

## What does it mean to be a better person?

In the first issue of the JBI we noted that 'bioethical inquiry' can mean both a process of inquiry that bioethics brings to bear on its objects, and an inquiry into the field of bioethics itself. This issue contains three substantial articles which exemplify the latter meaning. Each article orients differently to the field of bioethics in order to inquire and criticise, but there is a commonality between the three which is best expressed as a question: What does it mean to be a better person?

In the first article, Max Charlesworth critically examines tendencies that bioethics has inherited by virtue of its historical and cultural beginnings. After reminding us what these beginnings are, he launches a critique of 'principlism'. Like sacred texts, he argues, ethical principles do not bear their meaning clearly upon their face: they must be interpreted in specific situations. After surveying a number of contemporary trends in bioethics, Charlesworth endorses a return to the origins of Western philosophy itself, that is, to the work of Aristotle. This shifts attention from acts and consequences, and refocusses it on the person who makes ethical judgements. Charlesworth seeks to pursue this return less through the concept of virtue, however, than through the process of character formation which enables people to make appropriate ethical judgements in different situations. And here we have an Aristotelian answer to the question of what it means to be a better person for those who practice within health-related professions: it means acquiring 'practical wisdom'.

In the second article, Carl Elliott critically examines a new direction in bioethics, and suggests that something important is being left behind. Looking to the future, Elliott asks a pointed question: As our human nature increasingly becomes the indistinguishable backdrop of scientific and technomedical interventions, who can we trust as a guide? He then draws attention to an emerging voice within bioethics: a loose assembly of writers who see technomedicine as a—if not *the*—means by which we can become 'enhanced' (i.e. better) people. Elliott notes that the emerging 'technocelebratory' literature has abandoned a deep, humanistic scepticism towards technomedicine that was once the hallmark of bioethics. In order to reinvigorate this scepticism, Elliott explains how the genius of consumer capitalism operates when 'enhancement' is pursued by means of aggressively marketed pharmaceuticals. As pharmaceuticals are increasingly promoted and prescribed not to restore deviant (i.e. sick) people to normalcy, but to make normal people better, we would do

well to ask, What does it mean to be a better person? Elliott reminds us that markets, as well as philosophers, produce ideals to which people aspire, and his closing account of the logic at work fills one with nostalgia for the old fashioned scepticism that surely makes bioethics a useful and worthy guide to the future.

In the third article, Grant Gillett provides us with concepts for attending to what bioethics has tended to overlook all along. Like Charlesworth, he seeks to shift attention from acts and consequences, and refocus it on the moral development of persons. He sets out a number of cases that capture dimensions of ethics and morality which he says are largely invisible if we assume one of the dominant perspectives within bioethics, that is, consequentialism, deontology or liberalism. Gillett then sets out to explore these invisible dimensions by drawing on a range of philosophical sources including Foucault's concept of *cara sui* (care of the self). What is at risk in each case is not the goodness or otherwise of acts or consequences, but the 'soul' of a person who might, with a bit of self-criticism, struggle, therapy and discipline, become a better person. Interestingly, Gillett also uses the metaphor of the guide to articulate what it might mean for a clinician to be a better person: just as we need a guide to usher us into the uncertain future of biotechnology, so do we need a guide when we enter the 'badlands' of illness.

Despite their different orientations, these three papers both complement and problematise each other. Does Gillett give content to the process of character formation that Charlesworth sees as the basis of ethical reasoning? And what of Charlesworth's account of the place of autonomy in liberalism? Does this problematise Gillett's somewhat offhand dismissal of a political tradition whose importance grows proportionally to the influence of religious intolerance in the world today?

The remaining two papers in this volume serve to remind us that, as well as branching out in new directions, bioethics continues to attend to what was historically its first goal: to protect those who participate in biomedical research. Finally, the case we put up for discussion and debate in the previous issue of the journal, together with the case presented for discussion in the next issue, indicate that bioethics is responsive to controversies in clinical practice as well as research.

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