

## **Bioethics in prospect**

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Some things matter more than others. Ethics is the systematic study of what matters, and of what best to do, believe, and feel about it. Bioethics studies these things in healthcare and the life sciences. Its future depends on its nature and its past, and on contextual factors that include our understandings of its nature and past.

They could not have known it until the word 'bioethics' was born in the late 1960s, but reflective practitioners of healthcare and the life sciences have done bioethics for a long time. At least since the mid-19th century, western medicine has also written such thinking into its 'codes of ethics'.

The self-conscious field of bioethics was a child of western medicine, law, and the humanities – especially western philosophy and Christian theology. It now has a related tripartite nature, as clinical practice, policy advisor, and academic field.

People often ask doctors for help. This is a deep strength of medicine, and of any bioethics grounded in it. It is also more clearly a strength of personal healthcare than of public health. Healthcare generates and uses health research and health applications of other research and technologies, so they too inherit this strength in diluted form. Bioethics has so far been primarily medical ethics, and will probably remain so for as long as citizens turn to medicine for help with things that matter.

People aim to live well. Medicine aims to keep them alive. In general, these are happy partners, but in some settings they conflict. Where they do so, medicine will continue to accommodate itself to citizens' ethics. More broadly, people will continue to bend medicine's therapeutic impulse to aid their attempts to remove life's 'imperfections', including the fact that it ends in death. Such attempts will also keep making trouble for understandings of, and responses to, people with disabilities.

For several centuries, the sciences have been powerful social and economic agents, and the life sciences have been the most dynamic of them for more than fifty years. Bioethics typically has its institutional base in centres of medicine or associated professions, sciences, and industries. This encourages it to focus on ethics *in*, rather than *of*, healthcare and the life sciences; and simultaneously helps it to be influential. Through bioethics commissions, and in less formal ways, policy now often addresses the wider ethics *of* biotechnology, and engages with the ethical understandings of a citizenry that is continuously uneasy about its risks and rewards. To sustain broad

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support, bioethics also needs to build strong traditions of critical inquiry, at greater distance from these powerful institutions.

The 'Nuremberg orientation' takes health research to be a potential crime against humanity and the researcher to be a potential war criminal. It deeply coloured health research ethics in the 20<sup>th</sup> century. It will gradually give way, despite unease about biotechnology, to an approach that asks what health research can offer to things that matter; that includes people in, and protects them within, worthwhile research; and that protects people against worthless-or-worse research.

Is bioethics a field of expertise? The mere capability to clarify ideas and critically assess arguments is too thin to keep it in demand. Might bioethics also tell us the best methods of inquiry into what matters, and how best to specify these ethical factors in particular settings? But if so, isn't bioethics just *ethics*, at work in healthcare and the life sciences? And if bioethics is not a field of expertise, why heed it? These issues of meta-ethics, self-understanding, and practice are awkward for bioethics. Even so, when birth, living well, or death is at stake, sceptical thoughts that 'nothing really matters' or that 'no ethical belief is better than any other', seem shallow and unworthy. In our sceptical age, this fact will help to sustain any bioethics that keeps its focus on these things that do matter.

Bioethics will remain inter-disciplinary for as long as it employs people who have some non-bioethics qualifications. But many influences are pushing it to become its own 'mature' discipline. This puts at risk its dynamic inter-disciplinary character, and its healthy tendency to state its ideas with ordinary words.

Ethics tends toward reform. For instance, discussion of 'ethical issues' can turn the 'unthinkably bad' into the thinkable. Some objected on this ground to Peter Singer's even speaking in Germany on euthanasia. Ethics can also unsettle established practices, through ideas first directed elsewhere. For example, some 'harm to the child' criticisms of reproductive cloning apply also to ordinary human reproduction.

Bioethics itself faces reformist challenge. It has, for example, focused on topics in nations with sophisticated urban health systems, such as the issue of death by withholding or withdrawing complex healthcare. Yet poor countries suffer much more death, in very different circumstances. Insofar as bioethics picks this up, through population-based and locally sophisticated approaches, it will also face questions about the lead role that western philosophy and Christian theology have enjoyed within it. In many cultures and places these founders of bioethics are alien.

Bioethics engages continuously with further forms of healthcare, life science, humanities study, social and literary inquiry, culture, citizens' ethics, and policy analysis. This makes it a vibrant and expanding mix of internally and externally generated topics and understandings. Yet living well, through family, food, drink, clothes, sex, home, work, trade, friends, community, and relations with non-humans and the environment, takes us beyond healthcare and the life sciences. This suggests that a broader field of 'ethics' is likely to grow alongside bioethics, and one day might

even absorb it. However that may be, bioethics can anticipate a bright future.

Ethical issues have increasing profile at policy level in New Zealand, driven in part by government emphasis on biotechnology. Biotechnology ethics is the focus of the Bioethics Council, an advisor to government established after a public commission of inquiry into genetic modification. The Human Assisted Reproductive Technology (HART) Act 2004 establishes a demanding regulatory regime in that area, including a ministerial advisory committee to guide all non-established HART practices. The National Ethics Advisory Committee is a further statutory ministerial advisor, on 'ethical issues of national significance concerning health and disability' - to date especially issues of health and disability research ethics. Ethics informs the training and practice of health professionals. Increasing numbers of academics work in bioethics, though this country of four million people has just one dedicated university bioethics centre, located at the University of Otago. In all areas, emphasis is placed on people's participation, and on inclusion of their diverse ethical understandings. This is especially so regarding New Zealand's indigenous Maori people.