



Bioethics Should Not Seek to Reflect Public Opinion

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and address the problem of privilege, and diagnosing the problem correctly is an essential first step if we are to find effective remedies.

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Bioethics Should Not Seek to Reflect Public Opinion

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Pierson and colleagues' (2024) *Views in Bioethics Survey* finds that half of American bioethicists, and half of the American public, think it ethically permissible for clinicians to assist in patient-initiated death. The survey also finds that both experts and the public differ sharply on other issues. Most bioethicists oppose payment for organs, whereas half the public supports it. While

bioethicists generally advocate for preventing death regardless of age, the public favors prioritizing younger patients for ventilators or vaccines. Two-thirds of bioethicists support treating a 14-year-old for opioid use disorder without parental consent, whereas a majority of the public support confidentiality for general healthcare. The public is less supportive of drug and

alcohol counseling and inpatient treatment. While bioethicists overwhelmingly find abortion ethically permissible—and regard personhood as commencing at viability or after—only 7% of the public says abortion is always morally acceptable. 24% finds it morally acceptable in most cases.

According to Pierson et al. (2024), the misalignment between expert and popular opinion in bioethics is socially detrimental for many reasons. Bioethicists have no monopoly on truth and can gain needed normative insights from public surveys (even as integrating these into policy would be challenging). Surveys can gauge the acceptability of proposed policies and influence public opinion. To avoid appearing out of touch, bioethicists need to be aware of the gap between their views and those of the public. The field of bioethics should strive for greater equity, diversity, and inclusion, a goal furthered by aligning the field with public opinion. An unrepresentative bioethics community risks perpetuating unfavorable institutional structures.

Alignment of expert views and public sentiment surely contributes to popular trust, to enhanced communication, and to democratic legitimacy for public policies influenced by bioethics (Gregg 2022a). But bioethics that bends itself to public opinion for the sake of public trust is poor bioethics. Alignment is desirable only when it involves public opinion that has been substantially improved through exposure to scientific knowledge, ethical thinking, expert opinion, competing arguments among experts, and vigorous discussion with experts and among lay persons. Otherwise, divergence between expert and public opinion is preferable, especially where it allows for more informed, unbiased, and progressive approaches to ethical issues in medicine and public health.

Indeed, bioethics should never bedevil divergence as such. Divergence is an expectable feature of the social landscape because core traits of bioethical thinking often are unlikely to generate viewpoint-alignment between bioethicists and the public, for four reasons. First, bioethicists have specialized training and expertise in ethical theory, medical ethics, and philosophical analysis. Such training enables well-informed and nuanced perspectives that go beyond common public understanding. Many ethical issues in bioethics are complex and require a sophisticated grasp of both philosophical principles and medical facts. Much of the public is unlikely to possess such an understanding. Second, bioethicists can approach ethical questions more objectively than can the untutored public. They can be freer from the emotional and sometimes irrational biases that all too

often influence public opinion. Third, bioethicists base their recommendations on research and empirical data. In so doing, they help ensure that policies and practices are grounded in evidence rather than on anecdotal beliefs, let alone misinformation. They also consider long-term implications and broader societal impacts, whereas public opinion too often focuses on short-term outcomes. Fourth, bioethicists are trained to balance competing interests and values, such as autonomy, beneficence, non-maleficence, and justice. Whereas balancing may contribute to resolving some ethical dilemmas in healthcare and research, public opinion is frequently unbalanced.

Bioethicists may advocate for progressive stances on such contentious issues as reproductive rights, end-of-life care, and organ donation. They may nudge societal norms and policies toward more ethical and humane practices. They need to do so precisely because of misalignment between expert and popular opinion on bioethical issues. By nudging, they may reduce somewhat this misalignment.

And they may do so despite the fears Pierson et al. (2024) harbor about bioethical positions that diverge from popular viewpoints. Divergence need not erode popular trust in bioethicists' expertise and recommendations. It need not lead to popular opposition to implementing those recommendations, or to increased polarization on ethical issues (Gregg 2024). Many people grasp that bioethicists' recommendations are grounded in extensive research, carefully developed ethical theory, and practical experience. Trust may then be possible despite divergence of expert conviction and popular opinion.

Further, policies and recommendations often are implemented gradually. And they may include the kind of public input that emerges from public processes designed to enhance the rational quality of popular opinion by informing it through scientific knowledge and considered, ethical thinking. Gradualism and inclusion allow for popular adjustment and acceptance over time, or at least for reducing strong opposition and polarization. Finally, the public can easily appreciate that disagreement is a normal part of public discourse. With the effort and good will of participants, disagreement can be constructive; it need not engender distrust or polarization.

To be sure, public policy needs public support to be sustainable and effective (Gregg 2023). Public support may be fostered through effective communication and public education by bioethicists; by evidence and good arguments in support of expert viewpoints; and by policies that follow from them (Gregg 2022b). The

abiding desirability of broad public engagement conditions my argument in three ways.

First, the public is always a possible resource for experts: to identify gaps in public knowledge; to test public knowledge against expert expectations; to address identified deficiencies through educational initiatives. But concerns about the public being underinformed or misinformed, while legitimate, may undermine this potential. The goal of protecting scientific integrity from misinformation, and of enhancing public understanding of scientific and technological matters, makes public input secondary to expert knowledge in decision-making processes. (It also encourages educating the public and correcting misconceptions.) But making public input secondary need not exclude the public from debates—and sometimes from some level of participation in decision-making processes. By deferring to experts, policymakers give precedence to scientific and ethical expertise. They avoid epistemically weaker scientific, technological, and moral decisions in favor of stronger ones.

Second, privileging expert over lay perspectives does not negate the grounds for public inclusion. Consider three: (a) Public inclusion promotes fair consideration of diverse viewpoints, enriching the argumentative process and institutional self-reflection. Interactive, participatory inclusion is guided by the consequentialist idea that those persons affected by a policy should be consulted and their preferences considered. It is guided also by the conviction that public norms are legitimate only if able to win the rational consent of all affected persons, at least in principle. (b) In some cases, experts can learn from the public. Public engagement may help experts understand what the public knows, not only toward improving public educational strategies, but equally in the sense of non-scientific expertise. For example, diverse public perspectives can offer insights that experts may miss, in this way enhancing decision-making with experiential knowledge and a broader understanding of impacts. Further, experts may lack a complete understanding of the diverse experiences and perspectives of public groups. And experts must not neglect public values and norms in ethical decision-making; they need to consider lay moralities. Finally, public involvement may sometimes transform subjective reasoning into an inter-subjective process that encourages decisions based on rational agreement and on careful consideration of affected persons' views. (c) Public understanding and participation are necessary for ethical discourse that is democratic and inclusive. Including previously excluded voices and perspectives may facilitate comprehensive assessments of scientific issues.

Specifically deliberative forms of public engagement foster reason-giving, inclusion, and consideration of opposing viewpoints. These forms support democratic aspirations in the public sphere of bioethics.

Third, achieving public engagement is always challenging. The public is composed of varied groups with different values, risk perceptions, and socioeconomic circumstances. Such diversity makes uniform public discourse challenging. While fair discourse needs direct representation of marginalized voices, because experts may not understand the specific experiences and concerns of these groups, direct representation is difficult along several dimensions. For example, group dynamics and participant traits affect discussion outcomes. Demographic, cognitive, or personality differences can lead to some individuals or groups dominating public engagement. Further, not everyone embraces goals like mutual learning, knowledge integration, or just and democratic principles. And the most ignorant individuals tend to be the least concerned. Finally, increased knowledge may sometimes lead to increased distrust, particularly in controversial fields like biotechnology. Increased understanding may sometimes heighten skepticism of expert perspectives.

Despite these challenges, effective bioethics need not reflect public opinion to maintain scientific and ethical integrity while enhancing public trust and engagement. It does so by educating the public and sometimes incorporating some carefully vetted public input into expert analysis, toward policy both democratically legitimate and capable of wide acceptance.

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Does It Matter That Surveyed Bioethicists Are Not Similar to Patients in Clinical Ethics Consultations

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This important, rigorous, and thoughtful study surveyed U.S. bioethicists (Pierson et al. 2024). One concern is that the respondents are not representative of many bioethicists who carry out clinical ethics consultations in hospitals. Nor are they representative of many minority patients for whom ethics consultations are frequently requested. The dissimilarities lead to missed opportunities to improve clinical ethics consultations. Second, while many respondents had nuanced rather than extreme views on several controversial bioethics issues, the eligibility criteria likely led to an underestimation of more extreme views. Because of this underestimate, bioethicists and policy makers may fail to engage with views that drive opposition to their recommendations.

HOW REPRESENTATIVE OF BIOETHICISTS WERE THE STUDY PARTICIPANTS?

As the authors carefully point out, few study respondents were non-White, from disadvantaged backgrounds, conservative, very religious, or non-binary. They are thus not representative of the U.S. population and of many patients who are discussed in clinical ethics consultations. In a large national study, non-Whites were 51.3% of the patients for whom ethics consultations were requested (Butler et al. 2020). The respondents are also not representative of U.S. bioethicists doing clinical ethics consultations. 1749 Bioethicists met the eligibility criteria for this

study—only a small percentage of the 27,000 clinical ethics consultants in U.S. hospitals (Fox et al. 2022).

The bioethicists eligible for this study are important because they carry out research that strengthens bioethics discussion in clinical care, research, public health, and public policy. However, other bioethicists who do not do research spend greater than 20% effort in bioethics as clinical ethics consultants, teachers, pastoral caregivers, and policy makers. For example, they may work for a large health care system or at a college, university, hospital, or house of worship affiliated with a Catholic, fundamentalist Christian, Jewish, or Muslim faith tradition. These bioethicists would not meet the inclusion criteria for the study if they had not presented at an ASBH annual meeting and were not affiliated with a bioethics training program on the ABPD Graduate Bioethics Programs Database. The exclusion of such bioethics practitioners may result in underestimates of certain views, such as strong opposition to abortion, selection of embryos, and medical aid in dying.

What Are the Empirical and Normative Implications of This Under-Representation?

Caution about extrapolating the findings of this study is particularly important regarding clinical ethics consultations. Ethical dilemmas commonly occur when patients are hospitalized with serious or critical illness. About 25% of patients in ICUs die because