

## Reply to Udo Schuklenk

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We appreciate that Udo Schuklenk has made the effort to consider and comment on our recent article and are grateful for the opportunity to say a few words in response. It is neither possible (in the context of a short reply) nor desirable to respond to all the issues brought forward by our antagonist. Some of his reflections, such as the extended analysis of the various possible meanings of the term “sole”, even run the risk of drawing a caricature of what bioethics is about. Moreover, we believe that some of Schuklenk’s remarks are framed in too pejorative a tone of voice as to merit a response. Therefore, we would like to focus our attention on the one core issue that seems to imply most of the other deliberations and complaints, namely the fact that we clearly have a different view of bioethics compared to Schuklenk’s.

We see interdisciplinarity and interaction with societal stakeholders as a strength and the involvement of broader groups of experts besides professional bioethicists in bioethical deliberations as essential. The public is not “thrown in for political correctness” but is rather considered as a resource for developing guidelines and policy in health care that will make a difference to people’s lives. Schuklenk restricts bioethics to a subset of quandaries typically addressed by a particular subgroup of professional bioethicists—those doing “mainstream analytical academic approaches” to bioethics, as he phrases it—and this notably involves issues related to conceptual analysis. We see patient groups, professionals, NGOs and even the Vatican as having a legitimate voice in the debate on real-life issues, as sources of information and as voices to be heard. We see it as an important task of bioethics, in a productive interaction with conceptual analysis, to bring together different kinds of expertise and different forms of experience. Human dignity does mean different things to different users, but so do justice and many other concepts used in bioethics. Bioethicists themselves use terms in different ways. But we showed that the concept of dignity was widely accepted as an articulation of what is, by many, considered an important value. Our question was not what dignity really is but rather: how can principles such as dignity or informed consent become an

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integral part of research and screening practices, and who should play a role in this ongoing process of elaborating and refining ethical vocabularies? Other disciplines, beside the subgroup of bioethicists represented by Schuklenk, have a role to play in the

process of producing declarations. In our view, bioethics is not the sole province of a particular type of professional bioethicists with the sole right to decide what topics are and are not to be listed or delisted as proper items for debate.