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Who needs bioethicists?

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Abstract

This paper formulates a conception of the philosopher-bioethicist as a genuine expert, with a legitimate role to play in practical bioethical debate, on the grounds of division of labour. On this conception, although bioethicists do not have special access to a distinct realm of philosophical fact from which others are excluded, the involvement of philosophical experts makes for a reflectively more acceptable result in debates where the expertise in question matters and is put to work in a manner sensitive to its nature.

Keywords: Bioethics; Public policy; Ethics committees; Risk; Autonomy; Pragmatism

1. Bioethics and truth

Recent years have seen the emergence of a new brand of moral philosopher. Straddling the gap between academia on the one hand, and the world of law, medicine, and politics on the other, bioethicists have appeared, offering advice on ethical issues to a wider public than the philosophy classroom. Some bioethicists, like Peter Singer, have achieved wide notoriety in the public realm with provocative arguments that challenge widely held beliefs about the relative moral status of animals, human foetuses and newborn babies.[1] Other bioethicists practice their trade with greater protection from public scrutiny, confining their thoughts to committees in government circles, universities, charitable institutions, or hospitals. But what exactly is it that bioethicists have to offer in such contexts? What sort of expertise do bioethicists have that justifies their employment on these committees, or the time and space accorded to their views on television and the radio, or in newspapers and magazines? In spite of being an expanding group of professionals

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[1] See, for example, Singer (1979).

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who attract large sums of private and public funding, bioethicists are sometimes met with suspicion or even hostility, both inside and outside academia. One common criticism is that the presence of bioethicists is unproductive in practical bioethical debate.[2] In light of this criticism one might wonder why the relevant funding bodies have not spotted the hoax and withdrawn their funding. Certainly, if bioethicists have no distinctive expertise to offer, a lot of public and private money could be saved by putting away the cheque-book.

Against these accusations, I think bioethicists can in principle be defended as a group of genuine experts with a legitimate role to play in practical bioethical debate on the simple grounds of division of labour. Although bioethicists do not have special access to a distinct realm of philosophical fact from which other participants in the debate are excluded, bioethics is an area of inquiry in which the standard tools of the philosopher find illuminating applications. The project of formulating reasonable ethical policy requires the application of a number of different skills. In principle, the project is possible without philosophical experts. Nevertheless, the involvement of philosophical experts can make for a reflectively more acceptable result where the expertise in question matters and is put to work in a manner sensitive to its nature.

To bring my point into focus, I start with a true, autobiographical story. My first experience of systematic moral philosophy took place at high school. There our philosophy teacher confronted the class with Bernard Williams's famous example of Jim and the Indians.[3] Jim, who is travelling in South America, encounters a group of soldiers who have rounded up a number of innocent peasants in the village square for execution. The officer in charge approaches Jim with an ethical dilemma: if Jim shoots one of the innocent villagers, the officer will let the rest of them go. If Jim refuses, all the villagers will be shot. What to do? As so often with these examples, the class ended without clear consensus. At the sound of the bell, as the teacher took his leave, one of my fellow students got up from her chair and demanded: 'Teacher: what's the answer?'

My fellow student not only thought there was a right answer to the problem, but also that it was the philosophy teacher's job to give it to her. The teacher did not conceive of his job in that way—and most of us would not regard him as any the worse a philosophy teacher for that. On the contrary, the demand made by my fellow student could reasonably be thought to embody a misunderstanding both of the nature of philosophy and the job of philosophers. I suspect that sometimes the complaint that bioethicists are redundant in practical bioethical debate embodies a similar misunderstanding. In particular, I suspect that one source of suspicion towards bioethicists is the assumption that they are there to provide solutions to ethical problems, and that the capacity to provide such solutions would constitute their only legitimate claim to expertise. This assumption embodies a mistake. It is not that we need to deny that the existence of right answers is a live issue, or that

[2] See, for example, Kymlicka (1993).
[3] See, for example, Williams (1988).

if right answers do exist, then bioethicists are in a good position to discover them.[4] It is rather that bioethicists can be vindicated on more modest assumptions. On this modest view, the role of bioethicists is vindicated by their possession of a critical and systematic mastery of ethical concepts and positions, of the presuppositions of such positions, and the relations and distinctions between them. It is in the application of this knowledge that philosophical expertise comes into its own right by encouraging a more informed level of debate in bioethics. It is not that bioethicists offer expertise that scientists, doctors, or politicians are in principle barred from acquiring on their own. It is rather that the division of intellectual labour provides the benefit of input from persons devoted to the systematic study of the theoretical complexities embodied in ethical concepts applied in practical bioethical debate.

2. Bioethics and risk

Perhaps it will be granted that philosophical expertise can have a benign influence on practical bioethical debate. But what is the evidence that philosophical expertise actually has a benign effect in the real world? It would be hopelessly utopian to argue that philosophical expertise always provides valuable insights into practical debates. Yet this should not obscure the fact that there are real examples where moral philosophy does contribute intellectually valuable insights. One such example is the ongoing bioethical debate about risk, as applied to the development, testing, and application of genetic technologies.

In April 1999 the press reported the results of genetic research on cows that had been undertaken at the Institut National de la Recherche Agronomique in France.[5] There, scientists had created a clone of an existing cow. Routine tests on the resulting calf showed up minor abnormalities in blood cell production that later led to severe anaemia and premature death. Autopsy of the calf found that its lymphoid tissues had failed to develop normally. The authors of the experiment argued that despite the possibility that the calf had died as the result of a natural mutation, there was a real possibility that the cloning process itself had interfered with the reprogramming of the clone's genetic instructions in the donor cell. Later studies in other countries have brought to light similar worries about animal cloning.

A subsequent article in *The Lancet* suggested that the findings of the French team not only raise questions about the viability of cloning technology in animals, but also about whether human cloning should be permitted, on the grounds that indications of long-term risks to health raise questions about the acceptability of creating living human clones.[6] In response to this scepticism, *BioNews*, a weekly news digest published by the Progress Educational Trust, ran a leading article

[4] As argued by Jamieson (2002), for example. A look at some of the vast philosophical literature in this area might lead to a more sceptical view. See, for example, the essays in Sumner and Boyle (1996).

[5] *The Independent* (1999).

[6] Renard et al. (1999).

entitled 'Is human cloning unsafe or unethical?' In this article the author questions the 'usefulness' of such findings in the debate about the rights and wrongs of human cloning.[7] While most people are uncomfortable with the idea of creating human clones, this might not be because human cloning may prove to be unsafe for those born as a result of it. Rather, the perceived problem could reside either in the apparent strangeness of creating genetic copies of existing people, in the psychological damage that the resulting clone may experience, or in the antecedent acceptance of 'ethical principles' that rule out human cloning as ethically unacceptable under any circumstances. I shall pass over the fact that the article offers no explanation of the content and justification of the ethical principles referred to, and that talk of potential psychological damage to resulting clones carries an implicit reference to risk. I shall also assume that most people's wariness about human cloning can actually be traced back to the concerns referred to in the article. The question remains: what ethical significance we should assign to the risks associated with human cloning? The answer given in the article is unequivocal:

> ... whatever reason we might find for opposing the creation of human clones, it is unaffected by the safety of the cloning technique. If cloning is morally wrong, then it matters not a jot whether it is highly risky or as safe as the proverbial houses.[8]

The author of the article then goes on to make the weaker claims that we simply do not know whether human cloning will ever be safe, and that the effects of human cloning are currently a matter of speculation. This may indicate that the underlying view is the less controversial one, namely, that our present ignorance should make us cautious about drawing ethical conclusions concerning the risks involved in human cloning. But as the words quoted show, the author is also committed to the stronger claim that whether or not we have this knowledge makes no difference to the ethical status of moral cloning: questions of risk are ethically irrelevant. In fact, the author ends the article by warning us against those who '... continue to blur the line between safety and ethics for their own ends'.[9]

The safety of human cloning may or may not pose an ethical obstacle for its eventual development as a reproductive tool or for the production of therapies for human illness. What matters for present purposes is the following. First, the author claims that issues of risk are ethically irrelevant. Second, the author is writing as a representative of a pressure group in the professional arena of reproductive science and public policy. Hence she is writing for an audience whose background can be assumed to be one of both higher education and some relevant form of expertise. Third, the fact that the author gives no argument for the claim that issues of risk

[7] Tizzard (1999a)Tizzard, 1999a.

[8] Op. cit.

[9] Op. cit. The author makes similar claims in a later piece entitled 'Ethics and safety in the "saviour child" debate', where she claims 'it is important that we do not get safety and morals mixed up in a case like this'. Later in the same article she again makes a weaker, and sensible, point that 'sometimes safety concerns can be an easy route out of a moral maze'. (Tizzard, 2003).

are ethically irrelevant is evidence that she expects her readers to take this claim seriously as it stands.

Somewhat ironically, the same author who warns us against blurring the line between safety and ethics is herself a victim of the danger she claims to have diagnosed. In a subsequent issue of *BioNews* the leading article addresses the issue of the screening of embryos for genetic predispositions to serious diseases. Commenting on the 1999 announcement by a London doctor that University College London Hospital was to offer embryo screening for cancers caused by the mutation of a single gene, the author claims it would be 'unethical' not to offer such techniques to couples at high risk of having children with such genes.[10] People born into families affected by an inherited form of cancer can be seriously burdened, either by developing it themselves, by witnessing other members of the family suffering from it, or by living in uncertainty about whether, and if so when, the cancer will develop. Unsurprisingly, the author restricts her conclusion to families with a high risk of developing the disease. By implication, she does not assign the same ethical importance to the troubled uncertainty of someone with a one-in-a-billion chance of developing the disease. But then the issue of risk is ethically relevant to the issue of embryo screening. And if it is relevant to embryo screening, why not also to human cloning?

The author's concern to defend her conclusion on the issue of embryo screening appears to have brought her official views on the ethics of risk out of focus. It is exactly when the ethical relevance of some consideration is out of focus that the philosopher's toolbox of abstract principles, theoretical distinctions, real or imaginary examples, and complex thought experiments is useful. By drawing attention to the way in which ethical judgement is drawn one way or another in light of the presence or absence of a given feature from a real or imagined scenario, bioethicists can be useful by bringing ethically significant features into focus. In this particular case, what is needed is the application of a basic moral principle of parity, along the following lines: *If the presence of property F is ethically relevant in circumstances C, and F is also present in D, then the presence of F also ethically relevant in D, all else equal.* In the absence of an explanation of how C (e.g. embryo screening) differs from D (e.g. human cloning) with respect to its ethically significant features, we are entitled to conclude that F (e.g. risk) is as ethically relevant in D (e.g. human cloning) as it is in C (e.g. embryo screening).

The issue of risk is connected to the wider philosophical debate on whether the moral status of actions is more dependent on what they in fact bring about (objectivism), or from what agents have reason to believe they will bring about (subjectivism). The question of risk is relevant to this debate because a hospital patient, for example, might be presented with a choice between two treatments, one of which if successful will prolong her life by at least ten years, but which the patient has little evidence will succeed, and another which will prolong her life by only two to five years if successful, but which the patient is almost certain will succeed. The

[10] Tizzard (1999b)Tizzard, 1999b.

objectivist says that the right choice is the one that will in fact produce the best result, regardless of the patient's evidence. The subjectivist says that the right choice is that with the best chance of producing the best result, given the patient's evidence. It follows from subjectivism that the rightness of choices is partly determined by their associated risks. This dispute applies directly to the debates about human cloning and embryo screening just discussed. The claim that risk is ethically irrelevant to the issue of human cloning fits naturally with an objectivist view of right action. The claim that embryo screening should be offered to people within a certain risk category fits naturally with a subjectivist view of right action. How to choose? Do we really have to? Perhaps the objectivist and subjectivist views are two mutually compatible, and equally important, perspectives on the same facts? Whether or not there are conclusive reasons to choose one or the other, or both perspectives, moral philosophy illuminates the issue beyond what is explicitly present in at least some practical bioethical debates.

In fact, recent philosophy abounds with discussions of the ethical significance of risk, some of which either have, or have been thought to have, direct implications for bioethics. One prominent example is the ongoing discussion of John Rawls's 'original position' for the rational choice of basic principles of justice for a society living in conditions of non-scarcity.[11] In this counterfactual scenario, mutually disinterested individuals are asked to express their preference for a set of principles of justice while ignorant of what social position they would occupy once the principles are implemented. Rawls argued that agents in the original position would choose what is known as a 'maximin' principle, according to which social changes resulting in increased inequality between individuals are allowed only on the condition that they will also benefit the worst off. By choosing the maximin principle, agents in the original position can ensure that if they were to find themselves among the worst off in society, the principles of justice would go some way to protect them from destitution. To this day, many philosophers remain broadly sympathetic to Rawls's view, some to the extent of claiming that bioethical issues, such as the ethics of human cloning and embryo screening, should be evaluated precisely in terms of rational choice in a Rawlsian original position.[12]

Robert Nozick, among others, has famously attacked Rawls for assuming that individuals in the original position are risk averse.[13] Is it necessarily irrational to prefer a risky bet over a less risky one, no matter the potential payoffs? Suppose the maximum wealth potential of the best off in society is to be only moderately wealthy by current US standards. In that case, perhaps it makes sense to be risk averse and go for a maximin principle, given the intolerable levels of poverty experienced by the worst off in the US. But suppose the best off in society are extremely rich, like Donald Trump or Bill Gates, and suppose your chance of being one of them is as high as 5%. Why not be a risk-taker, given the extraordinary

[11] Rawls (1971).
[12] See, for example, Reiss and Straughan (1996: pp. 198–199).
[13] Nozick (1974).

rewards if you are lucky? Or perhaps your choice of a risk-taking strategy is not in this way directly sensitive to the monetary outcomes. Maybe you just get a kick out of taking risks, as some committed gamblers seem to. Why assume that there is anything rationally dubious about risk taking as such? These and related controversies generate a number of questions for bioethics. To what extent should some specific attitude towards risk be considered a precondition for morally acceptable patient consent to medical treatments? To what extent, if any, does the ethical significance of risk alter when clinical decisions are made by one person on behalf of another? With what right do medical professionals or politicians make ethical assessments of risk on behalf of their patients? To what extent is it ethically defensible for governments to take risks on behalf of their citizens? These are questions with philosophical aspects that informed practical bioethical debate cannot afford to ignore.

3. Bioethics and autonomy

Respect for autonomy is a second issue where philosophy bears directly on practical bioethical debates. To take one currently prominent example, advance decisions about future lives have conflicting implications for the value of autonomy. On the one hand, the autonomy of prospective parents can be respected by giving them the choice of whether to genetically screen their potential offspring, and whether they should proceed with a pregnancy when the genetic markers of a certain disease are found to be present. Defenders of new genetic technologies argue that such choices can act as an ethical safeguard of individual autonomy from the inevitable institutional pressures that accompany advances in medicine.[14] Recent advances in biomedicine, deriving mainly from the discovery of strong correlations between genotypic markers and phenotypic abnormalities, raise the prospect of reducing the spread of markers for serious disease in the human gene pool, thereby reducing the frequency of the relevant abnormalities in the population. Thus, for example, it seems possible that medical science might one day be able to effectively eradicate the genetic markers for Huntington's disease in the human gene pool.[15] On the other hand, while the prospect of eradicating a serious disease may seem irresistible from a clinical point of view, it also raises the question of the value one thereby assigns to the choices of the people who either actually (because already born) or potentially (because not yet born) live with that disease. A patient with Huntington's disease, for example, might prefer to live with the disease than have never been born. However, if the genetic markers for Huntington's disease were one day to disappear, there would be no such people. Others would have decided negatively on the value of such lives in advance. It is a contested philosophical

[14] See, for example, Harris (1985: Ch. 10).
[15] See, for example, Reiss and Straughan (1996).

question whether any individuals would thereby have been harmed, and if not, whether this entails that no wrong has been done.[16]

There is currently a broad liberal consensus in many Western countries that across a significant range of serious cases any wrong done by selecting away some disease-related trait is outweighed by the consequent avoidance of suffering, both for prospective children and their carers. This does not, however, remove all sources of conflict regarding the value of autonomy in reproductive decision-making. Such conflicts also arise between the autonomous choices of prospective parents and the consequent exercise of autonomy of children who are actually born. The circumstances created by the combination of nature, parents, the medical profession and the wider community will affect the conditions under which consequent children exercise their autonomy, and thereby the content of their autonomous choices. Two examples will serve to illustrate the point.

The first example is pure science fiction. While there may be no good evidence at present for the possibility of such detailed genetic selection procedures, it is at least conceptually possible that at some time in the future, parents will be able to screen, either genetically or otherwise, for the likelihood of developing a disposition to make determinate choices regarding the heritable characteristics of potential offspring. Thus the possibility arises of a scenario in which potential parents who are given the choice of whether to terminate a given pregnancy are themselves predisposed to favour the termination of pregnancies where the embryo carries the markers of certain traits. The choices granted to prospective parents in such a scenario could be thought to have a questionable claim to autonomy, since the reproductive dice would already have been loaded as a result of the autonomous choices of previous generations.

Science-fiction or not, the example of consciously selected predispositions to make certain reproductive choices is an example of a well-known class of philosophical problems about the status of apparently autonomous choices themselves partially determined by previous apparently autonomous choices. The philosophical literature contains a number of discussions attempting to make sense of such choices and their ethical status.[17] What these arguments show is that the distinction between autonomous and non-autonomous choice is both delicate and difficult to draw. On the one hand, we might react to the scenario envisaged above with the same horror as many have experienced when reading Aldous Huxley's *Brave new world*.[18] Huxley's is a world in which people may seem to be less than fully autonomous, since even if they may choose what to do, they do not seem to have been given enough freedom to decide what to want to do (or want to want to do). On the other hand, we might reflect that the scope of all human choice is constrained by external circumstances that are themselves consequences of previous human

[16] See, for example, Brock, Buchanan, Daniels, and Wickler (2002), and Parfit (1984), Part I and Part IV.
[17] See, for example, Berlin (1969), Elster (1979), and Frankfurt (1989). For a recent discussion of autonomy in bioethics, see O'Neill (2002a).
[18] Huxley (1932).

choices. Ordinary moral thought includes a plethora of injunctions exploiting this fact. Thus, morality includes injunctions on nursing and the formation of character, where the perceived option-ranges of children are effectively curtailed in order to make them one kind of person rather than another. To take one case of direct relevance to the issue at hand, most parents try to morally educate their children to make some choices rather than others about what sort of children they should have. A subsequent complaint on behalf of the resulting adult that her autonomy was curtailed by making her morally conditioned to prefer healthy children would be met with incredulity in most quarters. The fact that this injunction relates to a case where dispositions are affected at a place on the causal chain beyond the point at which the genetic make-up of the child has been determined is beside the point. Much of the stage setting for moral education takes place between the point where genetic make-up is determined and the point where children have the capacity to reflectively object to their treatment. It is a legitimate question why the frontiers of moral stage setting should not be extended further backwards to the determination of a child's genetic make-up.

My second example of a problematic application of the concept of autonomy in bioethics is an actual one, and concerns the case of a deaf lesbian couple from California who have two deaf children, both genetically selected for deafness.[19] In defence of this unconventional choice, this couple argued that congenital deafness allows their children to share the cultural identity of their parents, and is no different in that respect than a feature such as skin colour, which is often regarded as highly relevant in adoption issues, for example.

Unable to find a fertility clinic that accepted deaf sperm-donors, this couple exercised their reproductive autonomy by finding a deaf sperm-donor privately. There is no strong evidence that the well-being of their children is at serious risk as a consequence. In a selective and wealthy Californian environment with a resourceful deaf community, the probability of their disability being a major obstacle to a good life could be minor, and in any case less than that of many other Californian children. At the same time, there is a concern that the autonomous choices of the children have been second-guessed. Although the younger child has partial hearing on one ear and so can choose to wear a hearing aid in later life, the older child is congenitally deaf. This fact, combined with the parental values guiding selection for deafness, heavily conditions the subsequent choices made by the children regarding all sorts of things, from living environment, career and reproductive decisions on the one hand, to hobbies and daydreams on the other.

It is not a philosophically straightforward issue whether, and if so how, the potential choices of actual or potential future children can coherently enter the ethical deliberations of prospective parents here and now. On the one hand, we know that to some extent they do so enter, and also that they should, on pains of negligence and (individual or collective) disaster. On the other hand, given that choices made in the present partially determine which choices could possibly be

[19] BioNews (2002b).

made and by whom in the future, it is difficult to produce a universally applicable account of how possible future choices can be taken ethically into account without producing morally intolerable consequences.[20] The task of working out a reflectively stable approach to thinking about this issue does not automatically lend itself to systematic treatment in circumstances where the primary objective is immediate practical decision-making on emotive issues affected by deep personal wishes and institutional pressures of efficiency and accountability. If such an approach is desirable, the philosophical expertise of bioethicists is not superfluous.

4. Bioethics and pragmatism

One tempting response to the abstract theoretical complexities just mentioned is to turn one's back on philosophical thought altogether. Scientists, doctors, policy makers and laypersons have to make workable decisions about how to proceed with the medical, legal, and social data at hand. History shows that abstract philosophical thought, while intrinsically stimulating, is potentially never-ending and ultimately without conclusive results. Where important practical decisions have to be made, too much philosophical sophistication merely clouds the issues.

The potential soundness of this complaint should not be neglected by construing it as a poorly motivated slippery slope argument. The worry is not that once one starts reflecting philosophically about an ethical issue, there is no rational place for reflection to stop. After all, bioethicists regularly leave their offices at designated times to feed, rest and reproduce. There is undeniably some danger of getting carried away by a philosophical train of thought. But there is no conclusive evidence that this potential is always realised. Moreover, the dangers of unproductive intellectual activity are not confined to philosophers. While an empirical survey of the relative efficiency of committee work in philosophy versus other disciplines could provide fascinating reading, there is no reason to expect that philosophers are unique in occasionally slowing down the decision making process by over-elaborating on their favourite aspects of an issue. A scientist might be just as likely to bang on about a potentially endless list of fascinating data, or a politician to worry endlessly about the public perception of a decision. Philosophers and others alike are equally capable of wasting time.

This diagnosis of the worry is therefore too simple. More plausibly, the problem is not one about reaching a decision, but rather about reaching the right, or at least a workable, decision. Thus understood, the worry is that the presence of bioethicists does little or nothing to enhance the prospects of reaching good decisions in practical bioethical debates. Thus, I have heard it argued that people are generally sensible enough, when presented with the relevant facts, to make good ethical choices on bioethical issues without the aid of philosophical experts.

[20] See, for example, Parfit (1984) and Brock et al. (2002).

It would be nice to have an empirical survey on this issue as well. Yet it is difficult to see what such a survey would consist of. Of course, if it could be shown that the presence of bioethicists in practical bioethical debate makes absolutely no difference to the result, the case would be closed. But this hypothesis is hard to believe.[21] Barring such a result, the question is whether the difference made by bioethicists is benign or pernicious. No purely empirical survey could settle this question.

There are two non-empirical considerations undermining the claim that the input of bioethicists is unproductive in practical bioethical debate. Both considerations arise from the worry presently addressed. The first question is whether people are in general sensible enough to make ethical decisions on bioethical issues when informed of the relevant facts. If these facts include only such non-moral facts as the medical data, or the likely psychological and social consequences of the application of given technologies, then it is hard to see any distinct role for bioethicists. However, if we are really committed to make choices in light of relevant true beliefs, then there is no reason to exclude in advance all true beliefs about ethical concepts, positions, their presuppositions, and interrelations. Thus, taking the aforementioned issue of autonomous choice and embryo screening, the philosophically contested status of autonomy is a relevant fact about the ethics of embryo screening if is anything is. It cannot be assumed without argument that philosophical expertise is excluded from the realm of ethically relevant facts.

Second, the exclusion of certain forms of expertise in the interest of producing practicable decisions is itself loaded with ethical assumptions. The temptation to think of a choice as somehow 'ethically neutral' on the grounds that it is 'purely pragmatic' might be widespread, but it is also confused. Purely pragmatic choices (in the sense of choices designed to efficiently promote some end) are only possible where the status of ends and background assumptions is taken for granted. Yet any ethically interesting choice is potentially revisionary with respect to the ends and assumptions against which it is made. Thus, a political debate concerning the difficulties in publicly funding free health services for all might conceivably result in a decision to not publicly fund free health services for all. Furthermore, it is often a contestable matter what constitutes a workable solution to a problem. First, there is always the question: for whom is the solution workable? Genetically screened-out and consequently unborn individuals are not among them. Second, there is the question: in what sense is a solution workable? What is workable for an insurance company that makes more profit by not insuring a widespread genetic disorder is not equally workable for the individuals who suffer from that disorder. Third, there is the question of who is entitled to have an input into the decision-making process, and how. Foetuses, infants, and patients in a permanent vegetative state are in principle barred from participating. And while families with members

[21] Consider the aforementioned influence in public debate of the writings of the philosopher Peter Singer. See, for example, Singer (1999). More recently, consider the public impact and subsequent sales of the philosopher Onora O'Neill's Reith Lectures for the BBC. See O'Neill (2002b).

who suffer from psychiatric illnesses might be thought by some to be particularly well placed to make ethical decisions regarding suitable treatments, there are also those who would rather put their trust in an emotionally distanced health care professional who 'sees the whole picture'. What works from one perspective may not work from another. Nothing can possibly work from all possible perspectives.

In the worst-case scenario, so-called pragmatic values are positive obstacles to ethical decision-making, whether about non-controvertible facts or contestable values. The pragmatic values embodied in large institutions such as the British National Health Service create intellectual pressures on individuals working within them that potentially conflict with independent ethical thought, thus producing ethical conflicts between morally motivated persons and the beneficent institutions they aim to serve. To take one recent example: in the winter of 2003, a UK hospital trust was successfully sued for libel by an employee who had been suspended from an IVF unit after the revelation that more than one woman had been implanted with the wrong embryos.[22] The employee claimed that unfounded allegations had subsequently been made to the press by hospital management about her personal responsibility for the mistakes made in the unit. In conflict with this claim, supporters of the employee claimed her suspension had been the result of her decision to report the embryo mix-up to the Human Fertility and Embryology Authority, and her outspoken criticisms of hospital management. The hospital refused to say why the doctor was suspended, subsequently citing 'non-clinical matters'. The unit in question subsequently closed. In this apparent example of whistle-blowing, the suspended employee claimed to have been faced with a conflict between the pragmatic value of protecting the institution and the value of accountability. Regardless of the rights and wrongs of her legal challenge (it resulted in her being awarded an undisclosed sum in damages) the fact remains that the people involved in this case were not 'generally sensible enough' to reach a workable consensus when presented with the relevant facts. To resolve this conflict, legal representation was required, at the cost of several hundred thousand pounds, which, in the words of the claimant, 'should have been used to treat patients in the NHS'.[23]

Bioethicists provide ethical perspectives to some measure independent of large-scale institutional pressures. For example, a bioethicist could argue that while some measure of accountability is possible in public IVF units characterised by constant under-funding and understaffing, it might be more defensible, given shared assumptions about social justice and ethical priorities, not to have IVF units in the public health service at all (which is not to say that the above case constitutes an argument to this effect).[24] It is not the primary business of the bioethicist to run IVF clinics for the National Health Service. Nor is it the primary business of the

[22] BioNews (2002a).
[23] BioNews (2003).
[24] For a recent discussion of the concept of social justice as applied to bioethics, see, for example, Brock et al. (2002).

bioethicist to play the role of management consultant or career bureaucrat, whose (perfectly legitimate) task it is to propose effective strategies to meet the institutional aims and objectives of their clients. The role of the bioethicist includes openness towards the critical examination of even the most fundamental assumptions behind institutional aims and objectives. It is precisely by maintaining this independence of viewpoint that bioethicists can legitimately claim to make a distinctive contribution to practical bioethical debate.

5. Conclusion

Bioethicists can play a legitimate role in practical bioethical debate. This role derives from the advantages of the division of intellectual labour. Bioethicists may not have privileged access to any distinctive set of ethical facts. Yet they may have genuine expert knowledge of theoretical assumptions and priorities embedded in moral judgements, expert mastery of theoretical distinctions between ethical positions, and detailed knowledge of the difficulties with which all ethical positions are faced. Either form of expertise can make a benign difference in the real world.

Nothing I have said precludes bioethicists from making a contribution to biethical debate beyond giving a philosophical perspective on the issues.[25] Just as biologists, doctors, lawyers and politicians are not barred by their field of expertise from expressing their opinion about what is morally right and working to implement them within actual institutional contexts, bioethicists are not barred by their field of expertise from expressing their opinion about what is morally right and working to implement them in actual institutional contexts. The potential contribution of any given expert in ethical decision-making is not exhausted by that expert's domain of expertise.

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[25] As recently done by Elliott (2003). See also Singer (1979) and Jamieson (2002).

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