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Reviewed byJonathan Lewis

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Book Review

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Review of John McMillan, *The Methods* of Bioethics: An Essay in Meta-Bioethics

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Reviewed by Jonathan Lewis (), Dublin City University

John McMillan begins his new book by reflecting on his introduction to bioethics in the 1990s. Having been nurtured on an intellectual diet of formal semantics of modal logics, meta-ethics, and theories about the nature of mental states, he recalls how surprised he was to find the bioethical literature so preoccupied with theory. Although McMillan recognizes that moral theory has its place, he suggests that by setting bioethics up as a discipline whose predominant issues are to do with theory, not only are students insulated from the broadness of its scope and the diversity of its methods, but the subject comes across as largely inaccessible to those without some formal training in normative ethics and of limited practical significance to those dealing with concrete issues.

Fortunately, McMillan avers, for those new to bioethics, there is a better way to get started. Inspired by figures who were active during the early days of the discipline, including Margaret Battin, Dan Callahan, Alastair Campbell, and Jonathan Glover, he seeks to develop a multifaceted, argument-centered approach to real ethical issues that is both accessible and applicable irrespective of one's disciplinary background.

In part one, McMillan establishes the nature of "good bioethics." Drawing upon Alastair Campbell's notions of "no special pleading" and "engagement with experience," McMillan calls into question more traditional approaches to bioethics that privilege specific theoretical positions such as utilitarianism, virtue ethics, principlism, and theology at the expense of interdisciplinary engagement with moral phenomena of complex situations. He argues that the essential aims, concerns, and features of bioethics involve bringing moral reason to bear on practical and pressing issues in order to generate reflective, normative arguments that meet the needs of patients, practitioners, and policymakers. In short, "bioethics has to connect with the experiences of those impacted by, and making, decisions in health care" (36); it must be practically normative "in the sense of attempting to improve some aspect of the world" (40). Conceived in

this way, bioethics is not just a scholarly discipline that manifests in publications, conference presentations, and seminars (15). For McMillan, there is a vital "moral consequentialist" dimension to bioethics in the sense that it involves contributions to public policy and biomedical case consultation (11–16). Consequently, he argues that bioethics cannot be identified with law, philosophical bioethics, medical ethics, applied ethics, or empirical ethics. Instead, it requires empirically grounded, philosophically inspired argumentation (chaps. 2–3).

In part two, McMillan attempts to exorcize the "specters of bioethics": theory and the fact/value distinction. In terms of the former, he is concerned with the privileged status given to normative moral theories. Referring to Tom L. Beauchamp and James F. Childress's work in the 1970s, McMillan notes that although it was helpful to have a moral framework that could simultaneously highlight ethical duties, justify moral beliefs, and provide some coherence and uniformity to the field of bioethics, such an approach stifled careful reflection about real issues. He claims that principle-based methods (as well as those theories that developed in response to consequentialist, deontological, and pluralist principle approaches) cannot lead to the formulation of "reasoned convictions about moral problems" (53).

McMillan refers to theory-driven approaches as examples of the "ethics sausage machine" (53–63). The point is that "a theoretically driven approach to bioethics will mince a variety of background considerations and issues into a familiar recommendation that is so systematic that, unless we buy the whole machine, we will not want to eat the sausage" (54). Focusing his critique on Peter Singer's utilitarianism, Pope Paul VI's *Humanae Vitae*, neo-Kantianism, and certain approaches in medical sociology, McMillan claims that theory-driven approaches include ingredients (in the form of premises) that prove to be unpalatable to those dealing with concrete bioethical issues in an interdisciplinary and undogmatic way.

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113 In chapter five, McMillan argues that bioethics is still 114 haunted by the specter of the fact/value distinction. With 115 the Humean idea that ethical claims cannot be identified 116 with anything "out there" in the world in the way that 117 scientific facts purportedly can, it seems that what we take to be right or wrong cannot be empirically verified. 118 119 As a result, some still believe that ethical claims are not 120 amenable to reason. On the one hand, McMillan suggests 121 that the fact/value distinction is a helpful reminder that 122 we must not make unwarranted inferences from descrip-123 tive premises to normative conclusions (73-78). On the 124 other hand, he agrees with the majority of metaethicists 125 who argue that just because ethical claims may not be 126 true in the same way as natural facts, that does not mean 127 that the normative language that distinctively figures in 128 practical reason is epistemically defunct, nor does it mean 129 that ethical claims cannot be assessed as legitimate or 130 illegitimate. For McMillan, the key to assessing legitimacy 131 is to be attentive to argumentative strategies and the evi-132 dence used to inform these arguments.

133 In the most substantial section of the book, McMillan 134 offers a detailed account of the methods that constitute "good bioethics." This "empirical, Socratic bioethics" 135 136 combines cogent arguments, empirical evidence, and 137 awareness of one's epistemic fallibilities (chap. 6). Vital 138 to the Socratic dimension of McMillan's approach is the 139 need to address "what if?" questions concerning the dif-140 ferent possibilities of concrete situations and the clarifica-141 tion, introduction, and testing of morally pertinent 142 concepts (chaps. 8-10). As a starting point, we require 143 empirical knowledge of "current issues and devel-144 opments" (94). For example, in the case of noninvasive 145 prenatal testing (NIPT), McMillan suggests that we begin 146 by identifying and understanding the phenomena that 147 can be tested, the companies involved, the false positive 148 rates, and the discussions with women who wish to sign 149 up for it. Subsequently, our job is to subject this evidence 150 to critical appraisal. The final stage uses our appraisal of 151 the evidence in order to construct cogent, factually prem-152 ised arguments (chap. 7).

153 Although McMillan manages to present his account 154 of "good bioethics" in the first six chapters, the remain-155 ing chapters will be invaluable to those who may not be 156 acquainted with the type of argument-centered, factually 157 premised approach that he is advocating. In chapter 158 seven, he explains how to construct cogent arguments. 159 Chapter eight addresses six different approaches to 160 speculative reason involving both real and imagined sit-161 uations. Finally, in chapters nine and ten, McMillan dis-162 cusses the ways in which "good bioethics" requires us to "draw distinctions." The point is that concepts such as 163 "euthanasia," "medical futility," "sanctity of life," 164 165 "medical treatment," and "medicine" can have different senses with different moral implications. "Good bio-166 167 ethics" generates a requirement to avoid ambiguity in 168 the ethical concepts that figure in moral arguments. To 169

that end, a vital concern is not only to clarify the concepts that are used, make explicit important moral distinctions between concepts, and assess whether a concept does the normative work that it needs to, but introduce concepts and conceptual distinctions that have been suitably clarified in other disciplines.

Bearing in mind the amount of space dedicated to speculative reason and conceptual analysis, McMillan's monograph posits an account of "good bioethics" that, although empirically aware, is situated more toward the philosophical end of the methodological spectrum. As a result, nonphilosophers might find it difficult to fully comprehend the ways in which their respective disciplines can contribute to such an argument-centered, factually premised account. After all, it is not just philosophy that suffers from problems internal to the discipline. Questions concerning the necessary conditions for something to count as evidence, the validity of causal inferences, and the practicalities of justifiably making normative claims based on nonnormative facts have resulted in well-reasoned disagreement in all areas of the medical, behavioral, and social sciences. That said, McMillan includes a number of detailed examples in order to demonstrate how his approach can work in an interdisciplinary context. He brings both his negative and positive accounts of bioethics to bear on an impressively broad range of concrete issues concerning abortion, anencephalic infants, castration of sex offenders, euthanasia and aid-in-dying, growth attenuation therapy, noninvasive prenatal testing, reproductive technologies, persistent vegetative states, and artificial nutrition and hydration. Consequently, those looking to engage with bioethics from traditionally nonphilosophical fields should, with relative ease, be able to identify ways in which their own expertise and preferred empirical methods can operate within the Socratic dimension of McMillan's approach.

By exploring the nature of bioethics and attempting to answer the question "what is 'good bioethics?," McMillan presents an innovative, historically aware, and *zeitgeist*-capturing manifesto for contemporary bioethics. Not only does he consolidate a striking number of detailed discussions of his own work and that of leading figures in both bioethics and ethics in general, but he manages to incorporate pertinent real-world issues in health care policy and practice. Overall, this book serves not only as a fresh foundation on which bioethicists from all disciplines can build, but as a provocative challenge to traditional theory-laden ways of "doing bioethics." ■

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