

Balancing the Scales of Ethics and Empathy: Kantianism and Moral Sentimentalism in Practice

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Muhammad-Yaseen Wadee is currently enrolled in the medical programme at the University of the Witwatersrand, a six-year course that emphasises the balance between science and humanity which is the core of medicine. It prepares the future doctors of South Africa to excel clinically while practicing with compassion and care.

A challenge faced by medical students is reconciling theory with practical application, particularly regarding the ethics of disclosing bad news. Through observations made during my studies, I sought to interpret how health professionals (HP) apply their moral frameworks when delivering bad news.

Often there is inadequate time for HP to prepare patients and themselves for unfavourable results. In such situations, individuals tend to rely on their innate instincts. HP may therefore respond in a manner that reflects the moral theory to which they implicitly subscribe too. The two theories I commonly observed were Kantianism and moral sentimentalism.

Kantianism in practice

Kantianism proposes universal behaviours and objective duties that must be fulfilled regardless of the consequences.^[1] These duties include respecting patients' autonomy by ensuring they are fully informed. These duties must be upheld for all patients equally, irrespective of possible negative effects. An example of this would be informing a happily married patient that they are HIV positive so that they are fully informed and able to make autonomous decisions even if this would have negative implications on their marriage.

HPs who subscribe to Kantianism appear to follow a consistent checklist which remains constant. They inform the patient of the diagnosis, include statements of sympathy, outline the implications of the diagnosis and discuss the treatment plan. This method ensures that vital information a patient requires is communicated and does not cause harm. Kantianism prioritises informing patients so that they can make their own decisions, in line with the duty of autonomy, rather than focussing on comforting and shielding them from the news. However, this approach may be perceived

as 'mechanical' because of its rigid structure and formal nature. Although HPs can incorporate compassion into their approach while still upholding their duties, patients who have experienced several encounters with HPs delivering bad news in this structured manner may perceive expressions of sympathy as superficial. Additionally, the volume of information may be overwhelming, as patients are often still processing the diagnosis. While patients are well informed regarding their diagnosis, they may lack sufficient emotional support during this vulnerable time.

Moral sentimentalism in practice

Other HPs choose to address the patient's emotional state first and may even delay discussing the medical implications. This more empathy-based approach aligns with moral sentimentalism. This theory proposes all moral judgments should be influenced by an emotional basis rather than relying solely on rational principles or duties.^[2] This is practised through addressing patients' distress and offering as much comfort as possible to help them come to term with their diagnosis. From observation, HPs who adopt this approach tend to take more time when breaking bad news. They allow patients time to express their emotions and offer comfort. However, this may not be practical in an overburdened healthcare system where time is a scarce resource. These HPs may also avoid providing detailed information regarding the implications of diagnosis out of concern that it may overwhelm the patient. Instead, they may encourage patients to take time to process the news and return at a later date to discuss the specifics.

While moral sentimentalism can align with medical ethics, if HPs become too rooted in emotions in an effort to avoid distressing patients, they may inadvertently cause more harm despite their good intentions. This can result in ethical compromise as HPs become overly focused on reducing immediate distress at the expense of long-term individual and societal outcomes. As stated, HPs may delay critical discussion in an attempt to minimise distress. This may result in delays in treatment and also downplay the seriousness of the diagnosis and its potential impact on the patient's life. For patients who are in denial or are asymptomatic, this may allow them to avoid addressing the issue and or forego returning for treatment. I have observed, in the context of HIV screening, HPs tell 'white lies' (seemingly insignificant non-factual claims) to comfort patients. Patients must cope not only with the realisation of compromised health but also the possibility of a compromised relationship or spousal infidelity. In an attempt to reduce patients' distress, I have witnessed HPs attempt to rationalise alternative causes of HIV transmission, such as blood contact. In one instance, an HP suggested that a mosquito could have transmitted the virus, which is scientifically false. In the short term,

this approach may comfort patients. However, in the long term, if not used with caution, it may result in the spread of misinformation, prevent contacts from getting tested and downplay the urgency of treatment and the lifestyle implications associated with the diagnosis. Moreover, this may set a problematic precedent by justifying dishonesty in certain circumstances, yet there is no objective measure for determining which lie or situation might be acceptable. In such instances, empathy results in ethically problematic outcomes, even if it appears to benefit the patient in the short term.

Finding balance

Students may feel torn between duty and compassion. However, they should not view ethics and empathy as mutually exclusive. A dichotomy between Kantianism and moral sentimentalism is not necessary.

One can follow Kantianism while still displaying compassion and sympathy without compromising professional duties. Similarly, a moral sentimentalist may allow emotions to influence decisions but not let emotions control their decision at the expense of reason and long-term outcomes. Moderation must be practised and students should learn to adapt to the situation with an understanding of their professional duties while exercising emotional intelligence.

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