

Beyond Egoism and Altruism: Cicely Saunders' Ethical Proposal

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Abstract

This paper aims to propose a reflection on the link between care and life that animates Saunders' philosophy of total care in order to highlight its revolutionary ethical scope. Proclaiming care as an ethical act proper "of" and "to" life, Saunders postulates a sort of primordial solidarity that challenges and surpasses every egoistic or individualistic paradigm. The attitude of care is not only expressed in terms of its purpose, such as helping those in need but also reflects the existential need of the agent to play a responsible role in the world. This vision is fascinating because it first problematizes the concept of individual autonomy and then opens up to a reevaluation of the foundations of ethics or at the very least to a reformulation of the categories through which we perceive the moral agent and structure our understanding of morality.

Keywords: Ethics of care, Cicely Saunders, Altruism/Egoism, Vulnerability

CONTENTS

1	Saunders' Proposal in the Altruism/Egoism Debate	127
2	Vulnerability as the Openness of the Human Life	129
3	The Irreducible Relationality of the Subject	131
4	Care as the Ethical Act Proper "Of" and "To" Life	133
5	Beyond Egoism and Altruism	135

1 SAUNDERS' PROPOSAL IN THE ALTRUISM/EGOISM DEBATE

The altruism/egoism debate is of great philosophical interest and relevance, dividing those who place the former as the basis of morality from those who, in the wake of psychological and sociological studies, have come to question whether

genuinely altruistic behavior can exist. The fact remains that people often and willingly undertake actions that benefit others, knowing that these actions may be costly, unpleasant, or even dangerous. The nature of the ultimate motivations that underlie such actions remains mostly obscure. Is it the desire for the good of others or the pursuit of one's interest that moves the agent? Trying to answer this question by finding a way to go beyond the dichotomy between altruism and egoism is fundamental since, as Raquel Weiss and Paulo Peres argue¹, this would lead to abandoning a simplistic vision of morality in favor of a heuristic model that takes into account the moral phenomenon in its complexity.

In this sense, Cicely Saunders' proposal is particularly interesting. By establishing and bringing into play a relational ontology, she considers caring as an ethical act "of" and "to" life, arriving at the postulation of a sort of primordial solidarity that challenges and surpasses every egoistic or individualistic paradigm.

The perspective of the founder of the Hospice Movement is stimulating, even if methodologically complex, precisely because Cicely's thought does not have an exquisitely speculative character. It could not be otherwise, given that the theoretical and practical commitment of our author was born "in the ward" and was distinguished precisely by the research conducted on pain therapy, underlining the importance of palliative care. However, her writings are deeply imbued, even if not explicitly thematized, with philosophical elements, featuring a practical philosophy that arises from experience and fascinating precisely because it challenges traditional thought to imagine new hermeneutic horizons capable of grasping the human in its concreteness and complexity.

Therefore, the purpose of this contribution is to propose a reflection on the link between care and life that animates the philosophy of total care in order to highlight its revolutionary ethical scope.

Thus, in an attempt to propose a reconstruction of Saunders' ethical thought, I will focus on her effort to grasp life in its intrinsic actuality and dynamism, which she defines in terms of care. According to Cicely, human life unfolds and needs care because it is fragile and vulnerable. Vulnerability, understood as ontological openness, thus becomes the most powerful, threatening, and at the same time enriching dimension of all human life, bringing the person back to an original neediness and lack that dethrones individual self-sufficiency and pushes it towards the intersubjective relationship that unfolds precisely as mutual care.

This interpretative position is of extreme importance, as it characterizes original care as a primordial orientation towards living life that expresses our being as a project of the self and taking care of others, leading to a reevaluation of the

¹R. WEISS, P. PERES, *Beyond the Altruism-Egoism Dichotomy: A New Typology to Capture Morality as a Complex Phenomenon*, in V. Jeffries (ed.), *The Palgrave Handbook of Altruism, Morality, and Social Solidarity*, Palgrave Macmillan, New York 2014, pp. 71-97.

foundations of ethics or, in any case, to a reformulation of the categories through which we perceive the moral agent and structure our understanding of morality as such.

2 VULNERABILITY AS THE OPENNESS OF THE HUMAN LIFE

“Hospice is about a special kind of living and in a sense is still concerned with traveling”². Thus, our thinker’s philosophy of life challenges philosophical anthropology by engaging it first in a situational and dynamic analysis of what it means to be alive, which hinges on the category of vulnerability³.

In contemporary discourse, the concept of vulnerability is often conflated with that of fragility, weakness, and suffering. Although the distinction between the three meanings is subtle, there is an obvious conceptual difference between the aforementioned terms. Vulnerability is not simply the capacity to be hurt, weak, and frail, as the most relevant dictionaries will describe it. Nor is it a tragic condition of illness and suffering, as been reflected in various contemporary discourses. Still, it is a complex and controversial term that requires adequate clarification. According to Saunders, vulnerability is a form or mode of human existence embedded in vitality, sensitivity, and sociability.

Vulnerability refers to the other dimension of individuals, which is also part of their nature but which remains in the shadows—the dimension of having to allow things to happen to them, the dimension of being made. That dimension of the passive subject also accompanies us in all the phases of our lives, even if more clearly in some than in others. The necessary openness of living and the fact that self-sustenance in life depends on exchange with the environment make life a precarious existence, one that is needy and always on the threshold of illness and death. Human life is always “on the edge of the abyss,” heading towards “limit situations,” as Jaspers would say.⁴ Yet, it is precisely this openness that allows the subject to gain experience, grow, and mature⁵. Vulnerability must, therefore, be defined in terms of the most powerful, threatening, and, at the same time, enriching dimension of all human life. Examining this paradoxical character of

²C. SAUNDERS, *Templeton Prize Speech, Presented at Guildhall Ceremony in May 1981 in the presence of HRH, Princess Alexandra, Patron of St Christopher’s Hospice. (Unpublished)*, in *Cicely Saunders: Selected Writings 1958–2004*, Oxford University Press, Oxford 2006, p. 158.

³C. SAUNDERS, *Spiritual Pain*, first published in «Journal of Palliative Care», 4/3 (1988), pp. 29–32, in *Cicely Saunders: Selected Writings 1958–2004*, cit., pp. 217–221; *Foreword (Oxford Textbook of Palliative Medicine)*, first published as a *Foreword* in D. Doyle, G. Hanks, N. Cherny, K. Calman (eds.), *Oxford Textbook of Palliative Medicine* 3rd ed., Oxford University Press, Oxford 2004, pp. xvii–xx, in *Cicely Saunders: Selected Writings 1958–2004*, cit., pp. 269–277.

⁴K. JASPERS, *Philosophy, Vol. 2: Existential Elucidation*, trans. by E. B. Ashton, The University of Chicago Press, Chicago-London 1970, p. 179.

⁵C. SAUNDERS, *Templeton Prize Speech*, cit.

vulnerability is, thus, a way to return, *ad experimentum*, to a moral-philosophical realism, to a broader understanding of the category of humanity, understood neither only in the bio-genetic concretion of the species nor in the philosophical abstraction of the perfection of nature, but, in its biographical and existential location in the world between life and death.

To emphasize the openness of the subject is to highlight one of the central challenges of vulnerability: that it is an experience born of discomfort with the unfamiliar, the uncontrolled, or the unpredictable, and yet only through the confusion in this experience do we learn, change, and extend beyond our current limitations. The association of vulnerability with ideas of dispossession and exposure, however, points to something vital about its meaning and significance: vulnerability is defined by openness and affectivity, and that openness implies the inability to fully predict, control, and know what we are open to and how it will affect us. That core of the unpredictable, uncontrollable, and unknown can provoke in us an equally unpredictable, uncontrollable, and unknown alteration. However, it is only in this experience that we grow. Thus, receptive passivity is necessary for the formation of the self and experience, and as such, it is the locus of capacity and activity. Passivity is not just “being done to,” but a way of “taking in.” Passivity, then, is not a mode of weakness or even susceptibility to impressions from the world and from others. My activity is identically passive. Becoming is a process of transformation transcends the limits of the activity/passivity dichotomy; it requires a receptive openness.

Rather than being merely a particular way of being affected or a specific pattern of change, vulnerability is a persistent openness to change, one that allows for ongoing transformation. Thinking of vulnerability in this way makes it rather simply a condition of possibility of one’s potentiality. Interpreting vulnerability as potential undermines the problematic presumption that vulnerability is repaired. As a distinctive condition that cannot be reduced to its consequences, vulnerability is attributed to everyone equally.

Defined in this way, vulnerability operates as a transcendental condition: to be vulnerable, to be open to being affected, and to be affected is the fundamental presupposition for experiencing the world generally.

Saunders’ understanding of vulnerability aligns with the schema of an ontological concept of vulnerability; vulnerability is conceived as a matter of affective openness, a form of ambiguous potential, and an occasion for becoming other than what it is.

Thus, in opening oneself to others and their effects on the self, one is also open to transformation regarding these others. Receptivity, non-closure, and self-expropriation confer a “gift of mutability.” Openness to experiencing otherness and otherness about it is the condition of invention. Mobility and inclusiveness make us stronger but, at the same time, more fragile: individuals become “much

richer, more varied, stronger and, to the extent that they are mobile, very fragile"⁶, as Cixous would say.

Vulnerability is not an absolute value to be declared but a fundamental condition to be reckoned with. To preemptively deny vulnerability is to refuse to experience and take stock of something that is the condition of life itself, as well as of the vital movements of intimacy, transformation, and learning. Positioning vulnerability as a fundamental condition, therefore, implies that to deny or repudiate vulnerability is to deny and repudiate the nature of human reality.

3 THE IRREDUCIBLE RELATIONALITY OF THE SUBJECT

"The hospice movement and the specialty of palliative care that has grown out of it reaffirms the importance of a person's life and relationships"⁷. Conceiving vulnerability as openness implies rejecting a predetermined understanding of being and proposing a reconceptualization of identity that starts from the experiential dimension of how human beings exist in the world.

With this tremendous paradigm shift, the self is no longer conceived as an autonomous subject or object but rather resides in existence, always already existing in the world with others. Whereby such being-with does not only refer to the empirical contiguity of external entities to one another but radically indicates the irreducible relationality of the subject that constitutes its existence. Human beings are constituted by their relational structure, which is neither added to the subject in a spurious manner. Relationality is, then, the ontological structure that informs and constitutes human existence and experience in the world.

The reconceptualization of identity and the co-constitutive role that others play in shaping the self are interesting because they suggest that the traditional concept of autonomy is misleading, given that humans develop the capacity for individuality precisely through interpersonal and social interactions.

Dependence is not mortifying because it is a reciprocal interdependence that immediately opens to "inter-action," as Kristeva would say, to common and shared action, and pushes us to reflect on the ethical modalities of carrying out this in-between, which Saunders conceives as care.

Vulnerability brings the person back to a neediness that appears as a constitutive element of life. The need that dethrones individual self-sufficiency becomes an intersubjective relationship. It prompts care that thus defines the space in which empathic listening to fragility becomes possible.

The radical fragility of being is the existential thrust of care, the urgency of

⁶H. CIXOUS, C. CLÉMENT, *The Newly Born Woman*, trans. by B. Wing, University of Minnesota Press, Minneapolis 1986, p. 84.

⁷C. SAUNDERS, *Foreword*, cit., p. 276.

solicitude that only can bear and support our finitude. In other words, it is the involvement in everyday life that already speaks about our deep ethicality. Such profound ethicality engages us in a sort of calling and reminds us of the deep relationality of the human being, challenging every egoistic or individualistic paradigm. The individual self and other selves are neither separate nor are they found only in some particular form of relationship. Rather, we are co-constituted by each other; we “exist” in each other in certain ways. Such a structure provides an effective challenge to the hegemony of liberal individualism and its effects on morality. However, more than the polemic against the various philosophical currents that such a reflection opens, I am interested in emphasizing and reiterating the concept of care as a motivational behavior that defines the self, relates it to others, and connects it to the world around it.

In this regard, Saunders places great emphasis on the attitudinal aspect of care, which she defines as helping the other to grow. She views this attitude not only as a set of activities directed towards others but also as embodying a series of characteristic virtues that include patience, honesty, humility, hope, and courage. In this way, the other I care about is the completion of my identity. This paradigm shows that caring for another also implies a kind of concern for the state of one’s being. It seems, then, that caring for others is an orientation that is not exclusively outward but also involves turning inward toward oneself. However, Saunders’ analyses are, in this sense, even more radical.⁸ Her argument about care simultaneously offers a model of care that is dyadic. It implies active contributions not only from the person who cares but also from the person being cared for. Taking care does not mean opposing an active subject to a passive object. Caring goes beyond simply giving; it involves active participation and, ultimately, action from others.

The cared-for person contributes to the dyad by acknowledging the care and by showing the carer the growth or benefit that the act of caring brings about. Central to the dyadic relationship is a form of direct and intimate communication that sustains and constitutes the relationship. What the carer communicates is concern and a willingness to care, while what the cared-for person communicates is recognition and the growth response that sustains the relationship. To achieve this, both partners in the relationship must be in an active, open, and receptive mode towards each other. Ultimately, this is what their mutual care consists of.

This shared fragility delivers us to others and indeed exposes us to the mercy of others, to the point that, according to Saunders, we are all simultaneously constituted and “dispossessed” by our relationships. It is an epiphany that reveals how society takes shape and tells us about the interconnectedness of the

⁸N. NODDINGS, *Starting at Home. Caring and Social Policy*, University of California Press, Ltd. London 2002.

human world through exchange. However, at the same time, it is also how actors become aware of themselves through the very process of mutual recognition. In this sense, an exchange is a matrix of both socialization and individuation against the backdrop of an anthropology of vulnerability, in which care is responsible for constantly weaving and remaking those sensitive and invisible bonds that symbolize our mutual interdependence and shared fragility, thus bringing us back to something original and primordial.

We must avoid a reductive interpretation that views the care relationship as addressing the needs of another subject, caught in their ethically neutral state since they are incapable of giving back. It is the very definition of care as a mode of relationship that prevents such a reductive interpretation. In other words, having broadened the concept of care to grasp it as a disposition and a relational practice necessarily presupposes a reference to receptivity or reactivity. It appears as a specific mode of relationship that, while not involving reciprocity of mutual services, nevertheless requires a degree of symmetry that lies precisely in recognizing the good put into action and that leads to the mutual maturation of both the agent and the patient. In this sense, the response given by both parties gives meaning to the implicit question contained in the act of care and consolidates the relationship. This relationship is the reason why, in the end, we can never establish with certainty who gives and who receives. Care cannot be reduced to a “unilateral concern.” Hence, the boundaries between gift and care become blurred, as care is expressed not so much as giving so that the other can receive but rather as giving in turn. In this regard, Saunders also recognizes how the mutual exchange of self-esteem compensates for the initial disparity through the compensatory restitution of recognition. The author, moreover, pushes us to appreciate the primary giving of the “suffering” other as the fruit, not so much of his power to act as of his weakness. Saunders thus shows a self that recalls how the intrinsic vulnerability of the human condition can receive more from the weakness of the other than from the materiality that this other can bring into play or share. Therefore, it is this quality of reciprocity that allows us to think of care as a form of gift and to valorize its profound ethical and political implications, authorizing us to reformulate reciprocity in terms of the need to recognize all contributions to the creation and sustenance of our shared world.

4 CARE AS THE ETHICAL ACT PROPER “OF” AND “TO” LIFE

“I think caring is a fundamental part of our nature as persons and should be a way of reaching the inner spiritual needs of those who are cared for. This can be

done often without words”⁹.

According to Saunders, care is the ethical act proper “of” and “to” life, leading to a categorical extension of the concept that is not configured as applicative but rather and more fundamentally as ontological. Our author’s proposal moves in the direction of an interpretation of the notion of care, understood as an explanatory key to our very being, leading to a rejection of the distinction between ethics and ontology, or rather, outlining what we could consider original ethics. This perspective means that, for Saunders, man’s being is ethically embodied in the world, and this ethical embodiment is precisely care. This vision is interesting because it first leads to problematizing the Kantian concept of individual autonomy.

While Kant sees individual autonomy as something “external” to others and solidarity is achieved only through universal law, our author’s concept of care implies an ethical and worldly commitment to others because the latter are somehow internal to the constitutive structure of my being. What results, therefore, is a perpetual ethical activism in which care is an existential positioning that manifests itself in every way of being, acting, and doing. Moreover, in this regard, one could object that Saunders is not the only one nor the first to introduce a similar concept in the philosophical field. According to Heidegger, the being of Dasein revealed itself as care. Nevertheless, a fundamental difference separates the two perspectives in that our thinker also broadens the scope of the conceptual category she uses here. While Heidegger emphasizes the state of “projection” of care onto the world, Saunders’ perspective enables us to articulate care in a way that we can consider introspective or, more accurately, retrospective. In this sense, care not only explains the existential attitude of man in the world but also provides a phenomenological-ontological reason for itself, always doing so by using the category of care.

Linked to the ontological structure of man, caring in the theorization of our thinker indicates a form of an act of which an agent is not normally aware as an explicit objective of the action. In this sense, it stands out at a deeper level. It is a disposition, a state of pre-occupation, pre-intentional and conative. As such, it is not yet directed towards a specific object. Precisely for this reason, it can motivate both caring for others and a form of care that we could define as a “self-project.” Deep care does not discriminate but motivates. The objective reasons to which the agent responds are the objects on which that deep care rests to focus and express itself in forms available to reflection. This attitude of deep care can allow my subjectivity to constitute itself as an “I” while taking care of

⁹C. SAUNDERS, Letter to Dr Stan von Hoof Deaking University at Toorak, Malvern, Victoria, Australia 11 July 1996, in D. Clark (ed.), *Cicely Saunders — founder of the hospice movement. Selected letters 1959–1999*, Oxford University Press, Oxford 2002, p. 362.

others. My personal project is expressed in my concern for others. It is through my care for others that I become what I am. My relational ontology ensures that my subjectivity is not posited as a subject who then chooses to care for others; rather, it is posited as a subjectivity that establishes itself by caring for others. Deep care not only expresses care in terms of its purpose—such as helping those in need—but also expresses the agent's existential need to play a responsible role in the world.

According to the author, our fundamental being, as care is expressed, is a search for our integrity, which is reflected in two ways: the pursuit of our personal project and taking care of others. This expression of care means that others are important to us, and this is true at any level. Deep care, therefore, establishes a form of human solidarity that exists before cultural and linguistic differences. Solidarity with others is part of our being, a form of care.

5 BEYOND EGOISM AND ALTRUISM

The methodological approach that sees deep care as a motivational behavior that defines the self and relates it to others and the world around it is of particular interest. The key premise guiding the argument of this thesis is the idea that ethics has a communicative dimension, expressed as care. This premise could be considered revolutionary, as it leads to a new vision of the meaning of traditional morality and of our freedom as ethical agents. Taking this view, the expression “deep care” does not serve as a causal explanation of individual acts of particular care, nor does it function as a metaphysical “faculty” that is postulated to explain our commitment to the world.

Rather, original care appears as the ultimate hermeneutic horizon of our action, but even more fundamentally of our being. From this perspective, therefore, Saunders' reflection appears as a theoretical construction offered as a means to understand our lives in their interiority or their deepest ontological instances. In doing so, however, it transcends ordinary language and attempts to revise the way we understand ethics. Commitment is a position towards the world or towards others that defines what is important to us. It arises from a deeper level of our being than reason. Rather than being founded on reason, commitment provides a matrix within which reason operates. It becomes the object of critical examination only when particular cares motivate such critical reasoning. Commitment is a dynamic two-way relationship between a subjective state and an intentional object. In this sense, commitment is intentional precisely because it is directed to an object. One always commits oneself to something or someone. One cannot simply commit oneself in the sense of assuming a generalized subjective stance without having something before one as the object of that commitment, even if

that object may be vague or ill-defined. The intentional object seems to attract or solicit the commitment that is extended to it. There are aspects of the agent's character to which this object is attractive and solicits him, prompting him to respond by assuming a stance of commitment. The intentional object that attracts our commitment must seem worthy of our dedication.

Furthermore, it must do so in such a way as to constitute itself as an appeal to a state of my being that can be described as my care for that object. Commitment is a relationship that can be fully grasped, therefore, only through an understanding of both terms of that relationship. To commit is an original choice that establishes our adherence to a way of life and to norms of practical reason associated with it. The basis of the obligation that arises from a commitment is precisely the generosity, care, and love of which the commitment is a revelation and a determination and which leads us to question the appropriateness or otherwise, in this case, of the very notion of obligation. Here, it is a question of integrity or authenticity.

Moreover, original care is a motivational orientation strongly tied to the actual realization. Taking care of something or someone implies wanting to act, as circumstances allow or require, to pursue the good of what one cares about. This is just another way of saying that the object of care is considered important and that importance has a constitutive role in practical necessity. It follows from this point that care and commitment are intertwined; just as the test of commitment is action, so the test of care is action. The central failure of caring is not caring.

Therefore, caring is a fundamental disposition; from Saunders' point of view, it would appear to be an effective matrix for framing all activities. It is determinable at any moment regarding its object and serves as both an affective and effective matrix for my actions. In this sense, caring is a hermeneutic horizon of reference within which the specific instances of my care can be interpreted as such. Deep care is present as a horizon rather than a content of consciousness or an a priori postulate. The function of this horizon will be to allow us to interpret the commitment and the specific manifestations of care. The interpretation it provides is that commitment and care are expressions of deep care. Deep care, therefore, figures as a motivation without an object, but it is a motivation with a function. This function constitutes the self. Deep care is a primordial orientation towards living life that expresses our being as a project of the self and caring for others. It is a disposition to commitment in all spheres of life. It is a pre-intentional motivational structure through which what we commit ourselves to acquires its importance for us. Precisely for this reason, we could say that Saunders' perspective opens up to a reevaluation of the foundation of ethics, or at the very least, to a reformulation of the moral question since it speaks to us of the profound ethicality of our ontology. The notion of my being caring shows an ontological behavior towards the world that leads us to act. It is a dynamism in

our whole being that is more foundational even than our internal reasons. Care is, therefore, an always determinable orientation of my being. It is how I face the world how I strive, as well as an orientation towards what I strive for. It is realized in action. It is open and not a biological determination, but rather an open and always determinable pre-reflective disposition. From this point of view, therefore, speaking of an ethical dimension of care suggests that this dimension is only one aspect of care, an element among others when in reality, care is at the center of ethics. Ethics is care, and care is ethics in action.

Therefore, by grounding and putting into practice a relational ontology, Saunders' proposal overcomes the dichotomy between altruism and egoism. Conceiving the moral agent as always being already within relationships and understanding the relational network of the agent as a multidirectional fabric of relationships is to understand that all interests, both of the self and of the other, are considered of equal importance. Total care consists of having "as much care for oneself as for others." In this sense, the proposal that the philosophy of total care poses to ethics consists of changing the categories through which we perceive the moral agent and structuring our understanding of morality as such. In changing these categories, moral problems will present themselves from a different perspective since, in viewing the moral agent as correlated, the primary moral concern will be how to create "good" relationships that avoid harming others and promote human flourishing rather than finding principles that organize initially detached individuals who coexist in a community under universal norms and laws.

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