

**Renée C. Fox and Judith P. Swazey**

*Observing Bioethics.*

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As the title indicates, this is a book *about* bioethics, and not a book of bioethics. It is written by two social scientists who have been involved in committees and meetings about bioethics for decades. I would say ‘since its inception’, but what its inception was, or when it had its inception, are two questions that the book addresses. This is an insiders’ account which not only draws on numerous publications, but also the ephemera of conference programs, notes of talks by speakers, advertisements for celebrations, and recollections of participants (including the authors themselves). While this wealth and breadth of information is valuable, it has defied the authors’ attempts at systematization at this stage. Still, this is a book that future historians of bioethics will be glad was written.

But Fox and Swazey have purposes other than purely historical. They also want to advocate for the role of the social sciences in bioethics, question the predominance of analytic philosophy in bioethics, and broaden the concerns of bioethics from narrowly medical issues to include more broadly social issues. It is these larger purposes that make the book interesting to philosophers.

To begin with, we should be thankful for the authors’ attempts to address these larger issues. Whether or not they are addressed in ways that will ultimately satisfy philosophers, it is a good thing that they are addressed at all. Fox and Swazey certainly try to present issues in a constructive way, intended to advance work in the field of bioethics. And they speak from a well-informed point of view. Nevertheless, philosophers will likely not be satisfied with the discussions. Among the many issues raised, I will focus on five: interdisciplinarity, the descriptive/normative distinction, principles, distributive justice, and culture wars.

1. Interdisciplinarity. While philosophers might wish to lay claim to the field of bioethics as a subfield of ethics, this is not how it is seen by many non-philosophers. In fact, early discussions of issues in biomedical ethics first drew together mainly doctors and theologians. It was only somewhat later that philosophers, lawyers and social scientists joined the discussions. The difficulty of incorporating religious perspectives into public discourse that respects the separation of church and state has led to philosophers trying to secularize religious principles making them more open to rational discussion (294). Yet this leaves some religious believers feeling discounted. The difficulties here and elsewhere have led one philosophical ethicist to warn of the ‘tenuous interdisciplinarity’ of bioethics (175). While a number of disciplines certainly address

issues concerning decision-making about medical care, it remains an open question whether they are all talking about the same thing in different ways, or if they are talking about different things while using superficially similar language. Philosophers often worry that normative and descriptive uses of language are not carefully enough distinguished by those in other disciplines.

2. The Descriptive/Normative Distinction. Philosophers see bioethics as a fundamentally normative enterprise—(how to think about) what should be done in specific situations that we consider ‘medical’. Fox and Swazey want bioethics to be sensitive to context, relationships, feelings and emotions. Philosophers do not propose to ignore these factors, but do not see them as determinative of right decisions. They are certainly relevant to how decisions are often made—but they do not of themselves make any particular decision right or wrong. Failure to recognize this fact is a problem, the most obvious example of which arises when people emphasize, by way of moral legitimization or justification, how members of different societies often adhere to different moral values. Philosophers can recognize this as a matter of factual difference—it is an example of what they call ‘cultural relativism’—but they do so without granting it any moral legitimacy, i.e. without lapsing into ‘moral relativism.’ The question is how to appreciate social factors without automatically giving them normative force. Fox and Swazey admit the need to be critical of local practices in some cases (277), but they offer no tools for such criticism beyond the standard philosophical ones.

3. Principles. The authors note that philosophers are very enamored of *principles* when it comes to ethics. They focus on three principles that derive from the 1978 Belmont Report (135ff), and are elaborated in various editions of Beauchamp and Childress’s *Principles of Biomedical Ethics*: Respect for persons, Beneficence, and Justice; to which was later added Nonmaleficence. Many philosophers would wonder how one could even question the importance of principles. Principles simply embody a sort of consistency that requires that similar situations be treated similarly, and an associated rationality that offers reasons for decisions. It is hard to imagine anyone resisting that. Resistance to principles seems to center around the thought that one should not ignore the particularity of the situation in question. But this supposes that principles are necessarily (overly) simplistic principles—say, stateable in five words or less. Principles needn’t be simple. For example, if one were to try to articulate a principle that embodied the circumstances in which killing would be morally permissible, the principle would likely need to take account of circumstances of self-defense, intent, and nature of the entity that is killed. It is impossible to imagine a plausible such principle being stateable in any simple way, but it surely does not follow that such matters cannot be approached in a principled fashion.

4. Distributive Justice. Although Justice is listed as one of the fundamental principles of bioethics, Fox and Swazey hold that too little attention is paid to the issue of who gets health care, and which kinds of medical issues are addressed by the health

care system (185ff). This is attributed to a purported individualistic bias in philosophy, at the expense of a broader social perspective. This is an important concern. It is doubtless true that in the development of bioethics attention was paid initially and largely to issues surrounding the doctor-patient relationship, and decisions made by individual patients—about choice of treatment, legitimacy of abortion or euthanasia, etc. In these cases the context that was specific to medical decision-making seemed quite relevant to the ethics of decision-making. The worry is that these issues became the focus of concern, at the cost of concern for availability of health care. There is some truth to this, though it must be recalled that one of the basic Belmont principles of bioethics is justice. Surprisingly, Peter Singer is only once mentioned in this book, yet he is perhaps most responsible for publicizing the kind of distributional justice issues at stake, by arguing that personal ethics really involves social responsibility. Fox and Swazey do acknowledge the work of Norman Daniels, Allen Buchanan, and Daniel Brock (186) as raising and examining these distributional issues. In fact, their work do so from a more structural perspective than Singer. But as one moves away from individual decision-making to social structures, the specifics of medical practice probably become less relevant. Thus it may be that normative thinking about health care distribution becomes rather similar to normative thinking about economic distribution generally, so that it is more another instance of distributional justice than a matter of bioethics as such.

5. Culture Wars. Work in bioethics has become increasingly polarized between liberal and conservative ideologies (286ff). Apparently much of the impetus for early bioethics came from people who participated in earlier liberal social movements. Thus, there may have been a tendency for bioethicists to be liberal. With the so-called ‘moral majority’ movement of the 1980s there was an increasing interest in bioethical issues among conservatives. Now it is unclear how to adjudicate these differences. The authors, in an afterword, compare this conflictual situation in bioethics, with the much more constructive ‘Doctors without Borders’ organization, which deals with some similar issues (329). This, I believe, is a very misleading comparison to make. Bioethics is a field of study which, though it may well have application to medical decision-making, is not designed to facilitate medical decision-making. In this respect bioethics is like ‘theology’, a conflicted field of study that has application to religious practice, but is not designed to facilitate religious practice. Doctors without Borders, on the other hand, is an organization designed to provide medical care. Likely it is not rent by conflict because it focuses its attention on those issues about which it is easy to make common cause. There are so many unmet medical needs that there is no need to get bogged down in cases where there might be genuine conflict, such as whether or when to pull the plug, or what share of resources should be devoted to treatment of medical conditions that could be self-inflicted, such as obesity or lung cancer. In this respect it is like a successful church that attracts relatively like-minded members and looks for activities that unite rather than divide members. It makes as little sense to ‘compare’ bioethics to Doctors without Borders as it does to compare theology to a successful church. These are different types of things altogether, not readily comparable.

In general, while the authors criticize (philosophical) bioethics for its (excessive) analytic, universalistic, absolutistic, and individualistic orientations, it seems more likely that the problems come from a perceived dogmatism, lack of humility, and insensitivity to social circumstances in bioethical deliberations by philosophers. These are attitudes worth monitoring or correcting, but not defects in the philosophical approach per se. In sum, if you are a philosopher doing or considering interdisciplinary work in bioethics, this is an interesting book to read for its non-philosophical perspectives. It does a good job of setting out some of the kinds of issues that (will) come up. Philosophers are (in)famous for drawing lots of distinctions. This book shows why that is necessary, and what can happen when they are not drawn carefully. But this book is also a valuable history of the study and practice of bioethics.

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