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CORRESPONDENCE

Bioethicists Tomorrow: Identity, Inclusiveness, and Future Directions

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INTRODUCTION

Our survey of U.S. bioethicists (Pierson et al. 2024) sparked robust discussion within the bioethics community, and we thank the many commentators. Looking across the commentaries, two areas in particular merit further reflection: Who is a bioethicist? And how should bioethics change?

Improving the field of bioethics will require answering these questions and engaging directly with the tensions and trade-offs those answers may entail. Such efforts should be guided by further normative and empirical research.

Who Is a Bioethicist? Four Roles

The commentaries reveal at least four roles professional bioethicists might occupy:

- *Researchers*: seek answers to normative and empirical bioethics questions.
- *Pedagogues*: engage with students and teach bioethics.
- *Consultants*: provide institutions, patients, and society with bioethics consultation services.
- *Advocates and activists*: aim to influence bioethics-related norms, policies, and behaviors.

Each role has a different goal. For researchers: truth. For pedagogues: learning. For consultants: fulfillment of fiduciary duty. For advocates: justice. Most bioethicists occupy more than one of these roles.

Designing a survey of bioethicists—and, specifically, deciding who to sample—requires both drawing more or less restrictive boundaries and prioritizing some roles over others. Defining the field too narrowly risks excluding the perspectives of some bioethicists (“false negatives”), whereas defining the field too broadly risks including the perspectives of non-bioethicists

(“false positives”). As described in our target article (Pierson et al. 2024), our recruitment strategy emphasized bioethicists as researchers and pedagogues who spent at least 20% of their time engaged in bioethics activities. Some commentators suggest drawing more or less restrictive boundaries. Fox and Wasserman (2024), for instance, recommend the exclusion of “graduate students” (who are often pedagogues and/or researchers) and would set a threshold higher than 20% for time spent on bioethics. Ironically, excluding graduate students would suggest that our first author and a majority of coauthors, who spearheaded devising and executing the study that has sparked such robust debate, were not in fact “bioethicists”—a conclusion we resist. Schonfeld (2024), conversely, would set a lower threshold for time spent on bioethics. Commentators also emphasize prioritizing other roles. Lo lamented that our “respondents are ... not representative of U.S. bioethicists doing clinical ethics consultations” (2024). Others wished for more inclusion of advocates and activists (Caplan 2024). Ultimately, disagreement about what we should have done differently underscores that there is no singular definition of a “bioethicist” and thus no “best” method for surveying the field. We welcome further research emphasizing the variety of roles bioethicists occupy.

Different recruitment strategies present inevitable methodological and normative trade-offs. Lo (2024), for instance, suggests that future work include a “broader range of persons working in bioethics, including persons from disadvantaged, vulnerable groups that experience discrimination and racism in health care, as well as persons who are very religious.” But because bioethics at present unjustly underrepresents some disadvantaged populations, correcting for this underrepresentation risks depicting bioethics as it *should be* rather than as it *is*.

Commenters’ observations also highlight the need for systematic empirical work to test conjectures drawn

from lived experience. For instance, Caplan (2024) states that he “did not need a survey” to know that American academic bioethicists are overwhelmingly male. Our empirical survey did not support this claim and provided good reason to reject it. Factual claims about bioethicists must be based on data, not intuition.

How Should Bioethics Change? Four Faces of Inclusiveness

Many commentators call for a more inclusive, diverse, equitable, or representative bioethics (Lo 2024; Tuohy et al. 2024; Caplan 2024; Gregg 2024; Metselaar, Inguaggiato, and Racine 2024; Liang et al. 2024; Ravitsky et al. 2024; Lee 2024; Schonfeld 2024; Ray et al. 2024). These commentaries reveal four faces of inclusiveness:

- *Demographic inclusiveness*: including individuals with different personal characteristics.
- *Viewpoint inclusiveness*: including individuals with diverse perspectives on bioethical questions.
- *Methodological inclusiveness*: including a diversity of research methodologies.
- *Topical inclusiveness*: including individuals who work on a variety of bioethical issues.

The case supporting demographic inclusiveness is overwhelming. Structural racism and other forms of discrimination should not limit access to bioethics education, nor should economic disadvantage. The Hastings Center’s Sadler Scholars and Summer Bioethics Program initiatives (Ravitsky et al. 2024) are promising efforts grounded in empirical research. Legal constraints, however, counsel moving such initiatives beyond race-based selection, following the model of Health Affairs’ similar award (Persad [forthcoming](#)).

Addressing economic inequities in access will require costly programs to fulfill their ethical obligations to investigate and report the financial implications of participation. For example, given that the debt associated with master’s degrees has nearly doubled in the last two decades (Hanson 2024), master of bioethics programs should report to prospective students the median debt burden associated with their degrees, an unbiased summary of students’ job prospects after graduating, and the median return on investment of the degree. Such efforts are particularly pressing given evidence that higher debt burden is associated with students opting into less socially valuable careers (Rothstein and Rouse 2011). Programs have an especially strong obligation to achieve financial transparency when recruiting low-income students, for whom the risks of taking out significant student loans may be more pronounced. Increasing undergraduate,

community college, and precollege students’ exposure to bioethics could help enhance access to bioethics and give learners an earlier understanding of whether advanced study in bioethics is the right fit. Open access to bioethics scholarship (Caplan 2024) could also help remediate economic inequities in access.

Seeking inclusiveness, particularly of viewpoints, can present thorny trade-offs. Consider two types of inclusiveness highlighted by commenters: inclusion of religious voices (Lo 2024; Caplan 2024) and inclusion of voices from lower and middle-income nations (Caplan 2024; Ravitsky et al. 2024; Lee 2024). These groups often overlap, as lower and middle-income nations exhibit higher religiosity (Pew Research Center 2018). But including some such voices stands in tension with including others. For instance, 80% of Indonesian respondents to a recent, high-quality survey believe abortion should “be illegal in all or most cases,” and more than 90% rejected same-sex relationships (Pew Research Center 2020, 2023). There is also a strong relationship between religiosity and views on abortion and same-sex marriage. Including geographically or religiously diverse populations in bioethics would doubtlessly enhance viewpoint diversity within the field. Yet doing so could also increase the prevalence of views—like opposition to abortion or gay marriage—that other bioethicists might find ill-informed or even personally exclusionary. Underspecified calls for bioethics to “prioritize inclusivity, representation, justice, and fairness at every level, from curriculum to funding to policy engagement” (Tuohy et al. 2024) cannot resolve these and other inevitable tensions among groups with legitimate claims of marginalization. Merely extolling inclusivity provides inadequate guidance, as underscored by recent debates over whether conferencing in Qatar appropriately helps “dismantle structural injustices facing bioethicists” in the Global South (Jecker et al. 2024), or unjustly excludes LGBTQ+ attendees (Ozisk, Dellgren, and Emanuel 2024; Klugman 2024).

Liang et al. (2024) approach inclusivity with more awareness of trade-offs, asserting that any “call for greater representation of those holding conservative political perspectives in the bioethics profession misses the mark; it ignores the explicit calls to action for the field to include those from equity-seeking groups and is not grounded in EDI [equity, diversity, and inclusion] principles.” While clearly stated, this is badly justified. The authors offer no definition of equity and thus no reason to exclude conservatives as “equity-seeking groups.” They also leave “conservative” underspecified, a limitation shared with our survey and with other commentaries. We doubt, for instance, the Ray et al.

(2024) assertion that opposing payment for organs is “conservative” (see Krawiec and Roth 2024).

In our view, trade-offs involving viewpoint inclusiveness should prompt normative and empirical inquiry. First, while the field of bioethics should aspire to greater diversity along many axes—an aspiration that often presents no meaningful trade-offs—when trade-offs do arise, bioethicists must determine which kinds of inclusion to prioritize and why. Second, bioethicists and others can do valuable empirical work to assess the effects of various forms of inclusion. For instance, empirical study could seek to assess whether and how voices associated with political conservatism (e.g., religious bioethicists who oppose same-sex relationships) can be included in ways that *advance* equity for all, including LGBTQ+ persons, in the long run by finding common ground or enabling rational persuasion (Allen 2023). By contrast, intentionally or foreseeably excluding “conservative” voices may promote near-term comfort for some but risks the creation of “new taboos” (Metselaar, Inguaggiato, and Racine 2024) that lead to suboptimal bioethics research, training, and advocacy. More generally, equity, diversity, and inclusion efforts in bioethics must avoid pitfalls recognized by experts, such as exacerbated polarization and inefficacy in producing change (Allen 2023; Dobbin and Kalev 2022).

Methodological inclusiveness also presents trade-offs. Most importantly—and contrary to Lee (2024) and Tuohy et al. (2024)—the normative case for methodological transformation in bioethics is far less urgent and more contestable than the case for demographic inclusiveness. We have high epistemic credence that including learners whose parents were redlined out of wealthy school districts would improve bioethics; we have much lower credence in the Tuohy et al. suggestion that bioethics needs more Judith Butler—especially at the expense of someone else (cf. Bordo et al. 1992). Rather than transforming bioethics by reorienting it around long-entrenched theorists like Butler, we see greater promise in identifying texts that exhibit pedagogical virtues but have been overlooked due to epistemic injustice. Such virtues include readability for learners, clear and compelling argumentation, and relevance to ongoing bioethics discourse, as well as the informal representation of marginalized groups (cf. Salkin 2024). It is also pedagogically important to ensure that learners understand the history and continuing influence of ubiquitous bioethical approaches like principlism. Ultimately, we need more empirical research exploring different approaches to bioethics curricula (cf. Wolf et al. 2022; Pierson 2022; Pierson and Gibert 2023) and assessing which bioethical canon

of relevant texts serves learners best—a question for which the answers will likely vary depending on what bioethics role learners expect to enter.

Proposals to center activism in bioethics likewise implicate methodological and topical inclusiveness. We see good reasons for *bioethicists*—like other citizens—to advocate for justice, and to be trained in skills relevant to advocacy and activism, such as public persuasion and coalition building. But understanding *bioethics* as a form of activism presents problems. Research’s concern with truth and pedagogy’s with learning can clash with activism’s quest for justice (Khaitan 2022). Should a reviewer reject an accurate paper on activist grounds or a teacher steer her students toward her conception of justice? And the most “dire and neglected” (Schonfeld 2024) questions may not always be best suited for bioethics expertise. Bioethicists who canvass voters in support of Medicaid expansion are doing good as activists—often more good than they might do as researchers. But this does not make Medicaid expansion the most valuable research question in bioethics.

An alternative approach to topic inclusiveness would consider where bioethics expertise can make the greatest difference to enhancing knowledge—and to advancing justice, which can be a less risky motivation when selecting topics than when conducting and reviewing research (Khaitan 2022). Approaches used for identifying priority areas for health research funding (Pierson and Millum 2022) could be adapted to identify priority areas for bioethical inquiry.

Areas for Future Research

Whether and how much we care about bioethicists’ beliefs, and their relationship to the public’s beliefs, depends on which roles bioethicists are playing. We may not care which views bioethics pedagogues themselves hold, as long as notable views are “well-represented in the education of bioethics students and/or in the serious work of their teachers” (Kuflik 2024). For research, meanwhile, having “empirical data about stakeholder values, attitudes, beliefs and experiences ... inform normative ethical theorizing” (Metselaar, Inguaggiato, and Racine 2024) presents two problems. First is identifying who counts as a “stakeholder” (Heath 2006); second is identifying when and why stakeholder belief provides reasons relevant to normative theorizing (though see Steel 2024). By contrast, what bioethicists personally believe and whether their beliefs diverge from the public’s matter more when they act as consultants; Morreim (2024) observes that ethics consultation’s structure and mission become harder to defend if ethicists’ views are disconnected from the

public's. Finally, shifting public opinion, as advocates often seek to do, requires understanding public opinion and its divergence from advocates' views.

Steel (2024) and Bowen (2024) highlight a further area for empirical research: We only asked *what* bioethicists believe, emphasizing beliefs about permissibility. Our breadth should be complemented by work with greater depth, including qualitative work that examines bioethicists' *reasons* for their beliefs. For instance, both Bowen (2024) and Räsänen, Nissinen, and Louhiala (2024) believe our survey respondents reject the "social model" of disability. We doubt our single question can show this. Respondents may believe that certain aspects of blindness are disadvantaging, but not inherently so (cf. Campbell and Stramondo 2017), or that some disadvantages associated with blindness are socially imposed, but not unjustly so (cf. Samaha 2007). A more detailed study of bioethicists' views on disability could assess these subtle and important differences. In-depth surveys of other bioethics topics would likewise be valuable. For instance, a future survey could evaluate what bioethicists mean when they endorse deontology, the ethics of care, or virtue ethics (Reis-Dennis 2024), while another could assess bioethicists' views on racial health disparities (cf. Schonfeld 2024).

CONCLUSION

We appreciate the rich dialogue precipitated by our target article and hope it continues, given the importance of understanding who bioethicists are today and how to make bioethics more inclusive tomorrow. We hope that readers see the value of better funding for and continued engagement in high-quality empirical research on what different groups, including groups of bioethicists, believe about ethical questions, and why they hold those views.

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