important as the ones of men in these circumstances

(Jaggar, 2013). Carol Gilligan, another feminist, described the development of women's morality around compassion, whereas men were educated to think more of justice than compassion. As a result of men's roles in society, justice became the primary benchmark for ethical behavior (Gilligan, 1982). Nel Noddings furthered the movement of feminist ethics by examining the differences between ethical caring and natural caring. The latter takes place as a conditional response to the needs of others involuntarily. If a person faced financial crisis, another might hug them if they were friends. If not friends, then the gesture of hugging would not come naturally, and this would be considered ethical caring. Factors discerning the difference include relationship and, physical proximity by the receiver and giver of the care (Noddings, 2013). Metaethical structure for ethics of care as exemplified by medical care of nurses for patients include identity of the patient, competence of care, and relational responsibility. Ethical care, from a traditional perspective, would be based on the nurse helping the patient because that was his professional responsibility.

Feminist Ethics versus Traditional Ethics

Consider the following three scenarios and the different ethical perspectives for each:

Whistleblowing is understood to occur when a person, typically an employee, discloses information either internally to managers, organizational hotlines, and the like, or externally to lawmakers, regulators, the media etc. that he or she reasonably believes evidence of a violation of law, gross mismanagement, gross waste, abuse of authority, or a substantial and specific danger to public health and safety. There are numerous possible repercussions of whistleblowing. Among them are broken promises to fix the problem, isolation, humiliation, loss of job, questioning of the whistleblower's mental health, and vindictive tactics to make the individual's work more difficult.

Studies show that more women than men are willing to blow the whistle in difficult situations. One might infer that women care more about the welfare of the company and its employees in general than men, Men, on the other hand might be more concerned about themselves and their jobs as opposed to suffering the repercussions of whistleblowing. To be sure there are organizations structured around individual rather than team effort. In these instances, too, it is easy to see that trust between management and its employees and between the employees themselves is of the essence. Without trust, employees will tend to put their own needs ahead of organizational needs and the needs of their peers; there is likely to be more politicking and backstabbing, not to mention higher turnover, and the organization will consequently perform more poorly (Sellers, 2014).

The administrative assistant of the CEO or executive Director of a small nonprofit organization has been in an accident and a result she cannot use her right hand. She is no longer able to perform several of the duties for which she was responsible. The organization has a tight budget and does not have sufficient

funds to pay for an additional administrative assistant. The injured administrative assistant has been with the organization for quite a few years and there is a strong mutual connection between her and the organization. For this reason and because it would be difficult for her to find another position she would like to continue working with the organization.

Let us suppose that after an extended medical leave with pay it is determined that the administrative assistant's injury is permanent and that she will never regain full control of her hand. Let us suppose further that with the use of her left hand alone she will never be able to perform more than 20% of her previous duties. The stakeholders involved include the executive director, the leadership or board of directors of the organization, and the administrative assistant, among others. The question before each of the stakeholders now is whether to terminate her or to keep her on. If the latter alternative is accepted, the organization could restructure her position and pay while finding another person to replace her previous duties, or simply keep her on and tolerate the inefficiency of her performance; however, the decision to keep her on will, obviously, be more costly to the organization, than simply terminating her and finding a competent replacement. From an ethical perspective what we want to examine is the effect on the board, the effect on the executive director, and the effect on the administrative assistant.

Terminating her, for example, could have a negative impact, not only on her and her family, but also on the community at large, as she has been part and parcel of the organization for many years and the people with whom she had dealings trust her. People expect a long-standing organization to operate in a certain way; as such, it may have a negative impact on its reputation. At the same time, terminating her could have a positive impact on the organization from a perspective of fiscal responsibility.

There are ethical principles based on feminist ethics which seem to guide the organization toward keeping her employed. A feminist ethics perspective would be more concerned with the secretary's future than what the stakeholders of the organization would vote for. They might include compassion and kindness, respect for human dignity and loyalty. On the other hand, there are principles that encourage terminating her. These include more universal principles of justice and fairness traditional work ethics and reflecting more of a traditional view (Ben-Jacob, 2021).

If a company had to fire people because the stockholders thought it would benefit the company, feminist ethics would be concerned with the employees and try to find a way to keep the employees and evaluate the greater good for the employees; a utilitarian outlook would lean toward the greater good for the company in the long run over time.

One area that resonates with the need for feminist ethics is the area of medicine. The early training for health care professionals was dominated by men and as such, the ethics was that of utilitarianism. The Hippocratic Oath might be the most widely known of medical texts of ancient Greece. It mandates a new physi-

cian to swear on healing gods to uphold professional ethics. We question if these ethics addressed women as well as men. In *On the Generation of Animals* (Aristotle, 384-322BC), the Greek philosopher Aristotle characterized a female as a mutilated male, and this belief has persisted in western medical culture. For generations women were considered inferior versions of men.

Without feminist ethics, centuries of female exclusion have meant women's diseases are often missed, misdiagnosed, or shrouded in mystery. Gabrielle Jackson contends that doctors don't trust women because they don't know much about them (Jackson, 2021). "For much of documented history, women have been excluded from medical and science knowledge production, so essentially we've ended up with a healthcare system, among other things in society, that has been made by men for men," Young's research has uncovered how doctors fill knowledge gaps with hysteria narratives. This is particularly prevalent when women keep returning to the doctor, stubbornly refusing to be saved. "The historical hysteria discourse was most often endorsed when discussing 'difficult' women, referring to those for whom treatment was not helpful or who held a perception of their disease alternative to their clinician" (Young et al., 2018).

"Rather than acknowledge the limitations of medical knowledge, medicine expected women to take control (with their minds) of their disease (in their body) by accepting their illness, making 'lifestyle' changes, and conforming to their gendered social roles of wife and mother. Moralizing discourses surround those who rebel; they are represented as irrational and irresponsible, the safety net for medicine when it cannot fulfil its claim to control the body" (Young et al., 2018). Present-day medical facilities have established or are establishing women centers for health care with the underlying foundation being the ethics of caring. One example of this is the Katz Institute for Women's Health created by Northwell Health (Katz Institute for Women's Health, 2022).

3. Conclusion

To lead truly ethical lives feminist ethics needs to be melded with the traditional view of ethics. Traditional ethics fails to account for the perspectives of women. The goal of ethics should be to generate a moral approach that encompasses the viewpoints of both women and men. Only when we incorporate the feelings and needs of individuals as well as that of society in general when making decisions will we act morally and with integrity.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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