

NORMATIVE PRACTICES AS AN INTERMEDIATE BETWEEN
THEORETICAL ETHICS AND MORALITY

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1. *Introduction*

One of the career options Ede Christian University for higher professional education (CHE) offers is nursing. As a Christian professional school, the ECU provides learning environments for nursing students to become professionals who are to exhibit a Christian life style, values and professional ethics. Nursing graduates of our school in general may have a Christian disposition regarding major issues in health care like displaying respect for patients, having a correct attitude, practising informed consent, displaying confidentiality, and avoiding euthanasia etc. A worrying development for educators, though, is that often within a year after their graduation these young nursing professionals may adopt the secularized behaviour predominant in their workplace, even when that behaviour in some respects contrasts with the values they internalized during their nursing education. (Fortunately, it can also be noted that later in their career, the graduates of our school may return to the values and norms they once learned at school. What on first sight did not seem ‘practical’ to adhere to in the workplace, some do come to recognize as essential for their own morally competent performance of their practice). Apparently, the shaping force of the social context of a professional practice can be stronger than the personal beliefs young professionals adopt before their graduation.

This illustrates a more general problem of today’s ethics as an academic discipline. In my own observation as holder of the Lindeboom chair for medical ethics and my contacts with colleagues in medical ethics, it turns out to be very difficult to relate the academic ethical, let alone meta-ethical, reflection to the every day practice of physicians. Between the everyday ethical decisions and the philosophical and theological ethical reflection on the basis for ethical norms and reasons for ethical behaviour, there appears to be a gap. This seems to be caused mainly by the abstract and general character of most academic ethical thinking and the inclination of most professionals in all kinds of social practices to abstain from such ‘academic’ debate as irrelevant for their practice. This problem presents a clear practical reason for ethicists professionally involved with advancing ethical behaviour of (young) professionals, to pay attention to (professional) social practices.

This being the case, the Prof. dr. G.A. Lindeboom Institute (founded 1987) and later also the Institute for CultureEthics (founded 1996) have tried to develop a way of doing ethics that would make philosophical and theological

meta-ethical insights fruitful for concrete practices in our society.¹ This is done by attempting to integrate the following three normative ethical sources:

- a) philosophical and theological insights on the human being, society and the good (*summum bonum*) of human life;
- b) an analysis and understanding of the major ethical issues of our culture, often a consequence of the tremendous impact of technology, using insights drawn from the history and philosophy of culture. Here we are especially indebted to Egbert Schuurman who was the first chairman of both institutes.
- c) a normative analysis of social (professional) practices, trying to elucidate the normativity that is embodied in such practices, in order to approach the ethical problems from within the concrete social settings. For the practice of our work, this means that we often involve resonance groups in our projects of people that are working in the contexts that are object of our study.

Because of the problem regarding the moral education of (young) professionals presented above and because the third element is the most typical of our approach, the concept of normative² social practice will be central in this contribution, without completely neglecting the two other elements.³

Since we borrowed our concept of practice from MacIntyre, a good start to present our position with respect to the importance of this concept for professional practice is Charles Taylor's discussion of MacIntyre's *After Virtue*.⁴

2. *Two fundamental approaches to reality*

In this exposition Charles Taylor rightly underlines that the broader context of MacIntyre's discussion of ethics is his resistance to the modern split between fact and value and his endeavour to revitalise an Aristotelian teleological approach to reality and ethics. Here, two conceptions of reality are contrasted. On the one hand, a value-free reality. According to this predominant view of modernity, human beings apply abstract ethical principles and use freely

¹ More recently the research group 'Ethics of care', which the author is heading, of the three collaborating Christian universities for higher professional education is also working along these lines and contributing to them.

² At the IS 2005 conference in Hoeven, August 2005, where this paper was presented, some argued that it would be better to speak of 'normed practice' instead of 'normative practice'. It is true that the practice is normed by what will be called its constitutive rules. At the same time the normed practice is normative, in the sense that it prescribes norms, for the practitioner performing that practice. So both formulations are valid and they refer to the same phenomenon.

³ In the course of the years quite a few people have contributed to and/or used in some form the model presented here: Sytse Strijbos, Jan Hoogland, Gerrit Glas, Bart Cusveller, Jan van der Stoep, Govert Buijs, Rob Nijhoff, Arthur Zijlstra, Maarten Verkerk, Johan Hegeman, Henk Jochemsen.

⁴ Ch. Taylor, 'Justice after virtue', in J. Horton, S. Mendus (eds.), *After MacIntyre*, Cambridge 1994: Polity Press (Blackwell), 16-43.

disengaged reason to determine what action is ethically correct. On the other hand, we find the view that reality, and in particular human life, has an inherent *telos*. Now, ethical decisions should be taken only after attaining a comprehensive understanding of the good life in particular situations and should involve the use of practical reason (*phronèsis*). The first approach is predominant in various forms of applied ethics in many professional studies. As is the case with Taylor and others, our sympathy lies with the second approach. The challenge involved here is whether the adoption of the second approach can avoid becoming wrapped up in Aristotelian metaphysics. We recall that Dooyeweerd thoroughly rejected the Aristotelian understanding of reality, just as he vehemently rejected the value-fact split of modernity, thus rejecting both approaches. This conundrum is not without reasons. Hence, we are called to address that challenge and take a position regarding our sympathy for the approach MacIntyre and Taylor favour. In order to clarify and justify the indicated Aristotelian traits of our approach to (professional) ethics I will reformulate the two contrasting views of reality and the related approaches to normative ethics. The approaches are presented in an ideal-typical way, acknowledging that in real life situations, choices will often embody a kind of mixture of these two approaches. Yet it remains of crucial importance where one chooses one's starting point. The difference of the two approaches can be rendered succinctly as 'meaning precedes existence' versus 'existence precedes meaning'.⁵ The first approach, 'meaning precedes existence', holds that reality has meaning and value both underlying and preceding human existence. In other words, reality has a value in itself that is independent of its usefulness for humankind. It follows then that, fundamentally, 'meaning' is not a construct of the human being.

Precisely this is the core of the second approach: 'existence precedes meaning'. This position holds that meaning is not intrinsic to reality; individually and collectively people should *give* meaning to their lives if it is going to *have* any meaning. Yet, the experience that life makes sense is not reducible to an emotional illusion.⁶ This position ignores the experience and understanding of many people with respect to the reality of their existence. We cannot accept, as does contemporary ethical analysis, that human existence is the raw material of ethics. Following this second approach the task of humanity would be to *construct* one's own meaning and values for guiding one's choices against the backdrop of circumstance. In other words, it holds that existence normatively precedes meaning. We would agree with Dooyeweerd that this approach overlooks the intrinsic meaningful structuration of reality

⁵ The word 'precede' should be understood here in an ontological, not in a chronological sense. The idea that meaning is at the very core of reality is a central thought of Dooyeweerd. The two approaches presented here are analogous to two positions distinguished by Avraham Heschel, viz. appreciation versus manipulation; cf. A.J. Heschel, *Who Is Man?* Stanford (CA) 1965: Stanford University Press.

⁶ \ Viktor Frankl even asserts that the will-to-meaning is a characteristic of human existence, not just a desire or belief. V.E. Frankl, *De zin van het bestaan*. Rotterdam 1978: Donker, 123-126.

3. *Meaning-based ethics*

We will take the first approach, ‘meaning precedes existence’, as our starting point for ethical analysis. We call this ‘meaning-based ethics’ since it starts from the presumption that life and reality harbour meaning and, therefore, that meaning ultimately is not something we construct or produce. Meaning is ultimately ‘given’ to us. To discover and experience this given meaning, we certainly must observe fundamental ethical principles and values and live out virtues. We cannot just construct an ethical framework on the basis of prevailing conditions, whether social, scientific or economic. In fact, so-called ‘ethical’ choices founded solely on circumstance without taking into account the prior meaning-structure of reality will harm both reality and ourselves. We could liken such an approach to an examining physician who pays only attention to the patient’s symptoms and his perception of illness, and thereby neglecting the underlying disease. In the end, both the symptoms and the illness are likely to progress. The wise physician acknowledges the critical role of attending to symptoms in order to reach a diagnosis and of treating the symptoms to bring relieve to the patient, but views his primary role as treating disease. In other words, symptoms have a meaning beyond the immediate inconvenience or suffering they cause: they (may) reveal an underlying pathological process or way of life. So ethics should deal with the meaning-structures in reality whose neglect often forms a background of ethical problems.

We need, however, to add one qualification to our choice of meaning-based ethics. We favour a modest version of it. For meaning-based ethics does not assert that we have a perfect and detailed understanding of what ethical stance corresponds with the meaning to be discovered in a particular situation. Our choice for meaning-based ethics flows forth from our faith in the Creator Who in His Creation gives an expression of His own character, implying that Creation rests on the divine purpose and morality (if we may speak of that) (John 1:1-3, Col. 1:15 ff.). But because human existence is frail and mortal and subject to the existence of evil, this meaning often is elusive. It needs to be (re-) discovered and (re-)elaborated by human beings and given shape in their everyday life. Hence, our ethical judgement must be based on painstaking analysis of the situation and the normativity entailed in it, undertaken in the light of all the empirical evidence available. To be sure, this process of learning how to interpret the validity of ethical norms in a particular situation is a journey of discovery, not one of mere construction. In this journey we need the light of the Word of God and the guidance of the Holy Spirit.

This qualified understanding of reality and its ethical implications make it possible for us to side with the Aristotelian approach to ethics as indicated above, — at least with some of its characteristics — without buying the whole Aristotelian metaphysics. We emphasize that reality is normatively structured and human life and social entities have a *telos*; not as self-sufficient self-explanatory substances, but because they rest in God’s creative and redemptive purpose and providence. Social structures somehow reflect the created normativity of human social life. This normativity manifests itself in the flourishing of

human communities where it is observed, and in the frustration and problems that turn up where that normativity is violated.

4. *Predominant applied ethics*

Before we go on to explain to what further approach to ethics this understanding of reality leads us, we will point out briefly some main characteristics of the predominant view of applied ethics that starts from the second fundamental attitude to reality as explained above ('existence precedes meaning'). The reason is that our way of doing ethics in the first place is rooted in the meaning-harboursing view of reality as just presented. Secondly, it builds on a critical analysis of the predominant applied ethics. Thirdly, it entails an attempt to formulate an alternative. We are now in our second stage, identifying the weaknesses of predominant applied ethics. Admittedly, this general and briefly formulated criticism will not be completely fair to what happens in practice; viz. not all characteristics will be obvious in all manifestations of this form of ethics.

The predominant forms of applied ethics (PAE) have the following characteristics.

4.1 Concentrates on dilemmas

PAE concentrates foremost on obvious dilemmas or (policy) problems and does not refer to a broader view of the good life. This holds for an ethics of caring situations, but also for an ethics of ICT and business ethics. Ethicists are called in for help when a difficult situation presents itself for an actor, whether this is a person or a company. Examples: the question "When, if ever, can tube feeding to a comatose patient be stopped?"; "What measures should parents or schools take to avoid that young people become exposed (too easily) to extreme manifestations of violence or to pornography on TV or internet?"; "How much environmental pollution is acceptable to maintain a significant number of workplaces in a certain community?"; "Under what conditions is gmo-food acceptable?" The focus is mainly on the problem or dilemma at hand. The solution can remain quite situational.

4.2 Deals with the applications

Since PAE helps to 'solve' dilemmas or crises mostly caused by scientific and technological developments in society, it tends to regulate and normalize the scientific, technological or economic discourse that gives rise to those dilemmas. In other words, the split between facts and norms that is characteristic for modern science is implicitly accepted by the PAE and the focus is on the quality of the instrumental thinking involved. Basically, PAE deals with the applications of scientific and technological developments, instead of first ethically questioning the embodied normativity of those developments. For instance, if one asks what to do with human embryos that are left over from an ivf

treatment of infertility, one has already accepted the legitimacy that ivf creates surplus embryos. Once the mechanism of problem solving runs its course, it is difficult to pose fundamental questions.

4.3 Legitimizes the predominant developments

As a consequence, PAE runs behind the techno-scientific developments and even is being reproached for doing so. The image arises of ethicists running and gasping for breath behind the awe-inspiring (bio)medical-technical developments while others are cheering those marvellous possibilities. Not always wanting to be naysayers, these PAE ethicists tend to accept under certain procedural conditions what the scientists present. Again, thus they legitimise what some potential users or economic development seem to require and facilitate acceptance by the company managers and politicians. Fundamental reflections on the course and goals of scientific research, technological aspects and the type of economic development are often sorely missing among PAE ethicists. The dependence of many bioethicists to the industrial-medical complex is a worrisome development.⁷

4.4 Ignores the specific social context

PAE considers the persons involved in ethical dilemmas as individuals whose moral conduct is mainly to be understood in terms of rights and duties. Further analysis is about the cognitions and affections involved in their preferences. Notably, the contextual habitat with other relevant actors is mainly ignored. The specific character of the social entity at stake, be it professional health care and social work practices or education or an economic enterprise, is insufficiently taken into account. The abstract ethical language of the PAE may also bring this about. For often PAE-speak does not appeal to professional practitioners since it does not relate to their own way of experiencing their work and their moral problems.

4.5 Rejects worldview in the debate

PAE works with mid-level ethical principles that are stripped from a worldview background so as to be universally applicable to concrete situations. Thereby, PAE marginalises, if not rejects worldview and religion in the ethical debate. The secular, so-called "neutral" ethos is implicitly inserted into this vacuum as rightful moderator. This implies that the secular liberal philosophical approach, based on this one particular ethos is given a privileged position. Other worldviews or religious traditions with a rich ethical tradition and practice can only be used in a covert way, thus impoverishing the public ethical debate.

⁷ C. Elliott, 'Pharma buys a conscience', *The American Prospect* 12 (2001, sept 24) nr.17.

Because of these weaknesses the PAE in our opinion does not provide a satisfactory model for ethics in all kinds of professional practices. This brings us to the third step in our ethical journey.

5. *An alternative: The Normative Reflective Practitioner (NRP) approach to ethics*

We begin our third and major step with a reflection on normative ethics itself. Crucial is the observation that morality is an essential human feature that manifests itself very clearly in social life. In human communities, ideals, motives and beliefs always are operative of good and bad, of what is a good life and what is not, of what ought and ought not be done. By their way of life people always respond in certain ways to the challenges life in this world presents to them. By doing so, they always give expression to such ideals, motives and beliefs. These expressions often are not clearly apparent to us, yet they function strongly in the form of unwritten, sometimes even unspoken codes of conduct and customs, convictions on what is decent and indecent. It is this tacit moral knowledge that forms the fabric of human community. The rules governing the life and behaviour of communities often are not made fully explicit. This certainly holds for professional practices. Yet this shared moral knowledge embodies nevertheless core beliefs that may be very indicative of the existence of the community itself.

The morality of a group of people also gives expression to normativity that those people have encountered in reality, whether this is made explicit or not. Ethics is also the study of and reflection on morality in the light of the question which kind of life and which conduct is good in that it responds adequately to the diversity of normativity that is valid and should be responded to in their living situations.

This approach to (professional) ethics and reality holds that normative ethics entails an analysis of the situations, involving a variety of social relations and structures in which people find themselves. In our view, a fruitful start for such an analysis is MacIntyre's definition of a practice. This famous definition runs: "By a 'practice' I am going to mean any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended".⁸

Starting from this definition, we use our earlier given understanding of reality to avoid becoming too dependent on the Aristotelian metaphysics and ethics. We also apply insights drawn from Dooyeweerdian philosophy. This allows us to advance an alternative for PAE. We will call this the Normative Reflective Practitioner model (NRP). As the term practitioner suggests, we take the concept of a (professional) practice as the primary focus for our model, stressing at the same time that the model is applicable to other social entities as well (e.g.

⁸ A. MacIntyre, *After Virtue. A study in moral theory*. London (1981) 1983: Duckworth, 187.

to associations). We start our analysis of a professional practice by distinguishing between the constitutive side and the regulative side of the practice, analogous to the well-known distinction between structure and direction found in Reformational Philosophy.⁹ We present an analysis of practices using this distinction and start with a description of the constitutive side of normative (professional) practices.

5.1 Constitutive side of normative practices

Socially established human activity

First of all a practice is a form of *socially established human activity*. This entails that the practice exists before the individual practitioner enters the practice. For instance the practice of medicine has developed by a long historical process and is the result of many decisions and processes that embody normative choices. In this sense, medicine and other caring practices are in themselves already normative practices and the practitioner is subject to that normativity. But this is also true for newer practices such as accountancy, business management and education. The individual practitioner is initiated into the practice by learning a certain way of doing things. The practice shapes the behaviour of individual practitioners before they can begin to reshape the practice. The practice influences the way practitioners interrelate as well. Rather than adhering to the abstraction that relationships between people involved in a practice are a voluntary relation between two free rational agents on the basis of mutual consent and interests, each practitioner is subject to an historical, conditioned and coherent form of *socially established human activity*.

Telos

Secondly, a practice has a certain *finality*, a reason, a core value for which the practice exists. Probably the Aristotelian term *telos* suits best here. MacIntyre speaks of internal goods at this point, but the exact meaning of this term appears to be unclear.¹⁰ The activities making up a practice are directed at the realisation of this finality, this *telos* of that actual practice. It is important to distinguish this finality from goals that individual practitioners may have. Goals set by individual or collective actors in e.g. medical practice do not necessarily contribute to the realization of the *telos* of medical practice simply because one is practitioner. A physician may want to be an entrepreneur and make money,

⁹ A.M. Wolters, *Schepping zonder grens*. Amsterdam 1988: Buijten & Schipperheijn, 95-122.

¹⁰ This is pointed out by David Miller, 'Virtues, practices and justice', in J. Horton, S. Mendus (eds.), *After MacIntyre*, Cambridge 1994: Polity Press (Blackwell), 247-251. He argues that the internal good of medicine according to MacIntyre would be the good of being an excellent doctor. If this means 'being an exemplar of those standards of excellence which have evolved in the medical community', it should be noted that the two may diverge. In a medical community sometimes the one with the highest technical ability is considered the exemplar of the standards of excellence whereas that person may not be the best healer of the sick. So the concept of the internal good can become too 'internal' and lose its power to characterise the reason of existence of a practice in society. The concept of *telos* is defined in this way and therefore serves better in describing the normative structure of a social practice.

but trying to realize this goal does not necessarily serve the optimal realisation of medicine or of the enterprise. The *telos* of a practice belongs to the very nature of the practice and is not founded in the intention of the practitioner or the client/patient/user.

Standards of excellence

The third essential element of a practice is that human activities in a practice are seen as *rule-guided behaviour* in which the “rules of the play” are understood as the standards of excellence for that practice. These standards or rules constitute the practice and at the same time define excellent practice and provide criteria to evaluate the activities of individual practitioners. In this context, the concept of “rule” does not so much refer to rules in the sense of “knowing that,” which implies the ability to explicitly formulate the applied rules. Rather, it includes as well knowing rules in the sense of “knowing how,” in which the rules are embodied in professional conduct consisting in the ability to act according to a rule and to assess the correctness of this application even without making the rule explicit.¹¹ One can easily see that performing a practice, e.g. playing the violin, practicing medicine or managing a company, cannot be learned just by theoretical instruction about the practice even to the point of demonstrating (“showing how”). Actually engaging in the rule-governed “forms of activity” of that practice is indispensable. When the rules of the practice are well observed by carrying out those forms of activity, the *telos* of the practice is being realized. A practitioner who is able to practice in accordance with the rules in compliance with the *telos* is a competent practitioner. In other words, a competence reflects the ability to act according to the (usually implicit) rules of the particular practice. These rules have an intrinsic normative nature in the sense that they reflect competent practicing. Knowledge of these rules enables the assessment of the actions performed within practices. This is a second way in which a social practice, as meant here, is a normative practice (cf. first characteristic).

Qualifying constitutive rules

An important question that arises from this description of practices is: How do we find the constitutive rules of a practice? To answer this question we draw on Dooyeweerdian philosophy. As a social entity, the practice functions in all the modal aspects described in Dooyeweerdian philosophy. This means that all the meaning-kernels of the modal aspects can be understood as normative principles for the performance of the practice. From these principles the constitutive rules can be derived. By making the principle operative in a specific context we learn more about the constitutive rules involved. An example is the principle of respect for the patients’ responsibility and freedom of choice that in caring practices is made operative in the rule of ‘informed consent’. This can be elaborated further into a number of rules like: providing the relevant informa-

¹¹ From this description it will be clear that we use the word rule here in a broader sense than a strict directive for action that has the structure of ‘If a, then do b.’ Our use of the word comprises directives for action but also norms at a higher abstraction level. Roughly stated we mean context-dependent norms and directives that can be derived from context-independent normative principles.

tion, check whether this information and its consequences have been understood, obtaining consent.

Of immediate importance for most professional practices are principles entailing the scientific (logical) and technical (formative, historical), the psychic, lingual, the social, the economic, the juridical, the esthetical and the ethical aspects. However, it is important to point out that the normative principles related to all these aspects do not function in the same way in all practices. One of these will function as the qualifying principle of a certain practice, which in our model can be identified with the *telos* of that practice. For example, we can take the practice of nursing and ask what the qualifying principle of that practice is. We may answer that the principle of care, which we hold to be the normative principle of the ethical aspect,¹² is the *telos* of all caring practices, and therefore qualifies the practice of nursing. This means that the other normative principles should be observed under the guidance of the qualifying principle. Extrinsic motivations such as becoming a famous nurse are subservient to the *telos* or qualifying principle of care. Other examples are the practice of a musician that is aesthetically qualified and the practice of an entrepreneur that is economically qualified.

Founding and conditioning constitutive rules

Among the other modal aspects, we can distinguish between the founding aspect and the conditioning aspects. The founding resp. conditioning constitutive rules can be derived from their respective normative principles. The *founding* constitutive rules are those rules that *prescribe* the activities that give a particular practice its characteristic content. This means that for the practice the aspect by which the rules are qualified functions in a foundational way. For caring practices, we have argued that the historical aspect is foundational, which in the context of this analysis of practices can best be understood as the formative or technical aspect. (The state of the art of methods and techniques in a practice reflects a moment in their historical development, but at the same time refers in particular to the formative power manifest in the possibilities to intervene technically or methodically). The other aspects, like the psychic, the social, the economic and the juridical, are conditioning aspects from which the conditioning constitutive rules are derived. These rules formulate conditions that should be observed in performing a practice, but they neither define the “technicalities” of the practice nor its finality. They are simply conditions that should be fulfilled in a competent performance of the practice.¹³ In performing a practice the compliance with the founding and conditioning rules should be guided by the normative principle of the qualifying aspect. An adequate, competent performance

¹² Puolimatka defines the core value of the ethical aspect as “a normative attitude that regards the well-being of others as intrinsically valuable”. T. Puolimatka, *Moral realism and justification*. Dissertation. Helsinki 1989: Suomalainen Tiedekatemia, 144. We use the word ‘care’, that can also be understood as the combination of benevolence and beneficence, to refer to this attitude.

¹³ This is elaborated to some extent for the (founding) technical rules and the (conditioning) economic rules in: J. Hoogland, H. Jochemsen, ‘Professional autonomy and the normative structure of medical practice’, *Theoretical Medicine and Bioethics* 21 (2000), 457-475.

of a practice requires the *simultaneous realization of all the constitutive rules* thereby complying an integral normativity. In an assessment of the way in which a certain practitioner performs his practice, those constitutive rules function as *norms*.

Rules and virtues

Competent performance of a practice requires the observation of the principles and rules of the practice and thus realises its finality, its *telos*. As became apparent, the rules governing behaviour have an implicit, tacit character. This means that rules can be followed even without a conscious decision of the practitioner at each moment they are applied. Here we can establish a link to the way in which MacIntyre sees the role of virtues in the performance of practices. Practitioners need to have certain virtues in order to competently perform a practice; in our terminology we can say, to competently observe the constitutive principles and rules. In our view, virtues can be considered as the embodiments of the normative principles in stable normative attitudes of the practitioner. Hence, we agree with MacIntyre that indeed virtues are essential for a competent performance of practices.

So far we have gained a clear insight into the architecture of a practice. We can say that the structure of a practice, its constitutive side, corresponds to the Dooyeweerdian view of reality. However, our analysis is not yet complete for we have only dealt with the structural side of practices.

5.2. Regulative side

For fully understanding a practice we have to consider not only the structural side but also its *regulative side*, that of providing direction to practitioners. What we mean by the regulative side can be described in the following observations.

- a) The constitutive side of a practice we described above, embodies the normative constitutive principles and rules that should guide the performance of the practice and provide the norms required to assess that performance. However, any performance and assessment involves a specific *interpretation* of the rules (cf. the interpretation of a piece of music in a particular performance). Such an interpretation departs from a wider interpretative framework concerning the meaning of that practice for human life and for society and, hence, on the *direction* performances of that practice should have. Also one's understanding of the virtues required to competently perform practices depends on a wider view of the *telos* of human life.¹⁴
- b) Therefore, the regulative side of practices pertains to motivations and beliefs about human life in the world, our past and future and reason for existence and about the role and meaning of the practice for human life and society. These fundamental attitudes, beliefs and motivations reflect

¹⁴ A. MacIntyre, *op.cit.* (n.8) 185-187.

the worldview and, if they are religious, the religious beliefs of the people involved.

- c) Any performance of a practice is *regulated* by those worldview beliefs and religious beliefs. There is no 'neutral' performance of a practice, even though the secular liberal understanding of society tends to claim a neutral point of view that should govern the public discourse. Particularly in our pluralist society, the beliefs and ideas that regulate the performance of practices should be open to debate.
- d) These beliefs pertaining to the regulative side also form the reference points for a critical assessment of existing ways of performing practices by practitioners and of innovation and improvement of practices. This is a very important point. Without this explicitly critical function of the regulative side, being an integral part of a full description of a practice, the concept of normative practices easily gets a conservative and self-referential character. The fact that a certain community of practitioners accepts certain standards of excellence does not mean that those standards are the best possible. In the light of other regulative ideas they may need revision.

Summarizing, we see the regulative side of social practices as essential for a fully normative understanding of the reality of practices and the behaviour of practitioners.

6. *Consequences of the NRP model for professional practices and professional ethics*

Having presented the results of our analysis of social practices the question that should be addressed now is what the important consequences are of the NRP for the ethics of professional practices? We suggest nine that together form a coherent pattern.

6.1. Professionalism related to telos

To start with, we hold that the professional quality of a professional does not primarily reside in his or her specialized knowledge and (technical) skills but in the competent realisation of the *telos* of the practice. This has two implications. First, the meaning of the practice does not reside primarily in measurable goals or effects of the practice but in the good performance of the practice itself. E.g. the meaning of giving care resides first of all in the good care giving itself and is not just determined by its measurable effects on health. Or, to mention another example, the ethical quality of farming is not directly dependent on the production volume of a hectare of land or of cattle. The way this production is achieved also counts. Second, ethics is not just a special kind of decision-making skill to solve ethical dilemmas the practitioner is confronted with. (Professional) ethics should not just deal with the big issues in a field, e.g. on weighing the interests of shareholders versus the employees of a business company. Ethical issues should be placed in the context of the

integral normativity of the practice as can be formulated in all the constitutive principles and rules — of which the ethical are one type — whose realisation requires the related virtues of the practitioner. The adoption of an ethical code by a business enterprise is one thing, but more important is the realisation of a well-understood normative structure of the business enterprise in which all the constitutive rules are observed under the guidance of the normative principle of the qualifying economic aspect.¹⁵

6.2. Constellation of rules

We hold that different professional practices are to be characterised and distinguished from each other in terms of the typical constellations of the founding, conditioning and qualifying rules, as well as by the historical state of the art with respect to the specific skills that belong to the founding aspect of that practice. The insight that for a certain practice the skills (methods, techniques) used by the professionals to realise the *telos* of that practice are foundational and not qualifying, is crucial. It implies that that practice should not be characterised by the goal-rationality of technical (methodical) intervention, but by the normative principle of the qualifying aspect ('care' for caring practices, justice for juridical practices, efficiency for economically qualified practices etc.). Because the practice develops and society changes, the formulation and interpretation of the principles and rules require a constant process of reflection and debate.

6.3. Output not morally decisive

A similar reasoning applies to the conditioning constitutive aspects of practices. E.g. economic efficiency is a principle that should be observed in caring practices as well as in education practices, to mention a few. However, by understanding and organising those practices as primarily economic activities that are evaluated on the basis of measurable output in terms of finances or even of satisfaction of their users or clients, those practices are bound to become perverted. Patient satisfaction is not a sufficient criterion for the quality of medical care and neither is student satisfaction for education. The present tendency in the Netherlands and other Western countries towards such thinking endangers in my opinion the wholesome functioning of those practices and the related institutions.¹⁶

¹⁵ M.J. Verkerk, A. Zijlstra, 'Philosophical analysis of industrial organisations', *Philosophia Reformata* 68 (2003), 101-122.

¹⁶ Cf. J.J. Polder, J. Hoogland, H. Jochemsen, S. Strijbos, 'Profession, practice and profits: competition in the core of health care system', *Syst. Res. Behav. Sci.* 14 (1997), 409-421; see also Hans S. Reinders, *The future of the disabled in liberal society. An ethical analysis*. Notre Dame 2000: Notre Dame University Press.

6.4. Clients/patients voice

This does not mean that the opinion and experience of patients/clients/employees/users of practices should not be taken into account. The integral ethical responsibility not only applies to professionals but certainly also to them. Taking the practice as a focal point of our ethics does not mean that we want to lose the advantages the PAE has brought with respect to the emphasis on the involvement and voice in the decision-making processes of stakeholders on what is a desirable understanding of the *telos* of the practice; the patient/client in caring practices, the client and employee in an economic enterprise, the citizen in public policy, etc. Such respect and participation are vital elements of our model, because the professional also ought to observe the psychological, social, and juridical rules of the practice as well as demonstrate the corresponding virtues of empathy, openness and respect for freedom of choice (among others). In the final analysis professional practices do not exist primarily to make virtuous people out of practitioners (cf. point 7 below), but to render help, care or a service to people who need that. In fact, the virtues of helpfulness and readiness are indispensable for all professional practices.

6.5. Cultivation of virtues

We have seen above that the virtues holding for the professional can be understood as the embodiment of normative principles in the professional. Hence, competent performance requires certain virtues in the professional. Therefore, professional education striving for excellence requires the cultivation of virtues as care, respectfulness, justice, integrity, courage, truthfulness, and confidentiality. The question as to how this can be achieved is central right now to our work as research group on ethics of care at the three Christian universities for higher professional education in Ede, Gouda and Zwolle.

6.6. Why be virtuous?

The valuation and cultivation of professional virtues is necessary to have professionals observe the rules of their practice as their 'second nature', as their professional *habitus*. But the motivation to do so and the content of those virtues needs to be nourished by a broader framework of understanding of reality from which the professional interprets her or his practice, the reason for existence of that practice, the way it should be practiced and the meaning it is supposed to have for those who need the practice. These are convictions and motivations that belong to the regulative side (see above). In the case of nursing, for instance, the formation of a good, virtuous caring professional needs the mobilisation and disclosure of certain beliefs and motives pertaining to the practice's regulative side.¹⁷ In the practice of an entrepreneur the virtues of risk-taking, inventiveness, decisional power, among others, are important.

¹⁷ B.S. Cusveller, 'Cut from the right wood. Spirituality and pluralism in professional nursing practice', *Journal of Advanced Nursing* 25 (1998), 266-273.

6.7. Life narrative and moral traditions

We want to point out that ethical reflection is not limited to practices. Again we draw upon MacIntyre to explain this. He has argued that outside social practices, people do strive for the moral good in individual life narratives and moral traditions.¹⁸ People normally participate in a variety of practices, but their moral behaviour does not coincide with these practices. In addition to a professional caring practice or management practice, one can think of the practice of raising children, of singing in a choir, and of participating as a board member of a local political party. Each practice requires certain virtues for excellent performance in that practice. Significantly, for the moral development of the person, each practice itself gives the practitioner opportunities to develop certain virtues as part of a virtuous life. Ideas about how a virtuous life as a whole ought to be lived, relate to the regulative side of practices. Therefore, it is paramount to link professional ethics with one's individual life narrative through ideals, motives and beliefs on the purpose of life and on how a good life would look like and what contribution practices should make to it. So, the relation between moral traditions and professional ethics largely runs via the individual's life narrative. Furthermore, the ideals, motives and beliefs of the individual with respect to the good life will mostly be derived from and nourished by the moral tradition and community to which the individual confesses him or herself. A consequence of this insight is that moral education of future professionals will only be effective if the beliefs, ideals and motives of the individual are challenged as a resource for giving shape to the concept of a virtuous life. If we call 'spirituality' this functioning of fundamental beliefs, ideals and motives in a person, then it is clear we touch here on the relation between spirituality and moral formation — which is another research topic of the Lindeboom Institute and the 'Ethics of care'-research group.

6.8. Practice and normative ethics

The concept of professional practices as presented above also provides a useful starting point for ethical evaluation of professional performance from different normative ethical perspectives. At this point, there is a direct link between our way of doing normative ethics and meta-ethics. The focus on the virtuous practitioner links the ethical reflection on professional performance to the virtue ethical approach. The idea of principles and rules of a practice to be followed in competent performance provides an opening for deontological reflection. And the notion of the *telos*, the finality of the practice implies that also the teleological and consequentialist approaches must contribute to the ethical analysis and assessment of moral conduct in practices. By combining the different perspectives in what we call a responsibility ethics, we want to refer to our

¹⁸ For a helpful discussion of MacIntyre's views on this point see: Ch. Higgins, 'MacIntyre's moral theory and the possibility of an aretic ethics of teaching', *Journal of Philosophy of Education* 37 (2003), 279-292.

understanding of the human being as *homo respondens*¹⁹ and stress the integrality of the individual's responsibility.²⁰

6.9. Common ground

The practice-based ethics of professional practices recognizably does justice to the importance of worldview and religious beliefs. At the same time, the insight that professional practices have a finality of their own and a certain normative structure that should be followed in order to achieve that finality does not directly depend on an individual's beliefs.²¹ Hence, this view on professional activities can on the one hand help Christians to express their faith in their professional performance. On the other hand, it can provide a common ground for moral reflection and debate in a pluralist society and create opportunities to show the relevance of the Christian faith for realising the finality of social practices in our fragmented society.

7. Conclusion

In this contribution it is argued that:

- professional practices can be understood as normative practices that entail an intrinsic normativity that can be described as a constellation of principles and norms;
- this understanding of practices provides a useful concept that can help bridging the gap that is often experienced by professionals between normative ethical theories and everyday practice of the profession;
- morally sound practice involves the observance of all the principles and norms of the practice. This not only implies certain normative constraints for the practitioner but certainly also certain virtues and a degree of freedom, a professional discretionary power;
- for realising the full range of normativity of the practice the normative reflective practitioner needs to be able to reflect on his professional performance, both with respect to the constitutive side and the regulative side. This means that the NRP must be able to reflect and communicate on his regulative ideas with respect to the practice and the values it is supposed to realise, as well as on his motives to work in this specific practice.

A consequence of our concept of practice is that the values of professional practices are best served when professionals receive adequate (not limitless)

¹⁹ H.G. Geertsema, *Geloof voor het leven*. Amsterdam 1979: Buijten en Schipperheijn.

²⁰ H. Jochemsen, G. Glas, *Verantwoord medisch handelen*. Amsterdam 1997: Buijten en Schipperheijn, 174-218. see also H. Jochemsen, 'Christian medical ethics and current ethical trends', in L.C. Steyn (red.), *Health care: What hope?* Voorthuizen 2003: HCF-Nederland, 49-71.

²¹ Of course our analysis of practices itself has ultimately a worldview background. But being an analysis in general philosophical terms, it is not likely to be rejected out of hand as being totally parochial.

professional freedom. In this context it would be interesting to investigate how the quality e.g. of care and help and its costs by institutions in care and social work that give due space to professional discretion compare to the quality and costs of other institutions that give less room for discretionary power of professionals.

Another interesting question that in principle could be investigated by empirical research, is whether the ability and possibility to communicate on the regulative ideas that inspire professionals in their practice and the freedom to practice accordingly, would reduce the absence due to illness and the percentage of practitioners that become burn-out.

Think, for instance, of nurses who can also deal with the personal and spiritual needs of patients, or teachers who are able to give shape to their formation of their pupils by helping them to deal with personal and relational problems originating from their family background.

Another issue that requires further theoretical and empirical research is the question how in (higher) education we can further the formation of virtuous behaviour in students, not least the personal and professional integrity and moral courage of these students to go against unfruitful or unjust practices and procedures that will influence the quality of professional care or service in a negative way.

Finding answers to these and similar questions I see as a major challenge for Christian professional education.