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The Role of Philosophers in Bioethics

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Blumenthal-Barby et al. (forthcoming) present a nuanced and convincing case for the continued presence of moral and political philosophers in bioethics. We agree with the authors that philosophers should have a role in bioethical inquiry. However, we partly disagree on what that role should be. We assess the case taking our clues from a concern the authors mention – and another one that they do not directly address.

The concern Blumenthal-Barby et al. discuss is that public decision makers and research funders may see philosophers as too relativistic, not giving authoritative answers to real-life ethical questions. The concern they do not directly address, although they probably should, is that the same decision makers and funders might also legitimately worry about philosophers not being relativistic enough, claiming universal appeal to theoretical solutions that are still contested.

It has been argued by Häyry (2015, 143), that the primary role of philosophers in bioethics is to define moral and political concepts and divisions (instead of choosing sides between them), reconstruct moral and political views (instead of assuming them as they are handed down to them by authorities), clarify moral and political judgments (instead of making them), and present solutions with their background assumptions (instead of advocating them).

The positive tasks given to philosophers in this list are quite similar to the ones envisaged by Blumenthal-Barby et al. The negative additions (in parentheses) raise, however, the question of relativism. If philosophers should not choose sides, assume moral and political views, make unambiguous judgments, or advocate causes, the public authority or the research-funding institution may have doubts concerning their contribution.

One solution to this problem would be to reject relativism altogether: to choose a theory, framework, or set of principles and claim that the chosen model has universal validity. Utilitarianism, casuistry, the Belmont-Georgetown list, or some other approach to ethics conveys the truth, and therefore its application to ethical dilemmas produces solid guidelines for decision making – with proper precautions, of course, by conducting deep analyses before making final proposals, as required by Blumenthal-Barby et al.

There are four objections to this solution – and with them, four alternative ways forward, partly similar to those presented by Blumenthal-Barby et al. yet with a difference.

First, claiming exclusive universal validity for one ethical theory would mean embracing dubious objectivity and absolutism in moral matters. It is an exaggerated response to the issue. Relativism based on *subjective* opinions is, of course, useless in public decision making. If anyone's veto would sink the ship, next to nothing could be done. Relativism can, however, also be based on *intersubjective* considerations – traditions and explicit or implicit agreements (Häyry 2005). Philosophers can and should give rational formulations to these.

Secondly, people's rationalities differ and there is no way to settle the difference to everyone's satisfaction. In the matter of human enhancements, for instance, some believe in individuality and genetic improvability, others emphasize collectivity and the need to uphold communal traditions, and yet others try to find pragmatic compromises in the middle (Häyry 2010). Likewise, in the abortion debate (as seen when overruling *Roe*), people disagree on whether the arguments provided on abortion ethics are at all convincing (Räsänen 2018). Philosophers can analyze these claims, by using argumentative tools like the principle of charity, thought experiments, and the method of reflective equilibrium to find the presuppositions of our potential agreements.

Thirdly, bioethically focal concepts such as "justice" have justifiably conflicting interpretations in opposing ideological camps. Depending on their background assumptions concerning communality and individuality, tradition and social engineering, and the role of governments in economic and social life, bioethicists can lean in communitarian, libertarian, liberal, utilitarian, socialist, or care-and-identity directions (Häyry 2022). Philosophers can and should examine the impact of these background stances on proposed solutions.

Fourthly, even the best theories have their breaking points in difficult cases. Utilitarians struggle with unintuitive conclusions in cases where fundamental interests clash, champions of casuistry have to rely on the wisdom of sensitive arbitrators, principlists have to find a way to balance conflicting rules, and so on. All these call for a recognition of the limits of pure theory and a common quest for a way forward (Häyry 1994; 2021a; Räsänen 2021).

The difference between what Blumenthal-Barby et al. seem to suggest and our solution is in the "deep" nature of the normative guidance philosophers can provide in bioethics. To use Kantian language, Blumenthal-Barby et al. appear to be confident that philosophical bioethicists can come up with *categorical imperatives* (no ifs and buts) for policy and action. This is their attempt to avoid the problem of relativism.

The safest norms for academics to come up with are, as Blumenthal-Barby et al. would probably agree, *problematic-conditional hypothetical imperatives*, or rules of skill. They stand on logic and individual or group preferences, attitudes, and ideologies. Their general form is, "If you want this-and-this, you ought to do that-and-that." Philosophers can and should make sure that the arguments are logically consistent and conceptually coherent with the agent's other commitments, a reputable endeavour in and of itself, but the result remains conditional (Häyry 2015, 147–8).

The obvious drawback is that relativism still looms large. If medical professionals want to respect autonomy in a particular sense (and there are many) or if public authorities want to abide by the United Nation's sustainable development goals in a particular sense (and there are many), they should do this-and-that. Decision makers and research funders looking for

clear and immediate impact may well complain that the logical analysis is not helpful if they still have to choose the interpretation themselves.

The decision makers and funders are wrong, as this is already a formidable result. But not to dwell on that, we can go the extra mile for them. The remaining alternative is the *assertoric hypothetical imperative*, or rule of prudence. It is based on logic, as before, but this time also on a firmer statement. The general form is, “*Since* you want this-and-this, you ought to do that-and-that.” Here, any shared societal commitment will do as a solid basis for assertoric imperatives for our leaders.

Grounding the legitimacy of recommendations on shared values and commitments is not as such new or groundbreaking. Clinical ethicists already use this technique whether they are aware of it or not. When they make appeals to universal morality, they attempt to reach the widest consensual population possible (although, if we are right, they are overreaching). When they admit the limits of their solutions, their message is directed only to the defined group. Categorical (“since all”) and problematic-conditional hypothetical (“if we”) imperatives converge with assertoric hypothetical (“since we”) ones.

The novelty is to apply the idea to bioethics in public decision making and research – areas in which Blumenthal-Barby et al. note the concern for relativism. Philosophers are needed here for their critical outlook and their dissecting and systemizing skills.

A philosophical analysis consists of three main elements: explication, interpretation, and evaluation (Häyry 2015, 143 ff.). Conducted as it should, this differs markedly from non-philosophical assessments. The latter often proceed directly from description to prescription. In the beginning of the COVID-19 pandemic, for instance, political leaders saw that people were dying and reacted by closing borders and locking everyone inside, thinking that this would solve the problem. As we have seen, the matter was not that straightforward (Häyry 2021b).

To go beyond the first simple reaction – and this one was heartily embraced by health utilitarians – philosophers must pause and take in the details of the situation, both factual and normative. Only by getting our hands dirty in detailed analyses can we come up with the coherent explications and charitable interpretations that are needed for solid evaluations and normative guidance.

References

- Blumenthal-Barby, J., S. Aas, D. Brudney, J. Flanigan, M. Liao, A. London, W. Sumner, and J. Savulescu. Forthcoming. The Place of Philosophy in Bioethics Today. *The American Journal of Bioethics*.
- Häyry, M. 1994. *Liberal Utilitarianism and Applied Ethics*. London: Routledge.
- Häyry, M. 2005. A Defense of Relativism. *Cambridge Quarterly of Healthcare Ethics* 14 (1): 7–12. <https://doi.org/10.1017/S0963180105050024>
- Häyry, M. 2010. *Rationality and the Genetic Challenge: Making People Better?* Cambridge: Cambridge University Press.

- Häyry, M. 2015. What Do You Think of Philosophical Bioethics? *Cambridge Quarterly of Healthcare Ethics* 24 (2): 139–48. <https://doi.org/10.1017/S0963180114000449>
- Häyry, M. 2021a. Just Better Utilitarianism. *Cambridge Quarterly of Healthcare Ethics* 30 (2): 343–67. <https://doi.org/10.1017/S0963180120000882>
- Häyry, M. 2021b. The COVID-19 Pandemic: Healthcare Crisis Leadership as Ethics Communication. *Cambridge Quarterly of Healthcare Ethics* 30 (1): 42–50.
- Häyry, M. 2022. *Roles of Justice in Bioethics*. Cambridge: Cambridge University Press. <https://doi.org/10.1017/9781009104364>
- Räsänen, J. 2018. Why pro-life arguments still are not convincing: A reply to my critics. *Bioethics* 32 (9): 628–33. <https://doi.org/10.1111/bioe.12502>
- Räsänen, J. 2021. Liberal Utilitarianism – Yes, But for Whom? *Cambridge Quarterly of Healthcare Ethics* 30 (2): 368–75. <https://doi.org/10.1017/S0963180120000894>