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# Wittgenstein's Theory of Conceptual Competence and Virtue Analyses of Ethical Dilemmas in Nursing Practice

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## Abstract

The article discusses Ludwig Wittgenstein's theory of conceptual competence within the area of nursing ethics. Wittgenstein's analysis shares fundamental assumptions with virtue approaches to ethical dilemmas in caring practice but is at the same time crucially different. The main difference is that while virtue theories have focused on psychological attitudes like compassion and empathy, Wittgenstein focuses on a person's understanding of concepts like *good* and *wrong*. According to Wittgenstein, an ethical competence in nursing is not equivalent to knowledge of moral principles that are understood independently of contexts of application. But Wittgenstein is also opposed to the view that it is contextual knowledge that provides the normative basis for caring. For Wittgenstein, an ethical competence is essentially a preconception awareness of how caring concepts apply. According to this analysis, nurses should address ethical dilemmas in patient interaction by focusing on their understanding of ethical concepts in the context of interaction. Case studies are used to clarify this and other practical implications of Wittgenstein's position.

**Key words:** Nursing Ethics, Nurse-Patient-Interaction, Ethical Concepts, Wittgenstein

## **Wittgenstein's Theory of Conceptual Competence and Virtue Analyses of Ethical Dilemmas in Nursing Practice**

### **Introduction**

Ludwig Wittgenstein's *Philosophical Investigations* (1953) is commonly regarded as one of the most important works in modern analytical philosophy. Wittgenstein's analyses of language mastery and concept possession have had an enormous impact on discussions of the nature of human thought and language, not only in the philosophy of mind and other philosophical disciplines, but also more generally within the humanities and social sciences (Flew, 1985; Winch 1958; Wulff, 1986; Coates, 1996).

Ethics is probably the area in which the applied dimension of Wittgenstein's philosophy has received most attention. It is widely agreed that Wittgenstein's analyses pose a fundamental challenge to theories that assume that general moral rules or principles can served as instruments for ethical justification (Beauchamp, 1991; Johnston, 1991). Many have held that Wittgenstein convincingly argues that a proper characterization of an ethical competence shows that ethical principles cannot have the normative role that most classical theories have assumed that they have (Barrett, 1991; Bennett et.al., 1996; McDowell, 1998).

The aim of this article is to argue that Wittgenstein's theory of conceptual competence constitutes an important supplement to virtue approaches in nursing ethics. According to Wittgenstein, abstract rules cannot capture the competence that underlies nurses' application of ethical concepts like *right* or *wrong* in patient interaction. But Wittgenstein is also opposed to the view that a nurse's competence plays no justificatory role, that it is purely contextual knowledge that provides the basis for evaluative judgments. Wittgenstein, in an

important sense, seeks to identify a middle path between ethical particularism and a general rule-based ethics.

This focus on context and skepticism about the normative force of general moral principles can also be found in virtue approaches that have recently become influential in nursing ethics (Reynolds, 2000; Burkhardt & Nathaniel, 2002; Tschudin, 2003). But while virtue approaches have focused on various psychological attitudes like empathy and compassion, Wittgenstein's concern is to analyze a person's ability to apply ethical concepts on the basis of an understanding of the concepts. In the last part of the article case studies are used to clarify the practical implications of Wittgenstein's analysis, paying particular attention to the importance of being contextually aware of how ethical concepts apply in patient encounters.

### **Virtue Ethics in Nursing**

In order to understand Wittgenstein's theory of conceptual competence, it will be helpful to relate his views to virtue approaches to ethical dilemmas in nursing. This section clarifies main assumptions in this tradition. Davis et. al. (1997, p.48) define a virtue approach as a position that presupposes that the "character and integrity of nurses as individual moral agents determine or, at the very least, influence whether ethical problems are identified and how responses are developed to such problems in patient care". Virtue theorists hold that

[c]haracter and virtue, often considered to be too subjective, have a place in today's professional health care ethics... Descriptions of character and character traits portray a way of being instead of a way of acting... The nurse who responds to a difficult patient care situation with respect, patience and attitude of care is described as a "good" nurse or as a "good" person (Davis et. al., 1997, p.49).

One can extract from this three ideas of what a virtue approach to nursing ethics involves (see also Nortvedt, 1998; Burkhardt & Nathaniel, 2002; Scott, 2003; Haegert, 2003). Firstly, virtue theories are concerned not with instruments for ethical justification, but with the question of what it is that characterizes a 'good' nurse. Secondly, a proper characterization of a 'good' nurse cannot merely focus on observable actions in nurse-patient-interaction. Virtue approaches hold that a virtue such as empathy lies as much in a nurse's attitudes as in her actions (Foot 2002). Thirdly, it is assumed that possession of attitudes essential for caring cannot be reduced to knowledge of moral rules. Virtue theorists have held that it is impossible to specify sets of moral rules such that nurses necessarily possess a given attitude if their actions are guided by those rules.

Attitudes that have received particular attention in virtue analyses include empathy, compassion, discernment and integrity (Davis et. al., 1997; Beauchamp, 1991; Tschudin, 2003). The various analyses have differed depending on the theoretical frameworks that have been employed and the aims of the analyses. Despite the differences, virtue analyses have shared the assumption that a focus on virtues is needed as an alternative to theories "characterized by a focus on right decisions and acts based on consideration of more abstract ethical principles" (Davis et. al., 1997, p.49). As Scott (2003, p.26) observes, this shift of focus has been especially salient in the last few decades:

[A] number of contributors to the health care ethics literature have, for a number of years now, tried to argue that within the health care and nursing context, a virtue theory approach is needed at least as a supplement to a duty- and principle-based approach.

This recent criticism of rule-based ethics has had two sources. The first is what one can think of as internal arguments that build on ethical problems and challenges that arise within ordinary nursing practice. The internal arguments have claimed, basically, that knowledge of general rules or principles does not constitute a proper action-guiding competence. Rules, it has been maintained, can give the wrong answer (the rule does not recommend the action that is perceived to be correct) or fail to give a clear answer (the rule does not cover the situation in a determinate way).

The type of dilemma that has perhaps received most attention concerns patient autonomy and controversial issues of paternalism. In cases where autonomous patients do not endorse actions proposed by nurses, a utilitarianist can in principle accept paternalism if it is believed that this course of action will have the best consequences (Wulff, Pedersen & Rosenberg, 1986). Within utilitarianism, acceptance of paternalism does not necessarily involve a contradiction. A deontologist in the Kantian tradition, on the other hand, will be unable to accept this kind of paternalism. According to a Kantian deontologist, nurses have a fundamental ethical duty to act in accordance with autonomous patient choices.

Virtue approaches claim that the problem of determining whether one should favor ruled-based utilitarianism or a Kantian form of deontology is a pseudo problem, since both positions are principle-based. In order to understand how nurses should solve dilemmas connected to patient autonomy and paternalism, virtue approaches hold that it is more promising to focus on character. A nurse's entitlement to act in a certain way in this and other kinds of nursing dilemmas is not based on knowledge of general rules, but in attitudes that a 'good' nurse possesses.

In addition to the arguments that have arisen from intrinsic aspects of nursing, a second source of arguments for virtue approaches has focused on considerations that are more external to nursing practice. Here the main focus has been the philosophy of Aristotle and theories within the Aristotelian tradition. It is widely held that Aristotle's theory of moral development provides a plausible general description of how humans 'learn to be good', and that it therefore applies within the specific field of nursing ethics as well (Beauchamp, 1991; Bennett et.al.,1996). Furthermore, virtue theorists have focused on the fact that Aristotle's analysis of human development is not restricted to ethics, but formed within a comprehensive

system of how all organisms strive to develop their potential (Burnyeat, 1980; Foot, 2002). Even though virtue theories have in this way been based on general philosophical assumptions, there is an important sense in which any virtue approach to ethical dilemmas in nursing practice will focus on the idea of a nursing context. The reason is as follows: As long as virtue theories are hostile to the action-guiding character of abstract rules and principles, they will assume that context-sensitivity plays an essential role in ethical reasoning. Note that if a nurse's ethical competence could provide action-guidance independent of context, then that competence would have the same status as traditional, normative principles. That is, the competence would be abstract and detached from different nursing contexts, much in the same way as principles of deontology or utilitarianism can be described and understood independently of the contexts in which they can be applied. Such a distinction between a general competence and the application of a competence is precisely what virtue theorists have been opposed to. According to virtue approaches, there is no abstract and fundamental core of moral knowledge that can guide nurses in the variety of contexts they encounter. Virtue theories hold that moral insight depends essentially on contextual awareness.

In this general characterization of virtue approaches, the idea of nursing competence should not be understood in a specific, narrow way. Different virtue theories will address the question of how an ethical competence should be analyzed in different ways, depending on the epistemological and metaphysical assumptions they are based on. The important point is that even though all virtue approaches assume that a nurse's competence plays an action-guiding role, this competence is perceived to be essentially incomplete without context (Burnyeat, 1980). Moral insight is always derived from reasoning in a particular situation, as experienced and interpreted by the nurse.

How should this process of subjective interpretation more precisely be analyzed? Virtue approaches to ethical dilemmas in nursing practice have not analyzed this relationship between competence and context to any significant extent. The focus has been on character and attitudes conceived of as a competence that 'good' nurses possess, but to think of the 'virtues' detached from contexts of application is to think of them as equivalent to abstract, general norms. A thorough analysis of how the virtues can underlie applications of ethical concepts needs to relate the virtues to actual evaluative judgments. The aim of the next sections is to show that Wittgenstein's theory of conceptual competence sheds important light on this relation.

### **Wittgenstein on Conceptual Competence**

Wittgenstein's theory of language mastery, published in his *Philosophical Investigations* (1953), shares with virtue approaches the idea that our applications of concepts - ethical or non-ethical - are made on the basis of a conceptual competence. Wittgenstein's fundamental philosophical aim is to clarify exactly how this happens, how the use of a concept "in some unique way is predetermined, anticipated – as only the act of meaning can anticipate reality" (Wittgenstein, 1953, p.76).

According to Wittgenstein, the problem arises when one seeks to analyze this relation, and he holds that this problem has two aspects. The first phenomenological aspect concerns the "experience of being guided" (Wittgenstein, 1953, p.70), how we should conceive of the phenomenological character of the process of applying a concept or a language expression on the basis of our understanding. Wittgenstein argues that this subjective process cannot be thought of as a conscious, mental event. We have no experience of intentionally being instructed by our understanding when we use language. Wittgenstein uses the example of a



mental picture of a cube to illustrate this:

Suppose that a picture comes before your mind when you hear the word 'cube'. In what sense can this picture fit or fail to fit a use of the word 'cube'? – Perhaps you say: "It's quite simple; - if that picture occurs to me and I point to a triangular prism for instance, and say it is a cube, then this use of the word doesn't fit the picture." But doesn't it fit? I have purposely so chosen the example that it is quite easy to imagine a method of projection according to which the picture does fit after all (Wittgenstein, 1953, p.54).

The same point applies if a person claims that a word or a sentence that comes before his mind tells him how an ethical concept applies. A rule formulation cannot in itself tell a person what the correct use of a concept is; it does not contain its own 'method of projection'.

In order to understand Wittgenstein's argument, consider a nurse who is interested in the moral status of a certain course of action in a patient encounter. How can the word 'good' tell the nurse whether or not the concept *good* applies to that action? Suppose that the nurse appeals to a rule formulation: 'An action with properties x, y and z is a good action, and the action I consider has these properties'. But the problem is the same. What is the nurse's basis for holding that this sentence implies that the concept *good* applies?

It would not help to refer to the following new sentence: 'When I am disposed to think that an action with properties x, y and z is good, and when I consider an action with properties x, y and x, then the concept *good* applies.' For in that case the nurse has simply introduced another rule formulation, "one interpretation after another" (Wittgenstein, 1953, p.81). Once more the nurse has to ask why s/he is justified in interpreting the rule formulation in one

specific way, and the problem reemerges. The problem is that in order to make it clear that a rule has normative force – that there is only one particular action that corresponds to the rule – the rule has to be interpreted in a single determinate way. The nurse could attempt to create such an interpretation by introducing a new rule formulation, but then this ‘rule for interpreting a rule’ also has to be interpreted. We can go on indefinitely trying to ground interpretations of rule formulations in new rule formulations (Wittgenstein 1953; 1956).

The second aspect of the problem of explaining conceptual competence arises when we seek to understand how a concept rule can capture all the different situations in which we are disposed to apply a concept as a number of Wittgenstein interpreters have noted this problem is especially striking within ethics (Kripke, 1982; McDowell, 1998; Johnston, 1991; Barrett, 1991). How can some limited set of beliefs that a nurse has about the concept *good* make it clear how the concept should be used in all the contexts s/he is disposed to apply the concept? Many aspects of different situations can constitute a person’s basis for applying the concept *good*, so how can a finite rule in the person's mind cover all these situations? As long as the contexts in which we are disposed to apply the concept differ to such a large extent, it seems impossible to understand how a rule for the application of the concept can capture all the aspects we consider being relevant for deciding whether the concept applies (Kripke, 1982).

This argument is, in fact, similar to a line of reasoning that many virtue theorists have appealed to in defending their position. Proponents of virtue analyses have often focused on the fact that it seems overwhelmingly difficult to formulate ethical norms that cover possible contexts of applications in ways that are intuitively correct, and they have inferred from this that moral insight is grounded in something other than awareness of correspondence between

general norms and properties of particular contexts. The main difference between this argument and Wittgenstein's analysis is that the ethical argument has focused on how actions should be evaluated, not on fundamental issues of understanding and conceptual competence as such.

Wittgenstein's solution to the problem of explaining how our understanding can guide our applications of concepts represents an attempt to find a middle path between the views that rule-following is as a conscious process and the skeptical view that we merely conform to communal rules. The key to understanding how this is possible, Wittgenstein argues, is to reject a traditional view of how our conceptual competence must guide us in order for action-guidance to occur. According to this traditional view, a rule must be consciously present before a person's mind in order to be normative; it must be possible for the person to derive how he should apply a concept from a rule that has his attention. Wittgenstein argues that if we instead think of rule-following as a practice, that the way we apply concepts as 'techniques' or 'customs' determines the content of our understanding, then it is possible to accept that concept applications are rational:

What this shows is that there is a way of grasping a rule which is not an interpretation, but which is exhibited in what we call 'obeying the rule' and "going against it" in actual cases. ...And hence also 'obeying a rule' is a practice. And to think one is obeying a rule is not to obey the rule (Wittgenstein, 1953, p.81).

Fundamentally, what Wittgenstein means to show is that conscious rule-guiding is not something we ordinarily look for when we apply concepts: "While I am being guided everything is quite simple, I notice nothing special; but afterwards, when I ask myself what it was that happened, it seems to have been something indescribable" (Wittgenstein, 1953, p.71). According to Wittgenstein, the traditional assumption that the process of being guided

by one's understanding is a conscious process does not correspond to how we ordinarily conceive of language mastery, and it is therefore unjustified.

### **Ethical dilemmas in nursing practice**

It is widely acknowledged in the philosophical literature on ethics that Wittgenstein is skeptical to the use of rules as instruments for justification in ethics. As Beauchamp (1991) observes, Wittgenstein belongs within a philosophical tradition that holds that it is practice and not rule-based theories that should have priority in moral thinking:

[P]ractice-based philosophers have appealed to major traditional philosophers, including Socrates, Hume and Ludwig Wittgenstein. These developments are not always hostile to traditional moral philosophy, broadly construed, but they are essentially hostile to utilitarianism and Kantian ethical theories (Beauchamp, 1991 p.278).

Applied to the area of caring practice, the main consequence of Wittgenstein's analysis is that no description of rules or principles can capture the competence used by a nurse as a basis for applying ethical concepts like *good* and *wrong*. To think that there are rules that guide nurses in this way is to misunderstand the use of ethical concepts, equivalent to "a certain characteristic misuse of our language that runs through ethical and religious expressions" (Wittgenstein, 1956, p. 9).

According to Wittgenstein, as long as it is impossible to describe an ethical competence as a set of learned rules, the idea that nurses apply ethical concepts on the basis of a conceptual competence has to be understood in an alternative way. There must be something else that explains how a nurse's beliefs, thoughts and experiences can constitute an action-guiding ability in the variety of patient interactions they are involved in. Thus, Wittgenstein is not

opposed to all theories that claim that an ethical competence is learned or acquired. His target is the idea that the competence consists of the possession of general rules, and the practical and theoretical problems that arise if one assumes that ethical concepts have a general rule-based meaning.

Wittgenstein's analysis implies that nurses cannot ground the application of ethical concepts in their own conscious minds. There are no aspects of their beliefs, thoughts or experiences that constitute rules that 'contain their own methods of projection', as Wittgenstein's above 'cube'-example illustrated. Knowledge of how an ethical concept applies is essentially constituted by the use of the concept; a nurse needs to have an awareness of how the concept applies before s/he can fully understand how the concept applies. For Wittgenstein, educating nurses ethically is therefore not giving them knowledge of general rules, but showing them how ethical concepts apply: "If you wanted to bring someone up ethically... you would have to teach it to him after having educated him" (Wittgenstein, 1980, p.81).

The following case involves a familiar dilemma that can be used to illustrate the implications of Wittgenstein's views:

A nurse working in a hospital attends to an elderly patient who is alone much of the time, with few visits from relatives and friends. The nurse has a busy schedule and is instructed not to spend much time with patients, but it is obvious that this particular patient really appreciates talking to her. The nurse thinks about this dilemma for a while. She then turns her attention to the patient and becomes confident that the right thing to do is to stay with her for a while.

In this situation the nurse meets the patient with a conception of what a good action is. This conception involves mental states such as beliefs and experiences from other situations, if the nurse has encountered similar relevant situations. For the purpose of understanding the

implications of Wittgenstein's analysis the precise content of the nurse's conception is not important. Wittgenstein's fundamental point is completely general. He would argue that regardless of the nature of the nurse's conception, it cannot constitute a rule with a determinate interpretation. If the nurse consciously interprets beliefs or experiences in a certain way, then s/he has introduced a 'rule for interpreting a rule', but then this further rule also has to be interpreted.

According to Wittgenstein, a nurse who makes such an introspective attempt to ground an application of an ethical concept in beliefs, thoughts or experiences will be unable to determine how s/he should deal with an ethical dilemma. But Wittgenstein argues that the problem that arises is a quasi-problem. If a nurse does not presuppose that a rule can provide action-guidance consciously, the nurse's competence is applied in the following way: The nurse has a particular experience of what a good action is in a given situation, an awareness that makes it clear to the nurse what s/he thinks it is correct to do. This awareness is partly based on beliefs about what a good action is, but it is preconceptual in the sense that it cannot be deduced from the beliefs in any strict logical sense. It is rather the other way around; it is the experience of what the good action is, in the particular situation, that provides the conceptual content of the nurse's beliefs, so that it becomes manifest to the nurse what s/he thinks it is correct to do. The nurse starts to genuinely believe that it is correct to act in a certain way, but that belief is grounded in an initial awareness that it was correct to act in that way.

Ethical dilemmas in nursing practice do not always arise in situations involving a conflict between formal instructions or procedures and interpersonal relations. Wittgenstein's arguments also apply in cases of more classical ethical dilemmas involving a tension between

fundamental ethical considerations. Consider the following case:

A patient is scheduled to take a certain medicine at regular intervals. The patient sometimes experiences negative side-effects of the medicine, and one day they are particularly acute and uncomfortable. The patient asks a nurse who visits her if she could have a slightly smaller dose than usual. The nurse (and the patient) is well informed about the nature of the patient's condition of illness and the medical importance of the medicine. However, when the nurse weighs this against the patient's negative experiences and her knowledge that one slightly smaller dose will not significantly increase the risk of serious illness, she becomes confident that it is ethically correct to act in accordance with the patient's wishes.

This case represents a type of dilemma that is often experienced in nursing practice. Should paternalistic considerations that focus on consequences sometimes outweigh patient preferences that seem to be reasonably well-informed and based on rational reasoning? In this case the nurse thought that the answer was no. In her opinion, the patient's autonomous desire to avoid the side-effects outweighed the general medical instructions.

According to Wittgenstein, it is impossible for nurses to find in their own, conscious minds 'instructions' that can tell them what they should do in a situation like this. There are no mental states that can constitute a rule with such an intrinsic property. Obviously, the nurse in the above example engaged in reasoning and made the judgment that it was correct to comply with the patient's wishes, and this was a decision that was more in line with deontological principles than with traditional principles of utilitarianism. But it was not based on some special deontologist rule that could be used to deduce a solution to the dilemma. It was the nurse's experience that the concept *good* applied that provided the content of her belief that it was correct to comply with the patient's wishes. When she formed this belief she had already applied the concept *good*.

Wittgenstein, in effect, recommends a certain order of priority with respect to how we should think about the relation between evaluative judgment and ethical justification. According to the traditional view, deciding what it is correct to do is an epistemological issue (Burnyeat, 1980; Beauchamp, 1991; Johnston, 1991). We first have to determine how a concept should be used, and then use it accordingly. Wittgenstein, however, argues that ethical justification can only be derived from a contextual awareness of how a concept applies. For Wittgenstein, questions of how concepts should be used cannot be separated from questions of understanding and concept possession.

### **Implications**

It is important to emphasize that Wittgenstein's skepticism about the possibility of formulating moral rules is consistent with the possibility of rational dialogue about ethical dilemmas. By clarifying beliefs, thoughts and feelings that explicitly or implicitly underlie evaluative judgments in nursing practice, rational discourse involving communication of such mental states is possible. So Wittgenstein's views do not imply any kind of moral relativism, the extreme view that there is no basis for rational discussion in cases of uncertainty or disagreement.

A second implication of Wittgenstein's views is that they are meant to capture ethical reasoning in general. Normally, nurses merely have an implicit awareness of the practical reasoning that underlies their evaluative judgments, but when challenged to defend or explain their actions they typically refer to beliefs and thoughts as the basis for their actions. Furthermore, when nurses face moral dilemmas, they often consciously reflect on possible solutions if there is time to do so. It is important to emphasize that Wittgenstein's analysis covers both implicit and explicit ethical reasoning. It aims to capture the general relation



between an ethical competence and the application of that competence.

The idea that use of ethical concepts can elucidate an ethical competence does not merely apply on the individual level. A central concept in Wittgenstein's philosophy is the idea of a shared 'language game'. For Wittgenstein, persons use a language expression in a shared language game if they use it in a sufficiently similar way. Here the qualification 'sufficiently' is important. Wittgenstein's analysis does not imply that participants in a language game must have an identical understanding, that their understanding "determines the use causally" in exactly the same way (Wittgenstein, 1953, p.79). Wittgenstein uses the expression 'family resemblance' to refer to individual 'patterns of use' that are sufficiently similar to belong within a shared language game. For Wittgenstein (1953), belonging to a language game is mastering a 'practice' (p.81), conforming reasonably well to "the system of reference by means of which we interpret" (p.82).

The consequence of this for the status of collective nursing practices is obvious. It follows from Wittgenstein's views that if nurses apply ethical concepts in shared language games, then they also have a shared competence. For Wittgenstein it is therefore possible to understand how nurses have a shared ethical competence by elucidating how ethical concepts are used collectively. Furthermore, insofar as there is widespread agreement that an ethical competence is part of a more general nursing competence, an understanding of the nature of shared ethical practices can tell us something important about the nature of a more general, shared nursing competence.

Obviously, it remains a further empirical question to determine the extent of shared evaluative judgments in nursing practice. The important theoretical point here has been to

show that Wittgenstein's views imply that the question of whether or not nurses have the same ethical competence must be settled on the basis of an understanding of how they use ethical concepts, not on the basis of what abstract beliefs and thoughts they have. In this way Wittgenstein's analysis places a substantial theoretical and methodological constraint on how one should pursue empirical investigations related to the idea of an ethical competence in nursing.

Wittgenstein's focus on competence and awareness of how concepts apply can also be found within virtue approaches to ethical dilemmas in nursing practice. As shown above, virtue analyses are skeptical to rule-based theories, and they also focus on attitudes conceived of as part of a competence that underlies 'good' actions. At the same time there are three reasons why Wittgenstein's philosophy is crucially different from virtue approaches.

Firstly, while virtue analyses have focused on a variety of psychological attitudes, Wittgenstein's philosophy can be used to address the more general question of how a nurse's ethical competence can provide action guidance. This is a fundamental question that confronts any analysis of the relation between an action and the attitudes that underlies it. For instance, if one is incapable of explaining how empathy can constitute an action-guiding competence, then one has not given a complete explanation of how empathy can underlie 'good' actions. In this sense Wittgenstein's analysis of a conceptual competence can give us a deeper understanding of the mental processes virtue analyses are concerned with.

Secondly, Wittgenstein focuses directly on thinking. It is standardly assumed that processes of ethical deliberation must involve reasoning as long as they are cognitive processes (Beauchamp, 1991; Coates, 1996; McDowell, 1998; Tchudin, 2003). So if a nurse is able to

apply concepts intentionally on the basis of beliefs and thoughts, then she is also able to engage in practical reasoning that can constitute the basis for intentional action. Wittgenstein's theory of conceptual competence is therefore more fundamental than explanations of intentional action that presuppose that we are able to engage in practical reasoning, and classical virtue approaches fall within the latter category. That is, virtue theorists have not been concerned about explaining how we are able to think and reason. Their more restricted aim has been to argue that a person (who is assumed to be able to reason and apply concepts intentionally) performs 'good' actions on the basis of psychological attitudes like compassion and empathy.

The fact that Wittgenstein's philosophy focuses on fundamental relations between thought and language has the additional implication that it is relevant for understanding ethical dimensions of nurse-patient communication. Ethical discourse involves language that expresses ethical concepts, and it follows from Wittgenstein's views that ethical agreement is based on contextual experiences of how ethical concepts apply. Consider a nurse and a patient who discuss what the best choice of action is in a given context. According to Wittgenstein, agreement about this must be based on intuitions both parties share, not on the acceptance of a general moral theory. Wittgenstein in effect holds that a nurse and a patient do not understand ethical concepts in the same way unless they agree about how the concepts apply. Agreement is not merely perceived to be the aim and criterion for successful interaction, but a fundamental condition for understanding and communication in the first place.

The third and final fundamental difference between Wittgenstein's theory and virtue approaches is that Wittgenstein's position is developed within a theoretical framework that is

different from the Aristotelian philosophical system and other conceptual frameworks that virtue theories have been developed within (Beauchamp, 1991; Foot, 2002; Scott, 2003). This does not mean that Wittgenstein's position and virtue approaches are incommensurable, but it means that specific objections to fundamental assumptions in virtue analyses will often fail to address the premises of Wittgenstein's arguments. Wittgenstein's writings offer an alternative approach for studying phenomena that virtue approaches have focused on, and this approach deserves attention even if one thinks that the arguments for classical virtue theories are implausible. One must also remember that Wittgenstein's arguments have been regarded as convincing by a large number of modern philosophers (Barrett, 1991; Beauchamp, 1991; Johnston, 1991; McDowell 1998). This in itself is a good reason for exploring his philosophy within the field of nursing ethics.

It is not possible to discuss Wittgenstein's views in detail in an article of this scope. The more modest aim has been to outline some of the basic ideas in Wittgenstein's position and explain why these ideas constitute an important supplement to virtue approaches. Further research is needed to determine exactly how Wittgenstein's philosophy should be applied within the field of nursing ethics. Hopefully, the analysis presented in this article will help to stimulate such research.<sup>1</sup>

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