

Don't Blame the 'Bio' – Blame the 'Ethics': Varieties of (bio)ethics and the challenge of pluralism

Max Charlesworth

Emeritus Professor, Deakin University, Australia

Abstract

We tend to think that the difficulties in bioethics spring from the novel and alarming issues that arise due to discoveries in the new biosciences and biotechnologies. But many of the crucial difficulties in bioethics arise from the assumptions we make about ethics. This paper offers a brief overview of bioethics, and relates ethical 'principlism' to 'ethical fundamentalism'. It then reviews some alternative approaches that have emerged during the second phase of bioethics, and argues for a neo-Aristotelian approach. Misconceptions about ethical principles and ethical reasoning not only distort our views of the business of bioethics, but they also prevent us from facing up to the formidable problems posed by ethical pluralism in so-called liberal societies.

Keywords

Ethical theory, principal-based ethics, religion; moral development, cultural diversity

We tend to think that the difficulties in bioethics spring from the novel and alarming issues that have come about because of discoveries in the new biosciences and biotechnologies concerned with human reproduction, genetics, embryology, stem cells and so on. But in fact many of the crucial difficulties in bioethics arise from the ethical side, that is, from the assumptions we make about the business of ethics: what we can expect from ethical analysis and discussion, the role of principles in ethical decision-making, what kind of certainty and what kind of practical guidance ethics can provide. If we wanted to be smart we might say that it's not the 'bio' in bioethics that's the difficulty, it's the 'ethics'.

The first part of this paper discusses 'principlism' (as it has been called) and alternative ethical approaches, and it attempts to show how a more realistic – neo-Aristotelian – ethical approach might be formulated. The second part of

the paper considers the question of ethical pluralism in liberal societies and its implications for bioethics; in other words, how bioethics can cope with the fact that our society is made up of groups or communities with very diverse ethical viewpoints, including those based upon religious beliefs.

Bioethics from 1975 to 1990

When the U.S. Congress established the National Commission for the Protection of Human Subjects in Research in 1974, it required the Commission 'to identify basic ethical principles that would be applied to biomedical and behavioral research'. In 1978 the Commission issued its final report, known as the Belmont Report, in which, as one observer put it, 'the Commission dutifully identified three basic principles: autonomy, beneficence and justice'.(1)

The Commission seems to have assumed that these three basic ethical principles would never come into conflict with each other so that we would never have to decide, for instance, between the claims of personal autonomy and the claims of justice and beneficence. The Commission also seems to have supposed that it would be relatively easy to

reach some kind of community consensus or agreement about bioethical issues. In this context, then, bioethics was mainly concerned to establish unproblematic, absolute principles and then to 'apply' them mechanically to particular situations. In this simplistic view the process of interpreting ethical principles, and of translating them into concrete real-life situations, came to be seen as unimportant and as something that could be left to look after itself.

The American philosopher, Albert Jonson, was a member of the U.S. National Commission that compiled the Belmont Report, and some years after it appeared, Jonson wrote,

As a Commissioner I participated in the formulation of the (Belmont) Report. Today, I am sceptical of its status as a serious ethical analysis. I suspect that it is, in effect, a product of American moralism prompted by the desire of Congressmen and of the public to see the chaotic world of biomedical research reduced to order by clear and unambiguous principles.

Jonson saw the historical sources of American moralism's fascination with clear and unambiguous ethical principles in secularised versions of Calvinism, Puritanism, Irish Catholic Jansenism and 'rigorism'.(2: 115-129) 'Rigorism' is a term used in 17th and 18th century Catholic moral theology to describe a movement of thought which held that moral laws or principles reflected God's eternal laws and were therefore absolute or unconditional and, as such, demanded 'rigorous' obedience.

This fascination with clear and unambiguous principles is linked with a form of what might be called ethical fundamentalism. Scripturalist (Biblical or Koranic) fundamentalism is the position that the words of God in the Bible or Qu'ran bear their meaning clearly upon their face and do not need any kind of interpretation by us. The words of God in scripture speak directly to us and do not require any human intermediary. In the same way ethical fundamentalism is the position that moral principles are directly meaningful and do not need any kind of interpretation with reference to a context. And, as I said before, the ethical fundamentalist holds that those principles cannot be in real conflict with each other any more than God's decrees or laws could be in conflict with each other. Thus, for example, the present official position of the Catholic Church is that 'artificial' contraception is intrinsically immoral. Women who are married to men with HIV/AIDS

are therefore forbidden to use any contraceptive protection, and men are forbidden to use condoms so as to protect women and their unborn children from being infected by a disease that will probably kill them. In other words, the prohibition against contraception is absolute even if it involves, as in Africa, the death of women and their infants. This position, one may think, is rigorism with a vengeance!

Aristotle and Practical Wisdom

One might compare this ethical approach with that of Aristotle in the *Nicomachean Ethics*. For Aristotle, and his medieval followers like Aquinas, a morally good person is not one who merely acknowledges or professes moral principles or norms, but one who is able to work out those principles in the concrete circumstances of life. This requires a sensitive and imaginative attention to the context and the here-and-now circumstances within which we act.

Again, there is always a possibility of ethical principles conflicting with each other and there is no meta-principle to tell us what to do when principles are in conflict. In these cases we reach a decision only by negotiation and compromise. As Aristotle says, this kind of reasoning, which he calls *phronesis* (practical wisdom), good judgment or discernment, is like the kind of *ad hoc* and improvisatory reasoning we use in medical diagnosis and treatment, or in navigating a boat, or even in telling jokes. In other words, an ethical judgment is as tentative, and as fallible and conditional as those kinds of practical judgment.(3: 1103 b34, 1104 3-10, 1128 a25)

Aristotle's central position is that the general rules of ethics hold only 'for the most part' so that we should tacitly preface any ethical rule with 'other things being equal'. For example, other things being equal we should keep our promises, but if in a particular case my promise means giving back a dangerous weapon to a friend who has become a dangerous psychopath, then I shouldn't keep my promise. Similarly, if failure of her husband to use a condom is likely to result in a woman dying of HIV/AIDS, then using a condom is morally justifiable. In effect, Aristotle's position is diametrically opposed to the kind of rigorism mentioned before which sees ethical principles as reflecting the will of God.(4)

The position of ethical fundamentalism just mentioned has sometimes been called 'principlism'. However, this is not a happy or a useful term since it is not ethical principles as such that are at fault: we can't, after all, do without

principles, since moral action is by definition acting in a principled, non-arbitrary, way. Rather, the fault lies in seeing ethical principles as having a meaning without needing to be interpreted within a specific context. By that I mean that an act is characterisable as 'murder', or as being 'truthful', or 'just' only in a given context or set of circumstances. Put in another way, the fault in so called 'principlism' lies in a misconception about the nature of ethical principles, namely that they can provide what O'Neill calls a 'life algorithm' or infallible decision procedure which obviates the need for judgment and practical wisdom concerning particular situations. However, ethical principles are necessarily and inevitably abstract and cannot be used as recipes for concrete action without contextual interpretation and judgment which is, she says, 'analogous to solving a design problem under multiple constraints'.(5: 124)

A Variety of Moral Voices in Bioethics

There is now a good deal of discontent about the first phase or era of bioethics characterised by what has been called, rather dramatically, 'the tyranny of principles'.(6) It is difficult to characterise precisely the second phase of bioethics, however, which began in the mid-90s and continues to the present. As the American bio-philosopher, Reich has put it:

The field of bioethics is now experiencing a paradigm shift in the direction of hearing, attending to, and interpreting a much richer variety of moral voices – a process that radically reshapes bioethical problem-solving.(7)

In other words, we should speak of 'bioethics' in the plural and we should attend more to the various moral voices in our community – the voices of men and women, infertile couples, the young and the aged, the ill and the healthy, minority groups, indigenous peoples, Christians, Muslims and Buddhists and so on, who often have vastly different perspectives on bioethical issues. But how exactly should we attend to the variety of moral voices and what does this mean operationally in bioethical discussion and practice?

A number of bioethicists have argued for a phenomenological approach to bioethical issues, using the term 'phenomenology' in a loose sense to mean a method of empathetic description akin to the 'thick description'

used by social anthropologists to decipher the meaning of the kinship relationships, myths, rituals, and artistic conventions of indigenous peoples. This approach is closely allied to the use of 'narratives' or 'stories' about certain fundamental experiences in bioethical situations: what it is like to be dying of cancer and coping with chemotherapy; what it is like to be a woman in an IVF program who is asked to donate some of her unimplanted embryos to another infertile couple, or for experimentation; what it is like to be a woman in a third world country ravaged by HIV/AIDS who cannot really refuse to have intercourse with her AIDS infected husband; what it is like to be parents planning to have a 'saviour sibling' child; what it is like to be the child born of a surrogacy arrangement.(8)

Women justly complain that they are often left out of bioethical descriptions and it is true that bioethical situations are often described in a schematised and selective way so that crucial elements (including women) are left out of account. For example, when we are describing embryo experimentation or embryo donation, it is crucially important to emphasise that the decision, whether it involves using embryos to provide stem cells or for any other purpose, is ultimately made with the active consent of the couple who donates the embryo, or the mother who freely and altruistically donates the eggs. The situation is not adequately described as a matter of hubristic bioscientists trying to 'play God', but as a matter of a couple, or a woman, altruistically seeking to help other infertile couples with the help of the bioscientists.

In addition, one might mention here Komesaroff's 'micro-ethical' approach:

The major concerns expressed in the public debates about medical ethics ignore many of the most important issues. Most importantly, they ignore the delicate ongoing process of negotiation and compromise that characterises human relationships in general and in particular underlies any therapeutic interaction. Put differently, conventional medical ethics is unable to provide any understanding of, and hence a basis for, intervention in the medical life-world.

We need, Komesaroff concludes, a 'micro-ethical' approach.(9: 67)

However, while there is a great deal to be said in their favour, much more needs to be done to defend these

alternative approaches – phenomenological, narrative, micro-ethical – against the charge of anecdotalism where what is described is a completely idiosyncratic or ‘one off’ situation. We need to show what makes some narratives or descriptions (including those in fiction) capable of revealing important truths about the human condition. Again, these narrative forms of bioethics need to be made operational in the concrete circumstances and constraints of biomedical practice and research. (It is difficult, for example, to expect a research ethics committee to cope with a number of 20 page narratives or ‘stories’!)

Neo-Aristotelian Views

One of the most important of the recent developments in ethics and bioethics has been the neo-Aristotelian tendency (one can scarcely call it a ‘movement’) associated with a group of contemporary, mostly English, philosophers.(10-13) These philosophers have focussed on Aristotle’s idea of practical wisdom already discussed, the relationship between ethical judgment and action, the ‘virtues’ – the character traits and dispositions needed in what Aristotle calls ‘the difficult business of being good’ – and ethical upbringing or formation. Aristotle’s ethics has been called a ‘virtue ethics’ which is concerned with the character formation we need to have in order to qualify as a good doctor, or nurse, or hospital administrator, or researcher. However, ‘virtue ethics’ is not an apt name because the word ‘virtue’ is now hopelessly compromised, and because what is important for Aristotle is not so much the individual character traits and dispositions as the fundamental character formation of the ethical agent which enables her to judge appropriately in different situations where justice is called for, or truthfulness, or compassion.

Kantian ethics largely focusses on the ethical act (is this valuable in itself, or is it instrumentally valuable?) and in classical utilitarianism the focus is exclusively on acts and their future consequences or outcomes. As a result, the character and motivation, and general moral formation and ‘life plans’ of the agents in bioethical situations have been seen as irrelevant.

The neo-Aristotelian philosophers have also emphasised Aristotle’s ‘naturalism’ by which they mean that ethical values are conditioned by, but not determined by, very general facts about human nature and the human condition. Thus it is because we live in a dangerous world that we need the virtue of courage, and because we live in complex

cultures and societies that we need the virtue of justice, and because we have unruly feelings and emotions and powerful desires that we need the virtue of temperance. Courage and justice and temperance are virtues that apply only to human beings since the gods do not live dangerously, nor do they have feelings or emotions or desires. These broad facts about the human life-world set bounds or constraints within which we have to develop our ethical views and attitudes.

For Kant, on the other hand, ethical values are expressed in ‘categorical imperatives’ – that is commands that are strictly binding upon us. And they are absolutely universal in that they are valuable for all rational beings (including God). In fact in Kant’s last writings he seems to hold that belief in God and the recognition of the moral law are one and the same. So he says:

There is a God, for there is a categorical imperative of duty, before which all knees do bow and whose Name is holy, without our having to suppose a substance which represents this Being to the senses.(14: 820)

However, that is not Aristotle’s view. Metaphysical principles, he says, are necessarily and universally valid, but we must not expect ethical principles to have the same kind of universality and necessity. Metaphysical principles admit of no exceptions, but ethical principles are true ‘for the most part’ and often have to be stretched or extended imaginatively in order to accommodate apparent exceptions, very much as legal precedents are extended to cover novel situations.(3: 1094b-1095a5)

Ethical Pluralism

So far it has been argued that misconceptions about ethical principles and ethical reasoning distort our views of the business of bioethics, but those misconceptions also prevent us from facing up to the formidable problems posed by ethical pluralism in so-called liberal societies like our own. In the past, the main task of bioethics was to produce a community consensus about, as Jonson put it, ‘the chaotic world of biomedical (and biotechnological) research.’(2) But how is a community consensus possible in a liberal society like our own where personal autonomy, the right of each person to choose their own set of ethical values for themselves, is the paramount value?

The charter of the liberal society is to be found in John

Stuart Mill's famous essay *On Liberty*, published in 1859, though the animating idea of Mill's essay can be traced back to Aristotle and the medieval discussions, by Aquinas and others, on 'conscience'. In his essay Mill has this to say:

The only purpose for which power can rightfully be exercised over any member of a civilised community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because in the opinion of others to do so would be wise or even right.

And Mill concludes:

The only part of the conduct of any one for which he is amenable to society, is that which concerns others. In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign.(15: 8-9)

Mill's definition of the liberal society, based upon the notion of personal autonomy, has a number of radical consequences. First, it means that there is a strict disjunction between the sphere of personal morality and the sphere of the State and the law. As it was put by the 1957 UK Wolfenden Committee on the decriminalisation of prostitution and homosexual acts between consenting adults, it is not 'the function of the law to intervene in the private lives of citizens, or to seek to enforce any particular pattern of behaviour'. And again,

unless a deliberate attempt be made by society, acting through the agency of the law, to equate the sphere of crime with that of sin, there must remain a realm of private morality and immorality which, in brief and crude terms, is not the law's business.(16)

A second radical consequence of Mill's view is that it is possible to have a society without any substantive agreement or consensus on basic moral and religious values, except for the value of personal autonomy and the other values (justice, equality etc.) linked with it. In other words, a liberal society is, at least potentially, an ethically pluralist society.

It is important to note that Mill's way of posing the

question of ethical pluralism as a consequence of giving primacy to personal autonomy is totally different from the postmodernist position which rejects 'grand narratives', or over-arching theories, and their pretensions to transcend local moral traditions. In the postmodernist view ethical disputes can be settled only within the context of particular traditions or 'interpretive communities' and it is philosophically impossible to settle disputes across different traditions.(17) In Mill's perspective, however, ethical pluralism stems from the fact that each moral agent has the right to choose her own style of life and set of values for herself. And this leaves open the possibility of dialogue and exchange between moral agents from different traditions and life-worlds, and the possibility of a change of beliefs and attitudes taking place between people of differing ethical and bioethical positions.

O'Neill on Mill

Criticisms of Mill's idea of autonomy, and of his concept of the liberal society, have been made by some recent bioethical scholars. Thus, a recent book by the English philosopher O'Neill mounts a powerful critique of Mill's idea of personal autonomy and claims that it has distorted contemporary bioethics and prevented us from recognising the importance of trust in bioethical situations. Mill's concept of autonomy, she says, 'sees it as expressing individuality ... or as carving out some particularly independent or distinctive trajectory in this world'. It is, she continues, 'a form of individual rather than of principled autonomy'.(5: 124) In this view, she appears to suggest, respect for a patient's autonomous decisions, for example, means going along with any decision the patient may make about her treatment, no matter how unreflective, or whimsical, or outlandish that decision may be. O'Neill sees individual autonomy as 'self expression', or doing your own thing, and it leads, she says, to a focus on rights, the right to believe what I like and to act as I like.

This is surely a misrepresentation of Mill's position on autonomy, however. First, for Mill my awareness of my own autonomy or capacity for self-determination goes hand in hand with my recognition of other autonomous agents whose liberty and ethical independence I must respect. In other words, respect for personal autonomy is not necessarily connected with some form of atomic individualism where people pursue lives of 'untrammelled' (the term is O'Neill's) self-expression. No doubt, Mill

sometimes gives the impression that autonomy is linked with eccentricity – being different from everyone else just for the sake of being different – but his real view, surely, is that an autonomous act is one that is chosen deliberately and with consideration for the autonomy of others. It is an act for which the autonomous agent is willing to be held responsible and accountable. After all, as Jean Paul Sartre saw, a life of genuine autonomy is a serious business in that one has to resist all the seductive forms of ‘bad faith’ or self-deception in which one seeks to abdicate one’s responsibility for oneself. Being an autonomous ethical agent is certainly not easy!(18: 55-67)

O’Neill’s critique of the concept of personal autonomy has been supported by Daniel Callahan, the former director of the Hastings Centre for Bioethics in the U.S.A. Callahan objects to the exaggeration of autonomy because, so he argues, most people do not have sufficient information or expertise (as in cases of complex medical treatment) to make a judgment of their own.(19) Again, others have argued that many people in developing ‘Third World’ countries do not have any real chance of making choices for themselves. They are, in fact, coerced by the socio-economic situations in which they find themselves and it is fatuous to tell them that they should exercise autonomous choices.

But this is not really an argument against the primacy of personal autonomy because it only makes sense to work against the economic and socio-political factors that prevent people from acting autonomously, if the goal is to help people to be self-determining by creating the necessary conditions for this to happen. As social development workers say, the aim is to put people in control of their lives. Quite apart from this, both Callahan and O’Neill seem to think that autonomy is an ethical value on the same level as other ethical values like justice and beneficence. But it is not. Autonomy is rather the condition *sine qua non* of all ethical values since a just or beneficent act is only an ethical act if it is freely and deliberately (autonomously) chosen by the ethical agent. It is only if I autonomously choose to do this act that it is my act: an act for which I can be praised or blamed and held responsible.

In this sense autonomy is of the essence of being a person since a person is one who is self-determining and responsible for what he or she does. From this point of view we cannot really exaggerate the importance of personal autonomy. It is, so to speak, not something that you can have too much of.

Bioethics in an Ethically Pluralist Society

How then is a bioethical consensus possible in a liberal society which is ethically pluralist? First, bioethicists have to recognise that it is an inescapable and intractable fact that there is, or can be, a plurality of ethical positions and that on many issues we simply cannot achieve the kind of social consensus that early views of bioethics hoped to achieve. (It must emphasised that this has nothing to do with any kind of ethical relativism). And second, as far as possible we should, in the bioethical sphere, avoid recourse to paternalistic and coercive legislation and rely instead on civic discussion and negotiation.

A French bioethicist, Patrick Verspieren, a former member of the French National Consultative Committee on Ethics in the Life and Health Sciences, has some valuable observations about these matters. Verspieren rejects the idea that we can formulate some kind of ‘common ethics’ or ‘minimal ethics’ in Western European societies since those societies are characterised by ‘the coexistence of diverse philosophical, spiritual and religious options’. On certain matters to do with the origins and the end of life there are, he says, fundamental differences between those diverse positions and the best we can do is to promote enlightened civic debate

where all the families of thought are able to have their say; then we must discover where the irreducible divergences are located, appreciate the depth of the convictions that are expressed, perceive the values to which the different ethical tendencies are most attached, identify the practices which most deeply offend certain members of society.(20)

However, while facing up to the fact of ethical pluralism, we must not exaggerate the difficulties, real as they are, of agreement about basic ethical and bioethical issues – the value of human life, social justice, general sexual mores etc. After all, we are all members of the human species and the important point is that there is nothing in principle to prevent cross-cultural conversation and dialogue, and some kind of tenuous agreement, about the issues just mentioned.

The classical example here is the momentous agreement on the United Nations Universal Declaration on Human Rights (1948) by national states with very diverse socio-cultural values. The Declaration is, no doubt, selectively interpreted and understood in very different ways by the different

signatories, but there is nevertheless agreement, tentative and fragile though it may be. Eleanor Roosevelt was perhaps the central figure in formulating the Universal Declaration on Human Rights between the end of the Second World War and the beginning of the Cold War. She also engineered the acceptance of the Declaration by the United Nations and clearly understood that that acceptance was made for very different reasons and motives. She once said of the UN that it is 'a bridge upon which we can meet' and she saw the Universal Declaration in the same way.¹(21: 154, 22)

We have been speaking so far about consensus in a liberal and ethically pluralist society. But we need to distinguish between society as a sphere governed by the State and the law and, on the other hand, society as a community (or a collection of communities) where people interact with each other in voluntary and informal associations in a very intensive way and develop what might be called customary practices and institutions. They also learn habits of getting along with others with different views and life-styles and of agreeing to disagree. In a sense the liberal society provides a space for a rich diversity of forms of community life which in various ways promote a public conversation, or ongoing debate, on basic human values.

Many issues which cannot fruitfully be spoken about or negotiated at the formal legal or State level can be spoken about and negotiated at the informal community level. Abortion and the ethical status of the embryo is one such issue. Again, in the area of so-called euthanasia we are moving towards an understanding that will in practice end up close to the situation in the Netherlands where euthanasia is prohibited by law but exceptions are allowed under strict legal conditions. Most people now admit that since suicide is no longer a crime, there are circumstances where a person may, either directly or indirectly, choose to take their own lives and ask for assistance in this. After all, it is difficult to see why it is a crime to assist someone to commit an act which is not a crime. However, as the Dutch situation and the failure of the Northern Territory legislation in Australia have shown, it is extremely difficult to formalise a 'right to die' in legislation.

The Role of Religiously Based Groups in Ethically Pluralist Societies

If we see ethical pluralism as a central part of the liberal society there are a number of implications for religiously based groups in the field of bioethics. What religious sub-

cultures have to accept is that they cannot carry over their confessional views on bioethical issues into the wider society. They may, of course, impose certain values on their own members about contraception, abortion, IVF, death and dying, the status of the embryo etc. but in a liberal society they cannot impose those values on society at large through the law. This, of course, is the main difficulty posed by the fundamentalist versions of the great world religions. Scriptural fundamentalism is usually allied with ethical fundamentalism or rigorism, and if you have a society of ethical fundamentalists or absolutists who refuse on principle to compromise with others, it is impossible to maintain a liberal, ethically pluralist, society. All that one can do is to show them that they are (paradoxically) rejecting the society that allows them to be tolerated. They are, so to speak, biting the hand that feeds them.

A number of Christian churches, especially the Catholic Church, have been active players on the bioethics scene and most have accepted that they can no longer claim any special or privileged role in society as arbiters of 'faith and morals', and that they are now simply one group or sub-culture in society among many others. Even the Catholic Church, which traditionally has made absolutist religious and ethical claims that were incompatible with any kind of liberal society has, since the Second Vatican Council, largely come to terms with its place as one position among many others in a multi-cultural and ethically diverse society. The Second Vatican Council's Declaration on Religious Freedom (1965) was largely the work of an American Jesuit, John Courtney Murray, who based his argument on the traditional Catholic doctrine that the act of religious faith cannot be coerced but must be freely and autonomously chosen. (Historically speaking, one might say that, this doctrine has been more honoured in the breach than in the observance within the Catholic Church!)(23) No doubt, conservative Catholic authorities from time to time revert to the older absolutist and rigorist attitudes on certain select issues like abortion, contraception, euthanasia etc. However, a large number of contemporary Catholic theologians also recognise the positive advantages of the Church being in a liberal and ethically pluralist situation.

The official Catholic Church, of course, claims that its opposition to abortion, contraception, IVF, embryo experimentation, assisted death etc, is not based solely on religious grounds accepted by Catholics, but also on the 'natural law' which is quasi-intuitively accessible to every

reflective person regardless of their religious allegiances. And it is on that basis that the Church has its say on these issues. (This was, in fact, the rationale behind some of the U.S. Catholic bishops' condemnation of Senator Kerry's liberal position on abortion.) But who is to interpret the natural law? The Catholic Church cannot be the definitive interpreter because the natural law theory of ethics is not a part of the religious revelation on which Christianity is based. The Catholic version of the natural law theory is, in fact, simply one philosophical theory among a number of competing philosophical theories of ethics and it must stand on its own philosophical feet and justify itself by rational means.

In fact, there cannot be a distinctively 'Christian ethics' providing a systematic body of ethical norms and a specific ethical methodology and which is, so to speak, in competition with ethical positions based upon human enquiry and reason. There is, however, a distinctive Christian perspective on ethical and bioethical issues which highlights certain values, very much as there is a distinctive feminist perspective on ethical and bioethical issues.⁽²⁴⁾ Thus, Christians will emphasise the intrinsic value of human life and the sacramental character of human sexuality, while feminists will emphasise the equality of women and the value of feminine 'life-styles'.

Conclusion

This essay has argued that many of the assumptions we make about the business of ethics are responsible for distortions and difficulties in bioethical discussions. However, there is no doubt that the major difficulty facing contemporary bioethics is the challenge of the ethical pluralism that is an integral part of the liberal society. So far, Australia cannot be said to be an authentically multi-cultural and ethically pluralist society because there is a dominant white/European and English speaking culture that dictates the terms, so to speak, of our civic discourse, especially about bioethical issues.

At present bioethical discussions are usually carried on as though the socio-political fact that we are supposed to be living in liberal, ethically pluralist, societies, were completely irrelevant. But that situation is rapidly changing with the resurgence of the religious right in the U.S. and Australia, and the emergence of Islamic fundamentalism. We will soon be faced with the hard questions, discussed above, about ethics and bioethics in an ethically pluralist society.

Notes

- i UNESCO is at present developing a Universal Declaration on Human Norms in Bioethics. Mr Justice Michael Kirby is chairman of the drafting group and one hopes that it will be successful in achieving a consensus of the kind that Eleanor Roosevelt had in mind - a bridge upon which people from very different bioethical traditions can meet.

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