

Moral Clarity in Medicine: A Framework for Coherence and Consistency in Ethical Decision-Making

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In modern medical ethics, practitioners must navigate a sea of bioethical principles, including autonomy, beneficence, non-maleficence, and justice (1). Yet, one essential element has been overlooked: Moral Clarity (MC). As medical technologies evolve and ethical dilemmas persist, the absence of MC leads to inconsistent applications of ethical principles, generating confusion among healthcare professionals and patients alike. I contend that MC—a precise and transparent understanding of right and wrong in medical contexts—is the missing link to unify ethical practice and enhance patient care.

MC emerged prominently in U.S. political discourse during the 1980s, closely associated with conservative rhetoric and Ronald Reagan's policies (2). It signifies adherence to a coherent ethical framework that withstands institutional, social, or economic pressures. Importantly, MC is not an absolutist commitment to unchanging principles; rather, it is the ability to discern right from wrong in clinical contexts, grounded in fundamental moral values and resilient to external pressures.

MC avoids the extremes of excessive relativism—where ethical decisions depend solely on context—and rigid dogmatism. In practice, it entails decisions grounded in enduring, defensible principles rather than expedient considerations. Too often, ethical decision-making is reduced to bureaucratic checklists instead of principled reasoning guided by clear ethical reasoning. Without such clarity, ethical frameworks become vulnerable to ambiguity, allowing moral relativism to dominate critical healthcare discussions (3).

The study by Lewis and colleagues underscores how MC fosters collaboration and principled decision-making in medical ethics (4). In a profession requiring precise and confident life-altering decisions, MC is a practical necessity. The medical community must embrace MC to ensure ethical consistency, patient trust, and the integrity of practice.

In end-of-life care, MC enables physicians to balance the intrinsic value of life with the patient's right to choose death with dignity. Without it, decisions may be reduced to mere

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adherence to law or protocol—for instance, continuing treatment because it is “technically possible” or discontinuing it due to family pressure. MC requires physicians to transparently articulate why respecting the patient’s wishes, while acknowledging the value of life, is ethically justifiable, elevating decisions from legal acts to ethical choices.

During the COVID-19 pandemic, ambiguous ethical guidelines on ventilator allocation, vaccination prioritization, and equitable healthcare access left providers grappling with guilt and uncertainty (5). Without MC, the principle of justice was subject to vague interpretations—variously as “absolute equality” or “priority to survival.” MC entails formulating clear, principle-based criteria for resource allocation, ensuring decisions are made through principled ethical reasoning rather than under duress or institutional pressure.

The importance of MC is most evident in the physician–patient relationship. Trust, honesty, and ethical consistency form its foundation, yet these are often threatened by institutional pressures, financial interests, and external influences. Physicians must balance their duty to respect patient autonomy with their responsibility to provide sound medical judgment. Without MC, this balance can be undermined by commercial imperatives, legal concerns, or organizational goals that may not align with the patient’s well-being.

When organizational or financial incentives pressure physicians to recommend services for economic benefit, the absence of MC can lead to ethical relativism—“perhaps this is acceptable.” MC provides a clear understanding that decisions must prioritize the patient’s welfare over

financial considerations, safeguarding against conflicts of interest. In cases involving treatments offering no hope of recovery, MC enables clear reasoning: futile treatment undermines patient dignity and violates beneficence, allowing physicians to make coherent, ethically defensible decisions while maintaining empathy.

MC extends beyond clinical practice into medical research. Francesco Chirico (2025) argues in a recent article that scientific progress must be guided by MC and humanity to prevent research from entering ethically problematic areas (6). Research driven solely by scientific ambition or commercial interests risks compromising core ethical principles. His insights reinforce that MC is indispensable for both clinical decision-making and medical innovations aligned with human dignity and social well-being.

The medical profession must strive for both ethical consistency and MC, ensuring ethical principles are applied to uphold human dignity and patient well-being. By fostering a culture that prioritizes MC, we empower healthcare professionals to navigate ethical dilemmas confidently, ensuring decisions are both legally sound and morally just. To cultivate MC, professionals should reflect deeply, challenge inconsistencies in ethical frameworks, and engage in open discussions about dilemmas.

Ultimately, MC is not just a philosophical concept but a practical necessity in medical ethics. Without it, ethical decision-making risks becoming an exercise in appeasement rather than principled reasoning. We call upon the medical community to prioritize MC as a unifying principle in ethics education, policy, and

practice. Evidence shows fragmented ethical approaches undermine effective responses to modern challenges. By reinforcing a shared, transparent understanding of ethical priorities, we can rebuild trust, reduce moral distress, and uphold justice in healthcare. This is a moral imperative with profound societal implications.

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