

⁵¹*Reyes v Superior Court*, 141 CA Rptr. 912 (1977).

⁵²*Ohio v Gray*, 1990 Ohio App. Lexis 3782 (8-1990); *Massachusetts v Pellegrini*, No. 87970 (MA 10-1990); *Michigan v Bremer*, No. 90-32227-FH (1-1991); *Wyoming v Osmus*, 276 App. 2d 469 (WY 1954); *Wyoming v Pfannenstiel*, WY (1-1990) (No-Number-Dismissed).

⁵³*In Re Baby X*, 293 NW 2d 736 (1980).

⁵⁴*Florida v Johnson*, No. E89-1765 (4-1991).

⁵⁵*Illinois v Green*, No. 88-CM-82S6 (5-1989); *Michigan v Hardy*, No. 89-2931 (12-1989) *United States v Vaughn*, No. F-2172-88B (8-1988); *Alaska v Grubbs*, No. 4FA-S89-415 (8-1989); *Georgia v Coney*, No. 14/403-404 (11-1989); *Texas v Rodden*, No. 373625 R (6-1989) (Charges Dismissed because it was unclear whether methadone was legal or illegal).

⁵⁶Minn. Stat. Ann. § 2538.02, Subd. 2 (1990). Other states may accomplish this with their involuntary commitment statutes.

⁵⁷*Grodin v Grodin*, 301 NW 2d 869 (MI 1981). The court held that a child's mother suffers the same liability for negligent and harmful conduct as do other third parties.

⁵⁸*Stalman v Youngquist*, 531 NE 2d 355 (IL 1988). The court held that no cause of action obtains on behalf of a fetus subsequently born alive against its mother for prenatal inquiries resulting from neglect.

⁵⁹*In Re Baby "M."* 525 A. 2d 1128 (NJ 1987).

Virtue Ethics and Mandatory Birth Control

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What does moral philosophy have to offer medical practitioners, patients, and policy makers? The list is not very long. It offers a style of analysis, a handful of moral concepts, and two moral theories. Conceptual analysis is its strongest suit. In the last twenty years moral philosophers have offered clear and trenchant analysis of abortion, euthanasia, paternalism, coercion, the concept of a person, and a host of other medical issues. One is immediately reminded of the work of Judith Jarvis Thompson, Joel Feinberg, Philippa Foot, and Daniel Callahan, to name a few. Moral philosophy likewise provides three central moral concepts in which to frame medical issues: beneficence, autonomy, and justice. Though the concepts themselves do not rate as pivotal philosophical contributions, the work moral philosophers have done in these areas is significant. There is finally the two moral theories, formalism and utilitarianism, and their many variations.¹ Even the casual student of philosophy would ask why these are the only two. What about virtue ethics, Hellenistic ethics, the moral sentiment school, Hegel, Nietzsche, the pragmatists, contractarianism, decision theory, or even egoism? It is as if the proponents of formalism and utilitarianism have cornered the market; a kind of philosophical monopoly. But neither of these

two theories is particularly well-suited for the kind of hands-on, close work that is required in medical ethics. There is the occasional embarrassment when the medical/moral question is asked "What should we do here?" and the moral philosopher hears herself saying "Let's turn to the felicific calculus" or "Put that in the form of the categorical imperative." Modern moral philosophy generally has not been much help in terms of putting its theoretical contributions to work on practical matters.

In a modest effort to add to the list of moral theories available to the bioethicist, this essay outlines the central features of a virtue ethic and applies them to the issue of mandatory birth control.² It is an essay as much devoted to the viability of using virtue ethics in the resolution of medical ethical issues as it is about the particular issue of mandatory birth control. Think of it as a demonstration model. The essay describes in a general way the structural features of Aristotle's virtue ethic. These include

1. A method of doing moral philosophy wherein theory and practice converge;
2. A conception of the good;
3. Accounts of virtue and moral deliberation;
4. A communitarian conception of human beings; and
5. A prominent role for education and public policy in creating a virtuous community.

That one must go back to Aristotle to find a robust, nontheistic theory of virtue is indicative of the scant attention paid to virtue ethics in the modern period. There is currently a revival of virtue ethics among philosophers, but no one has sought to generate a full-scale theory in the manner of Aristotle.

There is a clear and obvious danger in using Aristotle's moral writings. Though his virtue ethic is clearly the best developed account currently available, it does not mean that in accepting the structural outlines of his account one must also accept his views on women, natural slaves, his choice of virtues, the hierarchy of the soul, or the corresponding ways of life. It is certainly possible for the

formal structure of Aristotle's virtue ethic, when applied to societal or natural conditions quite different from Aristotle's time, to yield specific results with which Aristotle would disagree. Clearly Aristotle's ethical corpus is open to many interpretations. My goal is not to justify one interpretation over others, but to demonstrate that virtue ethics is a valuable resource in medical ethical analysis.

The structural features of a virtue ethic are then applied to various cases having to do with mandatory birth control. "Mandatory birth control" describes a wide range of practices. One thinks immediately of China's one-child policy, India's birth control programs, as well as the sterilization of American men and women with reduced mental capacity or violent criminal records. But there are other, less obvious methods of controlling birth. There are policies that offer cash incentives for voluntary sterilization and tax incentives to have children. I consider mandatory birth control to be any practice, policy, or activity enjoined by a community authority that seeks to control live births. This would include programs that either increase or decrease the birth rate for the population generally or for specific groups of the population. I consider birth control measures to include birth control pills, diaphragms, condoms, and sterilization; as well as fertility drugs and artificial insemination. "Control" does not always mean "to limit." The experimenter controls how much the mice eat, and this can include normal feeding, underfeeding, and overfeeding. Likewise, mandated birth control policies need not always be explicit or authoritarian. China's one-child policy is clearly a mandated policy, but so are policies that offer economic incentives for sterilization and tax breaks for children.

Virtue Ethics

Some Central Themes

There is no shortage of contemporary virtue ethics literature or scholarship focused on Aristotle's ethical corpus. What follows is neither a contribution to this scholarship nor a literature review. It

is intended to serve as an outline in terms of how a virtue ethic can be put to use in bioethics. Since most bioethicists now working in the field have been raised on a strict fare of modern moral philosophy, it is only natural that some of the attitudes or positions expressed here will seem odd, foreign, or downright misconceived. We are accustomed to crisp analysis of linguistic, meta-ethical concepts; simple, single-variable examples and test cases; and the methods of logic, mathematics, and natural science. That these are, in themselves, good standards and methods no one will deny. But the history of Western philosophy demonstrates well the dialog and debate among philosophical schools and traditions over the best tools and methods for engaging in moral philosophy. We know, for example, Aristotle did not think that Plato's theory of the forms was a particularly good way to conceptualize the good. Nor did he think that the science of ethics—what he called political science—was anything like the technical sciences, either in subject matter or method. Though Aristotle was a premiere theoretician, his moral philosophy exhibits a number of methodological insights of the applied sort that will prove valuable to philosophers in bioethics even if it will require a reconceptualization of the issues under examination. The themes discussed below are central to Aristotle's project, though they are not the whole of them or necessarily the most important. But they are important for understanding the common links between virtue ethics and bioethics.

Method

At its core, virtue ethics rejects the methodologies of science and logic as inappropriate for moral philosophy. Aristotle tells his readers that as in any scientific inquiry, the degree of clarity must fit the subject matter. The subject matter in this case concerns "what is fine and what is just" as they are manifest in the choices and actions of rational, social human beings. This subject matter, by its very nature, will not sit still or repeat itself in exactly similar ways so as to make it predictable and universalizable.

Human choices, and the contexts in which these choices are made, are never exactly similar. Hence, "it will be satisfactory if we can indicate the truth roughly and in outline; since we argue from and about what holds good usually [but not universally], it will be satisfactory if we can draw conclusions of the same sort."³ Aristotle is claiming here something more than that his own account will be an outline, an outline to be worked out in greater detail in a later work, for example. What he is suggesting is that the subject matter itself limits the degree of accuracy that our theoretical musings can bring to it. Even at our philosophically most sophisticated we can never achieve more than an outline of the moral life.

Two other aspects of Aristotle's methodology follow from this conception of what can and cannot be said in the guise of a moral theory. The first has to do with the data, or phenomena, of the moral life.⁴ Virtue ethics does not shy away from the everyday lives, experiences, and beliefs of human beings. Nor does it attempt to refute or correct these lives, experiences, and beliefs. It leaves things as they are.⁵ The method of virtue ethics is to analyze and make sense of a community's shared beliefs, interpretations, and practices; to describe its virtues and vices; and to explain theoretically the various aspects of the moral life. This is not to say that all beliefs and practices are equally acceptable or that the moral philosopher cannot argue against certain activities. After all, the moral philosopher is a member of the larger community, and what she says has, or ought to have, relevance there.⁶ But this methodology is committed to the data of human experience. These data come from many places, not the least of which is one's own experiences and observations. They likewise come from the observations of social scientists, historians, and writers. The examples we use to illustrate our points of view should be as rich and complex as the moral phenomena we are addressing. On this view the moral philosopher attempts to describe and explain the moral experience of human beings. Her conclusions are accurate and useful only if they conform to common life.

Of course moral theories cannot stand alone or in isolation. The test comes not in the cleverness or consistency of the theory itself, but in testing the theory out on the playing field. The application of theory to practice is the third aspect of a virtue ethics methodology.⁷ Moral theory is sandwiched between moral practice: the practice that motivates or initiates the theory, and the practice against which the theory is tested. The theory stands or falls in terms of its ability to pass the practicum.

Virtue ethics offers a methodology that is both liberating and limiting. It liberates us from the narrow world of necessary and sufficient conditions and invites us to confront and make use of our own moral experience and the many moral experiences found in literature, history, and the social sciences. But it also limits our moral inquiries. Our theoretical musings will not be as clean and precise as our colleagues' work in physics and mathematics. Moral language sometimes runs up against its own limits in speaking about moral practice. But these are limits imposed by the subject matter and inherent in the very activity of moral philosophy. They are not fully escaped by delimiting the subject matter or otherwise drawing the shades. The methodology of virtue ethics invites us to reconsider the complexity of the moral life; to begin our theorizing with the data of the moral life; and to apply and test our theoretical conclusions against these data.

Mandatory birth control is a complex issue and it is manifested in a number of context-specific circumstances. A virtue ethics methodology engages in analysis that preserves the complexity. There is an array of culturally-specific values, customs, and beliefs that influence and affect attitudes about pregnancy, children, family, and community. A Western notion of personal autonomy may be completely foreign to a person who defines herself in terms of her tribe or family, and whose well being is intimately attached to her ability to become pregnant and raise children. In *Skinner v Oklahoma* the US Supreme Court recognized procreation as a fundamental civil right of Americans, but there is no such right—or at least it is a greatly curtailed right—in China and India, nations

overwhelmed by their populations. Even the right of Americans to procreate has been limited or curtailed for reasons of mental capacity, criminal record, and even employee safety.

Virtue ethics begins with a case, a place, an instantiation of mandatory birth control. Such particulars may lead to general conclusions that are then used to analyze similar cases, but always with the proviso that one's theoretical inclinations never get too far afield from the field itself. Here is a case taken from Robert Veatch's *Case Studies in Medical Ethics*.

The population of a very poor country in Asia was doubling every twenty-one years. This growth had negated economic gains and hindered meaningful economic development.

The country's Family Planning Council, after a massive study, concluded that continued rapid growth jeopardized the health and welfare of its citizens as well as the very existence of the country. The council recommended drastic action: that every citizen who voluntarily agreed to accept sterilization be given coupons redeemable for one hundred kadis (US \$20.00) worth of food. Any individual who voluntarily requested sterilization after no more than two children would get another hundred-kadi coupon. To increase recruiting, a similar coupon would be provided for persons bringing to a government clinic anyone who subsequently accepted sterilization.

In defense of this proposal, the council argued: "No one will be penalized for having children; no one will be forced to refrain from having children; no one will suffer. In accord with the UN Declaration of Human Rights, every citizen should have available those means of controlling family size which are consistent with his own values and religious beliefs."

The traditional religious beliefs of the country apparently offered some resistance to limitation of family size on the grounds that such matters should be in the hands of God. However, studies of past population programs in the country suggested that in practice, the religious objection was limited to a very small minority of the population.⁸

This is a sufficiently real and complex situation. A serious regional population problem threatens the very existence of a nation. A solution is proposed and apparently implemented. Once we begin with a real-life problem and a proposed solution we must be careful not to simplify it or leave it behind in favor of a discussion of abstract rules and principles. Enter the data. It is important to have at our disposal the facts and figures of the case in question. What does it mean to say that "the nation's very existence is jeopardized" by the population problem? What economic gains are hoped for in this nation, and are they consistent with traditional values? Is it possible that this nation is being sold a Western bill of goods about growth and development, a conception of well being that may have had nothing to do with their traditional lifestyle? I look at my Amish neighbors here in northern New York and automatically see them as poor—even destitute—with their large families, subsistence agriculture, and lacking even the basics of modern life. But they have chosen this life, and some of them prosper in it. Their daily lives of work and prayer cannot be easily measured in dollar terms. They have rejected the lure of economic development for fears of losing their community and religious values. Yes, certain population levels may not support a Western style of economic development/consumption, but this does not, by itself, indicate a population problem.

We cannot begin to analyze meaningfully this case without some background knowledge of the culture. Empirical data from various sources will inform us of the history of the people, their social, political, and economic structure; their religious beliefs; their values and virtues; their conception of the good; family structure, marriage, and birth practices. What good are our Western notions of freedom, liberty, autonomy, and property in an analysis of a culture that may not even recognize or understand them? How can our evaluations and conclusions have any meaning—either to us or to the community under consideration—if they are utterly disconnected from the context? Our social science colleagues lose patience with the philosopher's propensity

to leave the facts behind as if they are incidental to the analysis. Virtue ethics assents to the primacy of the facts. This does not mean that we need to become experts in every facet of a culture we are studying, but neither should we be afraid to become familiar with the facts and everyday lives of those we study. In virtue ethics what we study is embodied in the characters, virtues, values, deliberation, and education of living, acting, thinking people.⁹

Application is the final step here. Does the moral philosopher's conclusions or practical advice apply to the case? Part of the answer to this question will depend on whether the philosopher keeps the particulars close at hand. If he leaves the case behind so as to discourse about abstract moral principles, and does not return to the case, his work is not finished. If he argues that coercion is justified by reference to some moral principle or another, but does not bother to question whether coercion is justifiable in the community where it is to take place, or whether his principled justification is understood or acceptable by the community, what good are his recommendations? Remembering the priority of the particular is important here. He can of course reject the specific contraceptive proposal suggested in the above example, but the grounds for his rejection should be understood by those affected by the proposal. He can also make a case for a different proposal, but his claims and arguments should make sense to the citizens of this Asian country. Even the most abstract of moral theories must at least be able to accommodate the moral data it purports to describe. Virtue ethics has no use for idealizations or contrived thought experiments. It begins and concludes with the complex lives of human beings.

The Good

Aristotle tells us that every craft and investigation, every action and decision, aims at some good. The science of ethics has as its subject matter the highest good, or *eudaimonia*. This *eudaimonia*, or well being, is achieved when we act virtuously in terms of our function. Though Aristotle focuses on what he calls

our characteristic function, namely, the ability to reason, it is important to realize that this is not our only, or even our most important, characteristic. We share appetites and emotions with our plant and animal neighbors. We are also social and active beings who seek friendship and family. Indeed, Aristotle tells us that friendship is essential for our lives. In short, the good for human beings is defined by our natural condition: We are neither gods nor animals. Likewise, the environmental and social conditions of the communities in which we live shape the ways we approach the good life and define what behaviors count as virtuous. Considering the social and political conditions of fourth-century Athens, for example, it is not surprising that the virtues of the warrior class—courage and magnanimity among others—are prominently placed on Aristotle's list of virtues. In a community constantly besieged by external enemies such virtues are bound to emerge as central. But as these conditions change so will the virtues. Odysseus is a hero for Aristotle, but Dante places Odysseus in the level of hell reserved for evil counselors. Courage has a minor, even insignificant, role in late twentieth-century American culture, though this is not to say that it will not reemerge in a different guise.¹⁰ Social conditions clearly influence the emergence and development of specific conceptions of the good.

This is not to say that the good is absolutely relative to time and place. Martha Nussbaum makes an excellent case for what she calls the nonrelative virtues.¹¹ There is a great deal that all human beings have in common, but there are also important differences in our systems of politics, economics, and religion. We are differentiated by language, culture, and world views. We live in the Arctic, the American Plains, Brazilian rainforests, and Middle Eastern deserts; in liberal democracies and tribal hierarchies. For some, individual autonomy is a central virtue that leads to well being; to others it is a commitment to the community. It makes perfect sense to speak of the virtues of hunter-gatherers, agriculturalists, and industrialists; of religious virtues, environmental virtues, and of bioethical virtues. In the *Eudemian Ethics*

Aristotle suggests that the good person "should set before him some object for noble living to aim at . . . since clearly it is a mark of folly not to have one's life regulated with regard to some End."¹² Kathleen Wilkes interprets Aristotle to mean that each of us should cultivate to the utmost the excellences required by the life we have chosen.¹³ In each case the virtues in question describe a set of character traits that have the best chance of bringing about happiness in a particular form of life.

Mandatory birth control impacts on our conception of the good in a number of ways. In a world of limited resources a well maintained population is crucial in achieving the good. Aristotle claims that it is important to maintain population levels because failure to do so will bring poverty on the citizens, and poverty causes sedition and evil. In Plato's ideal state the population was to be kept at a fixed 5,040 and maintained by fertility restrictions and infanticide. Contemporary environmentalists warn of global catastrophe unless the human population is brought under control. On the other hand, a policy that is oppressive or interferes with our ability to be parents or to raise a family the size of our choosing likewise seriously jeopardizes our quest for the good life. Even birth control of the nonmandated sort is not an unambiguous good. Chemical and hormonal birth control measures have various side effects; physical barriers are cumbersome, not risk free, and can interfere with spontaneity. These are trifles, it can be argued, compared to the freedom that reproductive technologies have provided both to those who want to conceive children as well as those who wish to have a sexually active life without children. But the sexual revolution has not been wholly good either. Teen-age pregnancies, sexually transmitted diseases, and the uncoupling of sex and commitment are neither good for us nor good in themselves. Surely we should question any technology that dispenses with the need for humans to exercise some personal control or responsibility over their lives. The free love of the 1960s was not free. The freedom of sexual intercourse unencumbered with the concerns of pregnancy is a good only if it does not

interfere with other goods: the goods of commitment, health, and social and moral responsibility, for example. Many nations are engaged in a battle to convince their youth that instant gratification, whether with drugs or sex, is double-edged. The goods that birth control technologies provide can only be achieved within the context of a virtuous life. All conceptions of the good are encumbered with virtues.

The freedom to have children, thanks to new reproductive technologies, is likewise an encumbered good. These technologies have turned sperm, eggs, embryos, fetuses, and children into commodities. In the quest for a perfect baby parents withhold their commitment to a fetus until amniocentesis gives it a clean bill of health. It is understandably easier to abort a defective fetus if one has yet to identify with it or name it. "If it is healthy, if it is genetically acceptable, then it is a person, her baby. If it is not, then it is just a fetus, a genetically damaged fetus."¹⁴ A number of authors have spoken about the tyranny of reproductive technologies. Technologists claim that women are free to choose reproductive technologies, but feminists argue that we live in a culture that still defines a woman's good in terms of motherhood. "To choose to be childless is still socially disapproved and to be childless in fact is to be stigmatized as selfish and uncaring. In such a situation, to offer the hope of becoming a mother to a childless woman is a coercive offer. Such a woman may well not wish to undergo the trauma of an in vitro procedure, but unwillingly do so."¹⁵ For women and men alike, the desire to have children can be worn down by the invasion of the technologies designed to help them. It is easy to lose sight of one's conception of the good while lying on the examining table or while in the midst of a precisely appointed sexual encounter at 3:35 AM.

This all leads to the larger question: What roles do pregnancy, childrearing, and children play in a conception of the good? Children are the obvious way to maintain a community and we are naturally built and inclined to reproduce. If the continuation

of race specifically—is a good, then children are a good too.¹⁶ But having too many children can interfere with the good, and hence our conception of the good must be informed by data concerning the carrying capacity of the land as well as other social and economic issues. Others worry about the environmental impact of too many of the wrong kind of children. First world children, at present consumption rates, consume by some estimates one hundred times more resources than do their third world counterparts. At present consumption rates, and other things being equal, first world parents should have far fewer children than they are already having.

Many Americans, however, see it differently. They worry about overpopulation in third world nations and in America's urban centers. It is not the problem of consumption they worry about, but the poverty, violence, strain on social services, and the defective gene pool associated with minorities and the lower class. Despite Supreme Court rulings in *Griswold v Connecticut* and *Skinner v Oklahoma* guaranteeing the freedom to decide whether and when to have a child, a number of states have openly attempted to mandate programs that control the birth practices of their poor and minority citizens. A Tennessee law would have required women with more than one illegitimate child to become sterilized before being eligible for welfare payments.¹⁷ In the early seventies welfare recipients in Alabama, California, South Carolina, and Tennessee were sterilized without their informed consent. The sterilized included Blacks, Native Americans, and Chicanos. Many of them believed that they would be denied benefits unless they consented to sterilization. The mentally impaired have likewise been singled out for sterilization. Beginning in 1907 when Indiana was the first state to legalize sterilization of the mentally impaired, there have been over 70,000 known sterilizations.¹⁸ In the 1927 Supreme Court decision *Buck v Bell*, supporting the sterilization of the mentally impaired, Justice Oliver Wendell Holmes remarked in a now famous line: "Three genera-

At their best such laws and policies reflect a particular conception of the good. But it is important to begin the analysis by asking just what this conception is. It is easy to see the double standard operating in white upper-middle class legislators, physicians, and policy makers who choose a conception of the good that suits them but not other members of the community, and doing so with thinly-veiled coercive measures that will never be applied to them. Mandatory birth control impacts on the good, but what conception of the good is being realized? To whom is it available? How will it be achieved? Can it coexist with alternative conceptions of the good that include large families despite the economically poor conditions that surround them? There are two levels at which these questions can be addressed. The first is at the community level. The impact of population density on resources and community health cannot be ignored. As in any species, overpopulation can quickly diminish the quality of life for the members of a community and interfere with their well being. But there are also personal, more individualized, conceptions of the good that should be examined. A pluralistic culture such as ours sees the freedom to pursue one's own conception of the good as central to happiness. This freedom should clearly be recognized in the realm of childbearing. My life has been greatly enriched by my children and I cannot now imagine not having them in my life. But I have friends who are childless and wish to forever remain so. My wife and I would like to have many children, but I have friends who shudder at the thought of having more than two and who are planning to be sterilized after their second child. There is a place for each of these conceptions of the good in a pluralistic community.

It seems inconceivable that people living in poverty would choose to have large families, but as the following account suggests, children are in many ways the ultimate good.

The worst of it is that they try to get you to plan your kids by the year; except they mean by the ten-year plan, one every

ten years. The truth is, they don't want you to have any, if they could help it.

To me, having a baby inside me is the only time I'm really alive. I know I can make something, do something, no matter what color my skin is, and what names people call me. When the baby gets born I see him, and he's full of life, or she is; and I think to myself that it doesn't make any difference what happens later, at least now we've got a chance, or the baby does. You can see the little one grow and get larger and start doing things, and you feel there must be some hope, some chance that things will get better, because there it is, right before you, a real, live, growing baby. The children and their father feel it, too, just like I do. They feel the baby is a good sign, or at least he's *some* sign. If we didn't have that, what would be the difference from death? Even without children my life would still be bad—they're not going to give us what *they* have, the birth control people. They just want us to be a poor version of them only without our children and our faith in God and our tasty fried food, or anything.

They'll tell you we are "neglectful;" we don't take proper care of the children. But that's a lie, because we do, until we can't any longer because the time has come for the street to claim them, to take them away and teach them what a poor nigger's life is like. I don't care what anyone says: I take the best care of my children. I scream the ten commandments at them every day, until one by one they learn them by heart—and believe me they don't forget them. (You can ask my minister if I'm not telling the truth.) It's when they leave for school, and start seeing the streets and everything, that's where there's the change; and by the time they're ten or so, it's all I can do to say anything, because I don't believe my own words, to be honest. I tell them, please to be good; but I know it's no use, not when they can't get a fair break, and there are the sheriffs down south and up here the policemen, ready to kick you for so much as breathing your feelings. So I turn my eyes on the little children, and keep on praying that

one of them will grow up at the right second, when the school-
teachers have time to say hello and give him the lessons that
he needs, and when they get rid of the building here and let
us have a place you can breathe in and not get bitten all the
time, and when the men can find work—because *they* can't
have children and they have to drink or get on drugs to find
some happy moments, and some hope about things.¹⁹

This is a nearly fully articulated account of the role of chil-
dren in this woman's conception of the good. Children provide
her with happiness and hope for the future. They allow her to
express herself as a mother and as a free and autonomous member
of the community. She makes it clear that it is not the poverty or the
number of children that are the problems, but the racism, the
schools, and the lack of social and economic opportunities for
young blacks. Things go wrong on the streets and in the schools,
but they go right at home. This personal conception of the good
is fully compatible with a community conception so long as the
oppressive conditions of racism and poverty are removed.

In the 1980s it was recognized that the sterilization of the
poor and mentally impaired was a serious infringement on an
individual's ability to pursue his or her conception of the good.
The Department of Health, Education, and Welfare created a
policy that required, among other things, that voluntary informed
consent be given, and a thirty-day waiting period between consent
and sterilization procedures. It placed a moratorium on all
federally funded sterilizations of persons under twenty-one,²⁰
involuntarily institutionalized, or declared legally incompetent.
In 1981 the New Jersey Supreme Court ruled in a case involving
a 19-year-old woman with Down's Syndrome and an IQ in the
20s to upper 30s range. Her parents wanted her sterilized because
they believed she would not be able to understand her pregnant
condition or be able to care for the baby alone. In its decision the
court ruled that a sterilization must be in the person's best interest.
Among the criteria listed are "the ability of the person to care for

a child, and the possibility of marriage at a future date with ability of
the couple to care for the child."²¹ What this decision makes clear is
that it is possible for a person who is mentally impaired to achieve
a conception of the good that includes pregnancy and children.
This decision is a long way from *Buck v Bell* and Holmes's remark
about imbeciles. It reflects a changing attitude in American cul-
ture about what the good is, how it is achieved, and who is capable
of achieving it.

Virtue and Moral Deliberation

If eudaimonia is the end, then virtue is the means to the end.
Aristotle tells us that virtue is a state or disposition intermediate
between extremes that allows us to achieve well being. A state
of virtue requires us to choose the intermediate position. Such
choices are made by reference to reason as the intelligent person
would define reason, and depend on the specific circumstances
in which the virtuous person finds herself. In one state of affairs,
for example, fighting and holding one's ground is courageous, in
another it is rash. Aristotle's list of ethical virtues is familiar and
includes justice, courage, temperance, generosity, magnificence,
magnanimity, small honors, mildness, truth-telling, wit, and
friendliness. Aristotle also insists that complete friendship—as
opposed to friendliness—is an essential good for persons of
virtue. Indeed, only virtuous persons are capable of complete
friendship.

One's success in becoming virtuous depends upon good
training, good habits, and deliberation. "Practice makes perfect"
is the operational phrase in learning to become virtuous. We
become just, Aristotle says, by doing just actions; temperate by
doing temperate actions. With maturity comes the rational fea-
tures that allow us to make choices. Having faced danger in the
past we are better able to confront it in the future, but at the right
age we will be required to deliberate about the best course of
action. Aristotle tells us that we deliberate about specific actions

where the outcome is unclear and the right way to act is undefined. When we are uncertain about how to proceed we seek advice from other members of the community. In deliberating we identify the specific end in question and examine the ways and means to achieve it.

Aristotle's account of virtue and deliberation has a number of features worth noting. First, the virtues are part of one's character. It is sometimes possible to isolate a virtue for analysis or description, but our lives and characters do not always make themselves available to such clear and distinct divisions. Our character is more than the sum of our actions. The courageous person confronts his fear of death on the battlefield, but how will this virtue influence his behavior at his child's deathbed or on his own? What happens when certain dispositions considered virtuous in a warrior or industrial society are transferred to a postwarrior or postindustrial society? It is possible to speak of bioethical virtues, but it is not quickly apparent what they are or how they function. If the restoration of health is a good, then certain virtues are likely to emerge. If the prolongation of life is a good, then other virtues are likely to emerge. On certain conceptions of the good, pain and suffering build character, on others it is an evil to be avoided even at the risk of accidental death. The issue is never merely what we should do in such-and-such a situation, but what kind of person we should be.

Second, the virtuous life is not simply a matter of not killing our neighbor or sleeping with her husband, but of being friendly in our social life, of saying the right sorts of things in public, of minding our manners at the dinner table. I know a couple who had a favorite name picked out for a child but decided not to use it when close relatives tragically lost a child at birth who was to have that name. They believed that if their child were given that name she would remind their relatives of the child they had lost. This decision, and decisions like it, are part and parcel of a vir-

tuous life. Virtue ethics does not focus on a subset of actions, but on the whole of life; the whole of our choices, beliefs, and actions.

Third, we should not underestimate the importance of a good upbringing in producing virtuous people. Put another way, we should not expect virtuous behavior from people who have gotten a rough start in life. Good ethical training starts young in life when children take their parents and relatives as role models. Such training often occurs passively, whether parents intend it or not. Children can learn as much or more from their parents by watching them interact with others than they can from direct interactions. Education later in life is important as well in that it either reinforces the values and virtues acquired at home or provides alternatives. Deliberation is a communal experience too. We are encouraged to consult others when the decision making becomes too difficult. Deliberation is also a narrative experience. One does not simply apply a rule in case after case, but rather invokes or remembers past and similar experiences, recalling stories from family members and friends. One's decisions and actions almost always stand in close proximity to the community to which one belongs: They either confirm the community's ethos or stand in sharp contrast to it.

Finally, virtue ethics is unabashedly a means-end approach. The end is neither some vague notion of utility nor a good will, nor a hedonistic, self-indulgent enterprise, but a specific, personal, and attainable conception of the good. Likewise, we can set personal goals, strive to be at our best, and gleefully accept awards, praise, and trophies, but our personal well being is very much a communal affair. We are communal creatures and hence our well being is very much dependent upon our happiness within the community. We may seek to be courageous or generous because such dispositions do indeed bring us self-satisfaction, but they serve as other-regarding virtues as well. The virtuous person does seek to be excellent, but her excellence—and the happiness she derives from it—is shared by the community in the

same ways that the development of her character is a shared communal experience. There are no self-made persons in a community. Both the individual, and the community to which she belongs, can take pleasure in, and credit for, her excellent character.

Mandatory birth control intersects at many junctures here. Insofar as pregnancy, childbirth, and children are an aspect of the good, various virtues will emerge as central to achieving it. What the specific virtues are will depend on the good being pursued. If, for example, a community is concerned with overpopulation it might focus on the virtue of conservation. Limiting family size would be construed as just one way to conserve resources. A community committed to increasing its population size might see nationalism as a virtue, and raising a large family of that nationality as the very pinnacle of civic virtue. If individual freedom is a central value in a community, then citizens will be encouraged to make their own responsible choices about childbearing and family size, and social policies will be designed to protect and promote that freedom. Where the good of the community is thought to be more important than the good of the individual, or where overpopulation is thought to threaten the community's very existence, the value of freedom might be overridden by the value of commitment to the community.

It is obvious that the methods of birth control are not in themselves virtues. They are actions that reflect a person's character, whether virtuous or vicious. Aristotle tells us that to be in a state of virtue requires that we have feelings and dispositions at the right times, about the right things, toward the right people, for the right end, and in the right way. One must be cognizant of one's choices and actions and see them as instances of virtuous behavior that lead to eudaimonia. The virtuous life requires that we think about our choices and make them responsibly. Even a community that guarantees reproductive freedom requires reasonable choices from its members. Late term abortions might be a legal right, but one must still choose to have one. Likewise, choos-

ing to become pregnant at any cost is a series of choices. We cannot begin to be virtuous unless we recognize these decisions as choices and make them deliberately. The sum of these choices and actions, when combined with those made in other aspects of our life, constitute our character.

It is difficult to speak about specific virtues or to call them by name. If temperance is a virtue then it should be developed and practiced even if one becomes sterilized. Temperance has to do with having the right attitude toward physical pleasure, and it is obvious that one can be sterilized and still have the wrong attitude toward physical pleasure; wrong insofar as it inhibits one's ability to achieve eudaimonia as a rational, social, active human being. A woman with good character will see her pregnancy as simply another role in which the virtues apply. A virtuous parent seeks to provide a good life for his children and himself. Sexual behavior, pregnancy, and parenthood can each be seen in terms of virtue and character. Even if we cannot name every virtue/disposition that accompanies each of these roles, we can nonetheless see virtues functioning as conduits through which individuals seek the good.

Birthing virtues are an important part of one's life as a spouse or parent, but such virtues also play a part in our professional roles. For nearly 150 years, between 1830 and 1970, American physicians had little interest in birth control technologies. Birth control methods—condoms and diaphragms—were considered unscientific and beneath the dignity of a research-oriented medical practice. More importantly, physicians saw birth control as a threat to the social order and to their profession.²² Given these conditions a virtuous doctor would not be inclined to discuss birth control measures with his client. In a relatively recent Canadian questionnaire approximately 67% of the doctors who replied agreed that "forcible sterilization of persons judged criminally insane, mentally retarded or feeble-minded is . . . a desirable social policy."²³ We can call those physicians who posit sterilization of the poor virtuous only if they can articulate how this procedure

relates to their own personal conception of well being and how it will allow those who are sterilized to achieve the good. If we sterilize people without their informed consent or bribe them with cash or food without fully understanding their views about children, then we can be said to be doing them harm by interfering with their ability to be happy. The constraints of virtue extend to everyone whose lives are affected by, and whose professional decisions impact, the issue of mandatory birth control.

What we identify as virtuous or vicious will depend on our upbringing and the quality of our role-models. If we grow up in a house like the woman's discussed above, we will learn about the gift of children and how important they are for achieving happiness. If we come from parents who abuse us, we are likely to abuse our children. Role models can likewise affect our training, and they can come to us in many ways. I grew up with "Father Knows Best" and "My Three Sons." My students are growing up with "The Cosby Show," "Roseanne" and "The Simpsons." One of my boyhood sports heroes was Johnny Unitas, about whose sex life I knew nothing. He certainly didn't talk about it. Children growing up today, on the other hand, know a great deal about their sports heroes, and often about their sexual exploits. It is common knowledge that Walt Frazer, Wilt Chamberlain, and Magic Johnson have had many sex partners. The message to kids nowadays is that they should practice safe sex. The lesson that most young people drew from Magic Johnson becoming infected with the HIV virus was not that too much sex with unknown partners is a vice, but that protected sex with unknown partners is a virtue. Role models have a great impact on our lives. They inspire us to imitate them and to model our lives after theirs.

With maturity comes the personal responsibility to live a virtuous life. The decisions to become pregnant, have an abortion, become sterilized, or to have seven kids require deliberation. Being free to make up one's own mind implies that one has to deliberate about these types of decisions. What sometimes bothers

us about the decisions other people make in these matters is not that they have deliberated wrongly, but that they have not deliberated at all. The decision to have another child should come only after careful deliberation about one's ability to care for it, one's responsibility to the larger community, and the chances that this additional child will have a moderately good chance to achieve well being. Decisions regarding the choice of reproductive technologies should include deliberations about why one wants a child and the extent to which one will go to have one. The choice to engage in promiscuous sexual behavior should include deliberation about what one will do if an unwanted pregnancy occurs. Decisions and choices in our professional roles require similar deliberations.

Such deliberations are not always easy and often occur while a person is under stress. After three years of trying to become pregnant a person might have to decide to quit or go to the next stage of medical intervention. How should one decide? Briefly, the method outlined by Aristotle suggests that we consider the end and the best means to the end. If the end is to become a parent, then perhaps the best means after three years of trying to have one's own is to adopt a child. But if the end is to be a biological parent, then the decision to go forward would prevail, other things being equal. The decision-making process might include one's spouse/lover, physician or health care team, friends, family, or minister; in short, anyone who might have some information and insight about the particular issue being decided. Such deliberations are difficult, and Aristotle reminds us that it is very difficult to hit virtue's mark. We deliberate and we choose, doing the best we can with the information we have. The action and its outcome become part of the fabric of our lives and a reflection of our character. That one has made the right decision will depend upon the immediate outcome of the choice as well as the effect it has on one's life. The virtuous life is not one where everything turns out the way we planned, but one whose external conditions turn out in our favor and whose internal

conditions—the personal conditions of freedom and choice—reflect a virtuous character in pursuit of the good.

Community

Much of the discussion above has already hinted at the communitarian aspects of virtue ethics. Aristotle maintains that human beings are social animals. We will not, he tells us, be entirely happy if we are solitary or childless, and those who have no social instincts or needs are either gods or beasts. The moral life springs from our place in the community and is shaped by our community experiences. Even when Aristotle makes his strongest case for the life of contemplation—a life closest to the life of a god—he seems to settle somewhat reluctantly on the view that we are not, after all, gods but human beings, and hence, by our nature, need to live together with other human beings and to have the sorts of external goods and virtues necessary for living a human life.

Despite the seemingly obvious ways in which communitarianism accords with our everyday experience, modern moral philosophy has largely been contemptuous of communitarian views. Criticism comes on three fronts. First, communitarianism is traditional in its outlook. Those who fail to conform to the traditional way of life are ostracized or otherwise made to feel left out. Traditional cultures are thought to unnecessarily constrict individual freedom. Communitarianism is likewise criticized for its organizational structure which is, at least in Aristotle's conception of it, hierarchical. In the same way that reason is the governing part of the soul, Aristotle suggests that men should govern women. He also believes that some people are slaves and workers by nature, and should be ruled as such.²⁴ There is, also, the problem of putting the community before the individual. Aristotle says that the individual is to the community as the part is to the whole, and although the whole can survive without the part (as a person survives who loses a finger) the part cannot survive with-

out the whole. The good is the same for the individual and the city, but the good of the city is a greater and more complete good to acquire and preserve.

There are plenty of reasons to reject any notion of a community that is rigid either in its traditions or its hierarchy. Our experiment with individual freedom has taken us too far for any simple return to the old days. But this does not negate the need for a communal experience that synthesizes individual rights with communal duties, and the respect for tradition with the openness for new ideas. We should reject the dichotomy of individual versus community and instead see ourselves as individuals-within-communities. Philosophically it is important to bring communitarianism again to the forefront of our studies and analyses. Our colleagues in the social sciences have gone a long way in understanding social behavior, but very little of their work has been integrated into the moral philosophical literature. An obvious place to start is with the metaphysics of community: What are communities? How do they function, undergo change, and come into and go out of existence? What is the role of the individual within a community? How can personal autonomy and duties to a community coexist? Is it possible to have a well-ordered community that is not oppressively hierarchical? Unfortunately, we are not much further along in answering these questions than was Aristotle, but it is important to pick up where he and others left off.

That we are part of a community, and that this community influences our views of children and birth control, is undeniable. We have seen above the ways that a community imparts its conception of the good, and the requisite values and virtues, regarding birth control. It would be a better world if the practices and techniques used to impart these values and virtues were always correlative with personal freedom. But they are not. There are numerous examples of women being forced to conceive children or to remain with spouses who abuse them. A random sampling of pronatalist and antinatalist policies in this century demon-

strates the various insidious ways that a community can have its way. John Arid describes the use of such measure in China:

The use of persuasion is often so aggressive that it amounts to administrative harassment. Its methods include repeated visits by the cadres to have "heart-to-heart talks" with reluctant couples, prescribed participation in "discussions" designed to "educate" them about the need to control fertility, and the "mobilization" of women to have intrauterine rings inserted, or to be sterilized, or to have unauthorized pregnancies terminated. Instances of outright physical coercion are not often described explicitly in Chinese sources, but coercive practices are often referred to obliquely as relying on "administrative orders," resorting to "commandism," pursuing "indigenous policies," "overdoing things," and so on.²⁵

Some of the measures described by Arid are better seen as state policy rather than the policies of local communities, but even this distinction brings us to the more difficult issue of describing a community. We do not have a clear sense of community or at what levels of organization communities exist. The landmass and population of the US is probably too large to qualify as a community. But we can speak of neighborhood communities, rural communities, and the quasiconmunities formed by our professional and leisure groups. I will not attempt here the difficult task of defining the parameters of this difficult concept. What I will do is outline the ways in which it is possible for there to be a community conception of the good that differs from individual personal preferences, and for that community conception to assert itself. There are obvious risks here. Communitarianism is neither alive nor well in the US, and to speak of one's duty to the community is to be nearly blasphemous of the Lockean individualism so deeply ingrained in us. It is difficult to accept birth control policies originating in communitarian societies if they appear to us as limiting individual freedom. What I hope to demonstrate below is that even in our loosely-formed communities and quasiconmunities

certain views about pregnancy and children are well-formed and disseminated. Part of what it means to belong to such communities is to share these beliefs.

Even the most liberal of communities have rules and practices that limit personal freedom so as to make the goods of communal life possible. Written rules and implied practices have the outcome of limiting individual freedom so as to facilitate the goods that larger communities are thought to bring us. Even if we do not always personally benefit from the rules and practices, or agree with the conception of the community good, we are nonetheless made to feel the force of them. We all know what it feels like to belong to a particular group. The feelings are perhaps more intense when we are an outsider. We have all had occasion to walk into a place where we did not belong. There are the stares. We are unfamiliar, our clothes give us away; we are ignored, or worse are confronted and asked to leave. We have said nothing, but it is clear that we do not belong. They know it and we know it. On the other hand, to belong to a particular community is to feel safe, comfortable with the routines and language, and with the underlying beliefs. One is in general agreement with the community's views and feels the pleasure of conforming to them and the displeasure of disagreement.

A recent poll indicated that 75% of high school students were sexually active. How does it feel to be a part of that community and to espouse abstinence? What pressures are felt and how does one respond to them? If we see this statistic as evidence of a community consensus about the goods of sexual encounters, then we should also see the pressure to conform to this conception of the good in positive terms. Assume for a minute what virtue ethics asks us to assume: that a conception of the good is in keeping with one's nature as a social, rational, active human being; that there are virtues correlative with the good; and that the community who shares the good likewise shares and practices the virtues. A seventeen-year-old can have a conception of the good that includes sexual encounters, and can practice virtues consis-

tent with this good. The pressure—perhaps better called “influence”—that this teenager puts on her friend to conform is not all bad. It can be positive if it makes the case for virtuous, temperate, sexual behavior. Of course if sexual behavior is construed as the only good, then one will be prevented from achieving human well being. But this may not stop individual human beings or whole communities from trying. Open marriage and spouse swapping were popular among small communities in the 1960s. Communities can and do form themselves around certain conceptions of the good and attempt to lead virtuous lives. It is only natural that members seek to educate new members, whether children or converts. Those who seek membership conform to the good and its requisite virtues. Others resist and rebel. Rebels are sometimes expelled or leave on their own; but they may also be the catalyst for positive change. Communities are begun, maintained, undergo change, and go out of existence because of the workings of conformity and rebellion.

A community's views toward childbirth, and children generally, are easy to spot even if such views are not explicit. An American friend who lives in Sweden, and who is now a mother, claims that Sweden is a country designed for children and parents. Many public places have changing tables and play areas for children. Both parents are expected to devote the weekends to their children. Children go everywhere with their parents and are welcomed in all restaurants. Both parents receive extended leaves to be with newborns. A parent can spend up to two years at home with her child while continuing to receive as much as 90% of her salary.²⁶

Consider two smaller communities. Upwardly mobile Americans who belong to a health club are likely to have two or fewer children, have both parents working, and have their children in daycare. Their conversations will include talk about quality time, playgroups, the difficulties of finding good help, concerns about

abuse in childcare facilities, the difficulties of balancing career with family life, and the usual talk about the stock market, job opportunities, and wine futures. A new member of this community, someone just out of college for example, will hear these stories, share these experiences, and will most likely aspire to this community's conception of the good. They will nod in agreement about the need for professional fulfillment and the positive aspects of their children's daycare experience. They may even share certain views about the optimum number of children a couple should have and the importance of being able to support them in a middle class lifestyle, including riding, music, and dance lessons.

For those of us who live this lifestyle it all seems normal. Imagine now a farm family, a college educated husband and wife who choose to continue a fifth generation family farm. They have four healthy children, a big garden and a freezer full of homegrown pork and beef. The children are home-schooled after they do their chores. Everyone's clothes are hand-me-downs, home-made, or bargain basement. The big yearly events are the family reunion—180 attended this year—and the county fair. In 4H and FFA (Future Farmers of America) the children learn about gardening, sewing, and livestock farming. Average annual income is under \$15,000 but the family lives well, and even welcomes additional children. Here the talk is between like-minded neighbors and relatives. Children and parents are nearly always together in one way or another. The adults talk about milk prices, crop rotations, and the past. A new member of this community, a young couple buying their first farm, will hear these stories, share these experiences, and will aspire to this community's conception of the good. They will agree about the desire for a large family and of the positive values that come with living close to the land.

Both communities have a conception of the good that they will pass on to children and newcomers. This conception is not a matter of personal views, but includes the customs and practices of that community. “Social censure already exists as

a cogent determinant of fertility behavior in all societies. In Pakistan five children is seen as a small family; in Japan three is considered as a large one. In small groups, there is a tight consistent family norm, a norm which can change surprisingly from one decade to another.²⁷ Private schools and playgroups are interconnected with a very different set of social and economic conditions than are home-schooling and county fairs. As participants in its practices, community members will speak in positive tones about their lives, and sometimes in defensive, critical tones about those who live differently. The urban mother might ask: "Isn't she bored being home all day?" while the rural mother asks why her urban counterparts even bothered to have children if they never bother to spend time with them. Communities cohere by coming together in values and spirit, and in criticizing those around them who do not hold similar values.

Not all conceptions of the good are equally valuable, nor do those who hold a particular view of the good always act virtuously. Feminist critics are correct in pointing out how many paternalistic practices destroy the lives of women. Coercion for its own sake, or for the purpose of oppression, is no virtue. What is required of any community insofar as it seeks the good through virtuous activity is to be able to articulate a conception of the good and to identify and justify specific dispositions, beliefs, and practices as correlative with that good. If the good can be specified, and the virtues shown to lead to that good, any community is justified in making its views known to its youngest and newest members. Indeed the best teachers of values and virtues are those who can articulate the good to others and who reflect this good in their daily lives. The community can be put first so long as individual members see its good as their own, and if those who reject it have the right to dissent or to seek membership in other communities.

It is not always comfortable to feel the weight of the community upon one's shoulders. How many of us have heard our mother wonder aloud if she will ever be a grandmother? My wife and I

want a large family by American standards, but I am made to feel pressure from my environmentalist friends who worry about overpopulation and overconsumption. Children from farm families often speak of the enormous, but unstated, pressure they feel to take over the farm from their parents. In traditional and tribal cultures the pressure can be exerted with greater force. All of this sounds rather unpleasant, but communities cannot help but to express and assert themselves in these ways. Such are the natural workings of a community ethos.

Not all communities are homogeneous in their views nor should we expect them to be. Young and old members often disagree about the good and how to achieve it. Women and men may have very different conceptions of the good. Healthy communities allow, and even welcome, such disagreements. It is one of the vital signs of a community. Disagreements force communities to reaffirm their views, or to update them to accord with contemporary conditions. The pro-life/pro-choice dialog is part of this communitarianism. Each side is fighting for its version of the good. There are heroes and role models in each camp. Children grow up hearing this issue discussed around the kitchen table. They know how their parents will react when one side gives its views. Children take a stand themselves, often the very stand their parents take. When Operation Rescue comes to town, community members choose a side. In a well-working community individuals have a chance to express themselves, the community reaches a consensus, and legislators create policy that is consistent with the good. This is one way a community undergoes change.²⁸

There is one final onerous aspect of community life. What are we to do about members of the community who do not share fully in the human capacities that define the good? Aristotle speaks of natural slaves and today his language is offensive. But there are millions of Americans with severe mental and physical impairments such that their capacity to achieve the good in their roles as pregnant women and parents is significantly diminished, despite

the community's attempts to accommodate their disabilities. There is a long history in the US of sterilizing the mentally impaired and other so-called "undesirables." Two divergent approaches are available to a community in addressing this problem. The first is to work to improve the conditions of those who are impaired. Special education programs, medications and surgeries, and even the simple access ramps that are now commonplace, are a few examples of how a community can seek to improve the conditions of its disadvantaged members. Of course such programs take resources, and we need only to visit nations not as well off as ours to see that the disadvantaged remain so, and suffer more because of their disadvantages. It might be possible in the US for two people who both suffer from mental impairments to marry and have children, and hence to achieve the good that marriage and children can bring to their lives, but a similar couple in a poor nation may have no such opportunity, and may in fact suffer more for even trying.

And this leads to the second approach. If certain members of the community are physically and mentally unable to achieve certain goods available to other members, then perhaps it is in the community's interest that they not even be allowed to try. If two people are incapable of caring for themselves then what good can be achieved, either for themselves or the community, in allowing them to reproduce? There may be cases where the sterilization of certain members of the community does no harm to those individuals since the aspect of the good being denied to them is either a function of their natural condition or cannot be provided for them by the community in which they live.

I make this claim with great reservation since it is easily misconstrued. I am suggesting only that there are empirical conditions where sterilization does no harm to a person, and these are conditions in which the individual either is naturally unable to achieve the good—unable *prior* to the sterilization—or lives in a community that is socially, politically, and economically unable to provide conditions that make this aspect of the good available to him. It is of course incumbent upon members of the

community to demonstrate that these conditions actually exist. Indeed, a much stronger case must be made when only social, political, and economic conditions are involved since these conditions are likely to change. But if the conditions do exist, then a community can act on the justification that they are seeking the good for the community as a whole, while not in any way diminishing the good of those sterilized.²⁹

Education and Public Policy

The final theme I shall mention regarding virtue ethics is the prominent role it gives to education and public policy in creating a virtuous community. Aristotle devotes large sections of Books One and Ten of the *Nicomachean Ethics* and Book Eight of the *Politics* to the issue of moral training and education. Education and the inculcation of the right habits are all important if children are to have the proper conception of the good, and the dispositions and virtues to acquire this good. Such training is achieved through the right use of rewards and punishments, pleasures and pains, and the imitation of virtuous behavior. If we want our children to be farmers we need ourselves to be good role models or to find good role models for them. The good role model imparts both his love of farming as well as the realities of farming. If the role model is successful, the child begins to see farming as a lifestyle that will best achieve his conception of eudaimonia. The child will find farming pleasurable, and along the way will acquire both the values and virtues of his role model(s).

But it is not just family role models that are responsible for the moral education of the young. In fact, Aristotle is reluctant to leave the task of moral education to the parents. It is the legislator who should direct his attention "above all" to the education of the youth. It is not enough, Aristotle says, for youth to receive a proper upbringing when they are young. They must continue in these same practices and be habituated to them when they become older. To modern ears this may sound like the sort of activity

engaged in by modern religious cults. But there is nothing *prima facie* wrong with a community consciously passing on a set of customs to its youngest members—Christmas or Hanuka for example—or the unconscious habits and beliefs that get passed along whether we want them to or not: a particular conception of success or a distaste for a particular music style, for example. Our liberally inspired education system prides itself on not telling students what to think or believe, but it nevertheless consciously reinforces the values of toleration and open-mindedness. All communities and cultures, however loosely held together, pass along all sorts of information to its members through education and habituation. Virtue ethics simply suggests that we identify a conception of the good worth pursuing and encourage this conception, along with its requisite values and virtues, in the training and education of every member of the community. If we think that drugs (including alcohol) and sexually transmitted diseases interfere with the good, then we should do what is necessary to get this message across. As a child I saw countless movies in school about the evils of cigaret smoking. I remember vividly the blackened lung that went around from school to school for display. My children are getting similar movies and displays warning them against drugs and sex, and encouraging them to be stewards of the land. Call this brainwashing if you will, but it might just as easily be described as a community taking care of itself.

If we are communal creatures then at least some part of our conception of the good will come from living in communities. But difficulties arise when our private interests clash with public interests, and it is part of the function of the legislator to merge the individual welfare with the general welfare. Education and public policy should aim at enabling community members to share in the goods of society and the good life, and in empowering them with the ability to live virtuous lives. If the population of a community is too large to support itself, then educational and public policies must be designed to demonstrate the good that

will result in controlling population. Population control, when perceived as a community and individual good, will be more easily achieved when community members share this conception of the good and work to cultivate the virtues that bring it about.

In a virtue ethics framework education and public policy must be shaped to allow members of the community to achieve the good. Policies that limit one's personal development in terms of reaching the good or that limits access to that good because of sex, race, or class, are, in a word, vicious. The whole point of education and public policy is to encourage the development of virtuous characters and to make the common good attainable to the largest number of citizens possible. If a stable population is perceived as a good, and a community's population level is considered unstable, then education and policy must be put to use in order to demonstrate the good of stability. There are numerous methods to achieve this goal, but it is important to recognize that the goal is not merely a stable population, but rather a community that sees a stable population as a good and that seeks to achieve this good through virtuous activity. A community with too many people can seek to educate its youth about the dangers of overpopulation and can encourage small families. China's one-child policy depends on the ability of the government to communicate, through education and policy, the need for fewer children. One is not surprised, then, to find the following words of Mao adorning an oral-contraceptive package:

Birth control is a policy decided on by our State. . . . This demands that the growth of the population is compatible with the planned development of the national economy. It will not do for there to be complete anarchy in mankind's reproduction. To advocate late marriage and put into effect birth control are of great significance for socialist revolution and construction, the total emancipation of women, the improvement of the people's living standards, the cultivation and education of the next generation, and the improvement of the people's health and prosperity of the nation.³⁰

When education and public policy are effective it does not take long for a community to see and feel the dangers posed by an unstable population. Families who desire large families are cajoled and made to feel the pressure of the whole community. Those who choose small families are rewarded and become role models. Effective education and policy are not coercive or unduly manipulative. If Native Americans and Blacks see population control as directed against them by a white power elite then they may claim, with some justification, that such policies are racist and genocidal. I would suggest that any policy that includes mandated sterilization, except in the most extreme conditions, is not effective since it interferes with a person's ability to achieve the good. The same is true for any population policy that targets a particular social class or race. The best policies are those that empower individuals with a sense of the good and that offers incentives for virtuous behavior.

This is not to say that educators and legislators cannot mandate birth control education and/or policies. Not all mandated programs are necessarily coercive. What is important is that such policies are fair and clearly articulated to the community by members of that community. They should clearly articulate a community conception of the good, and inspire individual community members to share that good and to work toward achieving it.³¹ It is also important that such education programs and policies are supported by empirical data.³² A policy designed to lower population that directly contradicts the values of people toward whom it is directed is likely not only to fail, but indirectly promote the opposite behavior. If legislators and educators are not in touch with the values of the community they are governing, their policies are not likely to be very effective. White, upper-middle class, professional legislators and policy makers are not likely to design effective population policies if their constituents are nonwhite and poor. Put in a positive way, effective mandated birth control policies will integrate into the seamless web of community practices and customs. They will seem natural to those practicing

them; they may even be seen to arise from the community itself rather than from legislators. Effective educators and legislators are part of their communities. They share a conception of the good with their constituents and hence their policies and programs are understood by the community. Effective legislation and education are invisible; they work without being seen.

This essay has sought to make a place for virtue ethics in the field of bioethics. I have claimed that a number of its features make it highly conducive to the applied side of moral philosophy. Aristotelians will claim that I have missed some central features of the master's work, perhaps adding that I got Aristotle wrong in some places. Critics of Aristotle will complain that I was misguided in choosing his work. Contemporary virtue theorists will complain that my remarks are cursory. Bioethicists habituated to modern moral philosophy will resist the invitation to think along these lines. Each of them will have good grounds for their views. I have simply tried to introduce the notion that a virtue ethics approach can inform the field of bioethics. I have engaged in a broad sweep, one whose intention is to invite bioethicists and population experts to take a closer look at virtue ethics. There is obviously a great deal of work to be done both in articulating the specific ways that virtue ethics can be brought to bear on bioethical issues, and in addressing the promise and pitfalls of mandatory birth control. It will be work that is both preliminary and interdisciplinary, and it will require alternative philosophical methods.

Mandatory birth control is only one area where virtue ethics can be put to use. My intent was not to argue for one position or another, but to demonstrate virtue ethics at work on a contemporary issue. Virtue ethics is not without its own problems, nor do I think that it should replace utilitarian and deontological theories. I have sought only to entice those working in bioethics to consider virtue ethics as a robust and workable theoretical alternative, one that stands alongside bioethics' current theoretical workhorses.³³

Notes and References

- ¹A perfect example of this is found in Beauchamp and Walters' *Contemporary Issues in Bioethics*, Wadsworth Publishing Company, Belmont, CA, 1989. In the "Ethical Theory and Bioethics" chapter readers are led to believe that there are only two types of "classical" ethical theories: utilitarian and deontological. The only moral philosophers mentioned in this section are Bentham, Mill, Kant, W. D. Ross, and Rawls. There is similarly no mention of virtue ethics in *Ethical Issues in Modern Medicine*, John Arras and Nancy Rhoden, eds., Mayfield Publisher, Mountain View, CA, 1989, or *Biomedical Ethics*, Thomas A. Mappes and Jane S. Zembaty, eds., McGraw-Hill, New York, 1991.
- ²This is not the first time virtue ethics has been employed in the service of bioethics. See Rosalind Hursthouse's excellent article "Virtue Theory and Abortion" *Philosophy and Public Affairs* 20, 3 (Summer, 1991): 223-246; Leon Kass's "Regarding the End of Medicine and the Pursuit of Health" *The Public Interest* 40 (1975); Stephen Toulmin's "How Medicine Saved the Life of Ethics"; and Edmund Pellegrino's "The Virtuous Physician and Ethics of Medicine." Toulmin and Pellegrino are collected in *Contemporary Issues in Bioethics*, Wadsworth Publishing Company, Belmont, CA, 1989. One cannot help but wonder who students reading the Beauchamp and Walters anthology think Aristotle is, or if his work is important, since he is not mentioned as a classical ethical theorist in their introduction on moral theory. See note one above.
- ³*Nicomachean Ethics*, henceforth EN, 1094b20-22. All citations are from Aristotle's *Nicomachean Ethics* (Translated by Terence Irwin), Hackett Publishing Company, Indianapolis, IN, 1985.
- ⁴See Martha Nussbaum's helpful discussion in "Saving Aristotle's Appearances," chapter eight of *The Fragility of Goodness*, Cambridge University Press, Cambridge, 1986.
- ⁵EN, 1145b1-8.
- ⁶Aristotle was no apologist of his own community's practices and standards. See, for example, Book II of the *Politics*.
- ⁷EN, 1179a20-23 and 1179b1-4.
- ⁸Harvard University Press, Cambridge, 1977, pp. 185, 186.

⁹This cultural requirement suggests that moral philosophers would be better off working within their own cultures. Here they at least share some underlying cultural values. Philosophers in the twentieth century have been encouraged to avoid the so-called provincialism of their own personal experiences. We have all heard about the dangers of armchair philosophy. Virtue ethics restores the validity of knowing one's place and of not being afraid to speak about it.

¹⁰I believe that there is a strong case for introducing courage as a bioethical virtue. I argue for this claim in an unpublished paper titled "Dying with Dignity: The Virtue of Courage in the Hospital Setting."

¹¹"Non-Relative Virtues: An Aristotelian Approach." In *Midwest Studies in Philosophy*, Peter French, Theodore Uehling, and Howard Wettstein, eds., Volume XIII, University of Notre Dame Press, Notre Dame, 1988, pp. 32-53.

¹²1214b6-12

¹³"The Good Man and the Good for Man." In *Essays on Aristotle's Ethics*, Amelie Oksenberg Rorty, ed., University of California Press, Berkeley, 1980, pp. 341-357.

¹⁴Barbara Katz Rothman, "The Products of Conception: The Social Context of Reproductive Choices." *J. Med. Eth.* 11 (1985), 188-192.

¹⁵Paul Lauritzen, "What Price Parenthood?" *Hastings Center Report* 20 (March/April, 1990), 38-46.

¹⁶I say this tentatively since there are some in the deep ecology movement who do not think the perpetuation of the human species is a good at all.

¹⁷See Rebecca J. Cook's "Formulating Population Policy: A Case Study of the United States." *Boston College Environmental Affairs Law Review* 3 (1973), 47-78.

¹⁸Gale Largey, "Reversible Sterilization: Socio-Ethical Considerations" *Social Biology* 25 (Summer, 1978), 135-44.

¹⁹This is quoted from Robert Coles's *Children of Crisis*. The selection is found in Arthur Dyck's "Procreative Rights and Population Policy" *Hastings Center Studies* 1 (1973), 75, 76. See also Robert F. Murray's "The Ethical and Moral Values of Black Americans and Population Policy" and Emily C. Moore's "Native American Indian Values." Both are in *Population Policy and Ethics: The American Experience*, Robert Veatch, ed., Irvington Publishers, New York, 1977, pp. 197-209 and 237-256.

- ²⁰Rosalind Pollack Petchesky, "Reproduction, Ethics, and Public Policy: The Federal Sterilization Regulations." *The Hastings Center Report* 9 (October, 1979), 29-41.
- ²¹George Annas, "Sterilization of the Mentally Retarded: A Decision for the Courts." *The Hastings Center Report* 11 (1981), 18, 19.
- ²²James Reed, "Doctors, Birth Control, and Social Values: 1830-1970." In *The Therapeutic Revolution: Essays in the Social History of American Medicine*, Morris J. Vogel, ed., University of Pennsylvania Press, 1979, pp. 109-133. See also "The Values of Physicians," Robert M. Veatch and Thomas Draper. In *Population Policy and Ethics: The American Experience*, Robert Veatch, ed., Irvington Publishers, New York, 1977, pp. 377-397.
- ²³Bernard Starkman, "The Control of Life: Unexamined Law and the Life Worth Living" *Osgoode Hall Law Journal* 11 (1973), 175-185.
- ²⁴Not everyone thinks that Aristotle is the cad that these remarks suggest he is. His arguments for the superiority of men over women are based on weak scientific evidence and a false biological theory. See W. W. Fortenbaugh, "Aristotle on Slaves and Women," in *Articles on Aristotle*, J. Barnes, et al., eds., vol. 2 (London, 1977), 135-139. Martha Nussbaum suggests that for Aristotle natural slaves are people who, because of nature, are wholly incapable of planning a life for themselves. "The force of his argument is to indicate how few of the people actually held as slaves really belong in that condition; and the life of the real natural slaves is seen to be a shameful and subhuman one, cut off from eudaimonia, the good life proper to man." She also suggests that Aristotle is "insecure and unhappy" with the view that certain work is required to be done in a city and that the laborers who engage in it will necessarily lack the leisure required to live an intellectually and morally-developed life. It is for Aristotle a necessary but unfortunate part of the polis. See Nussbaum's "Shame, Separateness, and Political Unity: Aristotle's Criticism of Plato," in *Essays on Aristotle's Ethics*, Amelie Oksenberg Rorty, ed., University of California Press, Berkeley, 1980, pp. 395-435.
- ²⁵"Population Studies and Population Policy in China" *Population and Development Review* 8 (1982), 267-297.

- ²⁶For a similar anecdotal perspective of Spanish culture, see Barbar Kingslover's "Everybody's Somebody's Baby," *New York Times Magazine*, February 19, 1992, p. 20.
- ²⁷Samuel M. Wishik, "The Use of Incentives for Fertility Reduction" *American Journal of Public Health* 68 (1978), 113, 114.
- ²⁸For a history of this type of change in the US, as seen in court decisions regarding birth control, see Margery Shaw's "Procreation and the Population Problem." *The North Carolina Law Review* 55 (1977), 1165-1185. See also Peter Brown and Eunice Corfman's "Moral-Political Values: An Historical Analysis." In *Population Policy and Ethics: The American Experience*, Robert Veatch, ed., Irvington Publishers, New York, 1977, pp. 55-126.
- ²⁹I am speaking here of communities and not necessarily nations. I am inclined to think that most nations are too large and heterogeneous to function as communities. Nor do I always think that a community will always act in Draconian ways. The view I am propounding is susceptible to "slippery slope" charges, but I think that the cases that would be relevant to my analysis are relatively few in number and represent only the most severe cases of natural impairment and social degradation.
- ³⁰Quoted from Carl Djerassi's "The Politics of Contraception." *N. Engl. J. Med.* 303, (1980), 334-336.
- ³¹For a discussion of policy issues see Arthur Dyck's "An Ethical Analysis of Population Policy Alternatives" *The Monist* 60 (1977), 2946; Arthur Dyck's "Procreative Rights and Population Policy" *Hastings Center Studies* 1 (1973), 74-82; and Robert Veatch's "An Ethical Analysis of Population Policy Proposals" in *Population Policy and Ethics: The American Experience*, Robert Veatch, ed., Irvington Publishers, New York, 1977, pp. 445-475.
- ³²See Jane Murphy, et al. "Can Effective Birth Control be Legislated? An Analysis of Factors that Predict Birth Control Utilization." *J. Pub. Health Pol.* 5 (1984), 198-212.
- ³³Special thanks to Maria Vitek and Laura Pluta for editorial assistance on earlier drafts.