

**Phil 108, February 28, 2008**  
**Quinn on Intending vs. Foreseeing**

**The Traditional Doctrine of Double Effect:**

The DDE: It is morally permissible to cause some bad effect that one foresees *only if*:

- (i) one intends to produce some good,
- (ii) that is sufficiently more important than the bad effect,
- (iii) by means that are morally permissible, and
- (iv) one does not intend the bad effect.

The DDE seems to explain why:

- Strategic bomber (SB) is permissible, whereas terror bomber (TB) is not.
- Direction of resources (DR) is permissible, whereas guinea pig (GP) is not.
- Hysterectomy (HC) is permissible, whereas craniotomy (CC) is not, although it is less clear that the distinction matters in this case.

**When do we intend the harm?**

1. When we believe that the harm is a *necessary means* to our intended end.

- Then, in CC, we do not *intend* the death of the fetus. Our purpose is not defeated if the fetus survives. Perhaps this is not a problem, since it is not clear that CC is importantly different from HC.
- But the same is true in TB and GP. Our purpose is not defeated if the bombing victims only *look* dead, or if the guinea pigs *recover* at the last minute. This is a problem. It threatens to make the DDE useless.

2. When we believe that the harm is *closely enough* connected to what we intend.

- But what does “closely enough” mean?
- Hart: intended action and harm “immediately and invariably” connected.
- If the connection is statistical, then closeness will depend on how the action is described...
- ...and there can be closeness in SB and HC, making them impermissible.

3. When we believe that the *involvement* of the victims is a necessary means to our intended end, whether or not we believe that the *harm* is a necessary means.

- SB, DR, HC do not require involvement of the victim,
- whereas TB, GP, and CC do require involvement of the victim, even if the bombing victims only look dead, or the guinea pig or fetus survives.

**Quinn’s revision of the DDE:**

Other things equal, a stronger case is required for harmful direct agency to be permissible than for equally harmful indirect agency to be permissible.

- *Direct harmful agency*: the agent’s deliberately involving them as a means to his end leads to their being harmed.
- *Indirect harmful agency*: the agent does not intend for the victims to be involved, or he does intend for them to be involved, but this does not lead to their being harmed.

The direct/indirect distinction is independent of the positive/negative distinction (which we saw last time). In GP, our agency is negative, since we simply withhold aid, but our agency is direct, since we intend to involve the victim in a way that leads to his being harmed.

The fact that harm will come by direct agency *strengthens* some right, whether negative (as in TB and CC) or positive (as in GP). DDE thus *raises*, rather than lowers, moral barriers. It is not a loophole to allow otherwise impermissible harming.

- “The DDE rests on the strong moral presumption that those who can be usefully involved in the promotion of a goal only at the cost of something protected by their independent moral rights (such as their life, their bodily integrity, or their freedom) ought, *prima facie*, to serve the goal only voluntarily.”

Why does CC seem *more* permissible than TB or GP?

- Possible answer: “the doctrine strongly discriminates against direct agency that benefits from the presence of the victim (direct *opportunistic* agency) and more weakly discriminates against direct agency that aims to remove an obstacle or difficulty that the victim presents (direct *eliminative* agency).”
- In other words, CC does not *exploit* the presence of the victim, whereas TB and GP do.

### **What is the rationale for the DDE?**

The DDE rests on a special duty of respect for persons, over and above any duty not to harm or to prevent harm.

- The disrespect is not only failing to give the victim’s interests enough weight, seeing the harm to them as less important than the end to be achieved. We may fail to give the victims’ interests enough weight in SB.
- “Someone who unwillingly suffers because of what we intend for him as a way of getting our larger goal seems to fall under our power and control in a distinctive way.... In [GP], but not [DR], [the doctors] show a shocking failure of respect for the persons who are harmed; they treat their victims as they would treat laboratory animals.”
- “The agent of direct harm... sees [his victims] as material to be strategically shaped or framed by his agency. He... treat[s] them as if they were then and there *for* his purposes.”
- When one is *subordinated* to others’ ends, one’s *equal standing* is denied.

*Opportunistic* direct agency (as in TB and GP) *uses* the victim.

*Eliminative* direct agency (as in CC) does *not* use the victim; it only views the victim as an *obstacle*.