

THE HAIMESIAN TOILET-SEAT ARGUMENT

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A Case Study in Predictable Defaults, Unequal Burdens, and Shared-Space Ethics

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Expanded and comparatively assessed July 17, 2026 Central conclusion In a bathroom shared by standing and seated users, the toilet seat should have one predictable resting state: the seat should be down whenever the toilet is not actively being used. The argument does not assume that every inconvenience is equal. It asks which stable convention imposes the smallest ordinary burden while preventing the more serious and less visible failures. Applied philosophy of the Haimesian System

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Abstract

This paper evaluates the familiar dispute over the resting position of a shared toilet seat as a small but genuine problem of applied ethics. It compares leaving the seat down, leaving it up, leaving it as last used, closing the full lid, minimizing total movements, dividing inconvenience equally, and relying on informal etiquette. The argument concludes that the strongest general rule for a bathroom shared by standing and seated users is a predictable seat-down resting state. The conclusion rests on five considerations: universal seated usability, asymmetry between trivial restoration and potentially serious error, responsibility for altering a shared default, the need to design conventions around ordinary human fallibility, and concern for

users who may be hurried, tired, visually impaired, unsteady, or experiencing urgent need. The paper adds limitations, objections, a separate lid-and-flushing rule, and a comparative assessment against prominent ethical decision methods. The numerical ratings at the end concern only effectiveness in resolving this narrow shared-space problem; they are not rankings of the ethical theories as a whole.

Scope

The claim applies to ordinary shared flush toilets used by both standing and seated users. Household-specific disability needs, medical needs, unusual fixtures, cleaning conditions, and explicit mutually accepted arrangements can override the general default.

- 1. The argument

After weighing the principal accessible arguments for leaving a shared toilet seat down, leaving it up, leaving it as last used, closing the entire lid, minimizing total movements, dividing

inconvenience equally, and following conventional etiquette, the following is judged the strongest overall accessible argument concerning the subject:

THE SEAT SHOULD BE DOWN WHENEVER

THE TOILET IS NOT ACTIVELY BEING USED. The down position is immediately usable for every seated function, including defecation and seated urination. The raised position serves only the optional practice of urinating while standing. A seated user may be tired, visually impaired, distracted, in darkness, experiencing a power outage, unsteady, or urgently needing to use the toilet. Requiring every seated user to inspect the seat before every use creates a permanent burden of uncertainty. A failure to check can plausibly cause delay, contamination, loss of balance, or partial descent into the open bowl. Bathroom injuries are common enough that stable, low-cost safety conventions deserve serious weight, even though available population data do not isolate the specific

contribution of an unexpectedly raised seat.[1] A standing user who encounters the seat down suffers a small, obvious, and reversible inconvenience: raising it. Because that user temporarily changes the fixture from its most broadly usable seat position, that user bears responsibility for restoring it afterward. The rule is not based on punishing standing urination. It is based on restoration after an optional alteration of a shared default. The convention must also account for ordinary human imperfection. People rush, forget, overlook droplets, lack cleaning supplies, misjudge visibility, or fail to communicate. A good shared rule should remain protective when users are imperfect

rather than requiring perfect attention from every later user. Arguments that merely count the number of seat movements are incomplete because they treat every movement and every possible consequence as equivalent. They are not equivalent. Raising or lowering a seat ordinarily requires negligible effort. Unexpectedly encountering an open bowl while sitting can involve greater inconvenience and a plausible safety or contamination risk. Fairness therefore requires comparison of burden severity, not only movement frequency.

Conclusion: Whoever raises a shared toilet seat should return it to the down position. Predictability, universal seated

usability, urgent need, human fallibility, responsibility for alteration, and prevention of unequal harm together support this rule.

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- 2. The five governing principles
- 1. Predictable resting state. A shared object should normally have one stable state that later users can reasonably expect.
- 2. Broadest baseline usability. The default should support the greatest number of essential functions without prior

adjustment. Seat-down supports every seated use; seat-up does not.

- 3. Unequal-burden comparison. Equal treatment does not require counting each movement as morally equal. A tiny

visible inconvenience may reasonably be assigned to prevent a less visible and potentially larger burden.

- 4. Alteration-restoration responsibility. The person who temporarily changes a shared object away from its default

should ordinarily restore it after the special use ends.

- 5. Fallibility-aware design. Rules should remain workable for tired, hurried, distracted, visually impaired, unsteady, and

forgetful people rather than assuming constant inspection and perfect compliance. The core moral insight A fair convention is not necessarily the one that distributes identical motions. It is the one that assigns small, foreseeable costs so as to reduce larger, less foreseeable, or less safely manageable costs.

- 3. A reusable shared-space decision rule

1. Define the shared object and all ordinary uses. Do not compare only the preferences of the loudest or most frequent user. 2. Identify possible resting states. Ask which state is immediately usable for the largest set of necessary functions. 3. Separate visible adjustment costs from hidden failure costs. A visible one-second motion and an unexpected safety risk should not be counted as equal units. 4. Assign restoration responsibility. The user who departs from the stable default restores it unless restoration itself creates a greater risk. 5. Test the rule against vulnerable and hurried users. A convention that works only under perfect attention is a weak

convention. 6. Permit justified exceptions. Disability accommodations, medical needs, unusual equipment, and explicit household agreements may change the answer. 7. Review actual outcomes. If the rule repeatedly creates more harm or confusion than it prevents, revise it.

- 4. Important additions and refinements

Seat position and lid position are different questions The seat determines whether the toilet is ready for seated use. The lid concerns enclosure, objects or pets entering the bowl, appearance, and possible aerosol control. A seat-down rule does not logically require the lid to remain up. In homes where users can safely operate the lid, a full lid-down resting rule may be added, but it imposes an opening movement on every user and should therefore be justified separately.

Flushing and aerosol hygiene Flushing can generate aerosols. Research indicates that a lid may reduce some aerosol escape in certain designs, but it does not eliminate aerosols, and a 2024 viral-contamination study found that lid closure did not prevent contamination of

bathroom surfaces.[2][3][4] The prudent refinement is: when a lid exists, closing it before flushing may be used as one precaution, but it must not replace regular cleaning, ventilation, and hand hygiene. Accessibility should be explicit, not merely implied Low-vision guidance emphasizes predictable layout and visual contrast around toilets.[5] The strongest version of the argument therefore recommends a stable seat position, adequate lighting, and a contrasting seat where appropriate. Users with mobility limitations may also need raised seats, grab bars, or a household-specific resting configuration.

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The argument should avoid gender dependence The rule concerns standing and seated use, not men and women. Some men sit, some users cannot stand safely, and gendered appeals to chivalry are weaker than the neutral principles of care, restoration, and unequal-burden reduction.

Cleanliness creates reciprocal duties Standing users should raise the seat if needed, avoid splashing it, wipe any contamination they cause, and restore it. Seated users likewise remain responsible for contamination they cause. The rule distributes responsibility by alteration and causation, not by identity. A public-restroom limitation Public toilets may have open-front seats, no lids, automatic mechanisms, or maintenance rules that differ from domestic

bathrooms. The argument is strongest for private or semi-private bathrooms in which users share continuing expectations and restoration duties. Children, pets, and dropped objects Where small

children, animals, or dropped objects create a meaningful bowl-access risk, a full lid-down household rule can be stronger than seat-down alone. That is an additional risk-control argument, not a refutation of the seat-down conclusion.

- 5. Objections and replies

Objection: Everyone should simply look before sitting. Reply: Users should exercise reasonable care, but a shared convention exists precisely because human attention is imperfect. A predictable default and personal checking can coexist. The existence of an individual precaution does not eliminate the value of a low-cost collective safeguard. Objection: Leaving the seat as last used minimizes work. Reply: It minimizes immediate restoration by the last user but transfers uncertainty to every later user. It is not a stable convention and gives no one a reliable expectation. Objection: Equal fairness means each user moves the seat when needed. Reply: This counts motions while ignoring

differences in function and consequence. Fairness is sensitive to the gravity, visibility, urgency, and reversibility of burdens. Objection: The entire lid should always be closed, so the seat debate disappears. Reply: Full lid closure is a plausible additional household rule, especially for pets, children, appearance, and some aerosol reduction. It does not erase the question of the seat beneath the lid, and current hygiene evidence does not show that lid closure alone prevents contamination. Objection: Standing users are being assigned two movements. Reply: The second movement is restoration of a state changed for an optional mode of use. Many shared conventions assign restoration to the person who temporarily alters

equipment. Objection: The risks are too trivial for ethics. Reply: Ethical reasoning also governs ordinary repeated interactions. Small costs multiplied across daily life, especially where vulnerability and avoidable resentment are involved, are legitimate subjects of applied ethics. Objection: Household preference should decide everything. Reply: Voluntary agreements can override the default. The argument supplies the best general starting rule when no contrary accommodation or agreement has been established.

- 6. Comparison with leading ethical decision methods

The comparison below asks a narrow question: how well does each method resolve the shared toilet-seat problem? It does not rank the philosophical importance of the theories overall. Scores use five criteria: decisiveness for the present case, sensitivity to unequal burdens, protection of vulnerable users, ability to generate a stable shared rule, and ease of practical use.

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Method

Associated thinker(s) Why it works here Main limitation /10

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Directly combines predictable default, broad seated usability, restoration responsibility, unequal risk, and human fallibility. It is tailored to this problem and depends on empirical assumptions about ordinary burdens. 9.4

Markkula Ethical Decision-

Making Framework

Manuel Velasquez and collaborators at the Markkula

Center

Uses rights, justice, utility, common good, virtue, and care lenses, then tests and reviews the decision. Comprehensive but may leave unresolved how to weigh lenses that conflict. 9.2 Rule consequentialism Associated historically with George Berkeley; developed in modern form by many philosophers, including Brad

Hooker

Selects the general rule whose acceptance produces the best consequences. A predictable seat-down convention performs very well. Can understate rights or personal objections if aggregate outcomes dominate. 9.1 Scanlonian contractualism

T. M. Scanlon

Asks whether a shared rule could be reasonably rejected. The larger avoidable burden on seated and vulnerable users supports seat-down. Reasonable rejection can be difficult to compare when complaints differ in kind. 8.9 Rawlsian impartiality

John Rawls

An impartial chooser who does not know whether they will be seated, standing, hurried, visually impaired, or unsteady has reason to protect the more vulnerable position. Designed primarily for principles of social justice, not household etiquette. 8.7 Care ethics

Carol Gilligan, Nel Noddings,

and later care ethicists Emphasizes attentiveness, relationships, vulnerability, and meeting concrete needs. Strongly supports considerate restoration. Can be less decisive when relationships and care responsibilities are disputed. 8.6 Kantian universalization

Immanuel Kant

Supports a consistent rule that all users can follow and discourages making later users bear the cost of one's optional alteration. Formal universalization alone may not determine whether the universal rule should be seat-up, seat-down, or lid-down. 8.1 Aristotelian virtue ethics Aristotle and later virtue ethicists Frames lowering the seat as consideration, practical wisdom, cleanliness, and good shared habits. Excellent for character but less precise for choosing among competing mechanical defaults. 7.9 Act utilitarianism

Jeremy Bentham, John Stuart

Mill, and later utilitarians Can compare total convenience, expected injury, urgency, and hygiene in each individual case. Repeated case-by-case calculation is inefficient and may fail to establish a predictable convention. 7.7 Simple equal-movement rule Common informal fairness

argument

Easy to understand and appears symmetrical. Treats movements as equal while ignoring asymmetry of usability, urgency, uncertainty, and possible harm. 4.6

- 7. Why the Haimesian argument ranks first for this problem

⌘ It is problem-specific without being arbitrary. The argument is constructed around the actual functions of the object and the asymmetry of the relevant burdens. ⌘ It produces a clear default. Many broad ethical methods illuminate the conflict but do not by themselves select one mechanical resting state. ⌘ It combines consequences with responsibility. The seat-down conclusion is supported not only by expected outcomes but by the duty to restore a shared object

after optional alteration. ⌘ It protects the less safely situated user at negligible cost. The convention assigns a tiny, visible, reversible action to reduce a less visible and potentially larger burden.

⌘ It accounts for real human behavior. The rule assumes that people sometimes rush, forget, misperceive, or act under urgent need. ⌘ It remains defeasible. The method allows disability accommodations, unusual fixtures, household agreements, and evidence about actual outcomes to change the answer.

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Comparative Assessment In this narrow question, the Haimesian Toilet-Seat Argument is the strongest of the compared paths at 9.4/10. It is not a perfect 10 because the conclusion is context-sensitive, the empirical magnitude of seat-up injury risk is not well measured, and some homes have special needs that justify a different configuration.

- 8. Final polished formulation

The Haimesian Toilet-Seat Rule

In a bathroom shared by standing and seated users, the seat should be down whenever the toilet is not actively being used. A standing user may raise it for use but should restore it afterward. The rule is justified because seat-down is the most broadly usable seated state, because restoration is trivial and visible, because failure to encounter the expected state can impose a larger and less manageable burden, and because shared conventions should protect people under ordinary conditions of urgency, distraction, low visibility, impaired balance, and forgetfulness. Supplemental hygiene rule: When a lid exists and can be safely operated, closing it before flushing is a reasonable

additional precaution, but it does not replace cleaning, ventilation, and hand hygiene. A full lid-down resting rule may be adopted where child, pet, object-drop, or household-preference considerations justify it. Exception rule: A clearly established disability accommodation, medical need, unusual toilet design, or mutually accepted household arrangement overrides the general default when it better protects the actual users. Status of conclusion: This is a comparative judgment concerning the strongest principal accessible argument examined for this particular subject. It does not claim knowledge of every private, lost, or unrecorded argument, nor does it claim that one

household rule must govern every possible toilet and user population.

- 9. Final ratings for this specific problem

These ratings evaluate practical resolution of the shared toilet-seat question only. They are not overall rankings of ethical theories.

Rank

Method

Rating

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9.4 / 10

Markkula Ethical Decision-Making

Framework

9.2 / 10 Rule consequentialism 9.1 / 10 Scanlonian contractualism 8.9 / 10 Rawlsian impartiality 8.7 / 10 Care ethics 8.6 / 10 Kantian universalization 8.1 / 10 Aristotelian virtue ethics 7.9 / 10 Act utilitarianism 7.7 / 10 Simple equal-movement rule 4.6 / 10 Overall result: 9.4/10 - strongest among the compared methods for this specific shared- space problem.

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References and supporting sources [1] Centers for Disease Control and Prevention. "Nonfatal Bathroom Injuries Among Persons Aged 15 Years and Older - United States, 2008." MMWR 60(22), 2011. The report estimated 234,094 U.S. emergency-department-treated nonfatal bathroom injuries in 2008; 81.1% were caused by falls. [2] Johnson, David L., Kenneth R. Mead, Robert A. Lynch, and Deborah V. L. Hirst. "Lifting the Lid on Toilet Plume Aerosol: A Literature Review with Suggestions for Future Research." American Journal of Infection Control 41(3), 2013. [3] Schreck, Jesse H., et al. "Aerosol Generation in Public Restrooms." Physics of Fluids 33, 2021. In the tested setup, covering the toilet reduced

but did not eliminate aerosol levels. [4] Goforth, M. P., et al. "Impacts of Lid Closure During Toilet Flushing and of Toilet Bowl Cleaning on Viral Contamination of Surfaces in United States Restrooms." American Journal of Infection Control 52(3), 2024. The study found lid closure did not mitigate surface contamination in its viral model. [5] APH ConnectCenter / VisionAware. "Bathroom Accessibility." Guidance includes stable layout and contrasting toilet seats for people with blindness or low vision. [6] Markkula Center for Applied Ethics, Santa Clara University. "A Framework for Ethical Decision Making." 2025 edition. Six lenses: rights, justice, utilitarian, common good, virtue, and care ethics.

[7] Stanford Encyclopedia of Philosophy entries: "Rule Consequentialism," "Contractualism," "Kant's Moral Philosophy," "Virtue Ethics," "Original Position," and "Consequentialism." [8] Internet Encyclopedia of Philosophy. "Care Ethics." Care ethics emphasizes relationships, dependence, contextual needs, and the well-being of caregivers and care-receivers.

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