

The power of a single idea

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The most powerful influence wielded by bioethics on the evolution of societies can be found in the world of ideas, even more than in the world of controversial public policies. Similarly, the future evolution of bioethics itself will depend more on the struggle over ideas than on its persuasion in the area of public policy or its interaction with clinical behaviors and policies.

I am convinced that the single most important idea that will shape both the external influence and the internal development of bioethics is the idea of vulnerability. If vulnerability fails to emerge as a major idea during the next generation of bioethics, both our field of learning and societies at large will be the poorer for it.

The idea of vulnerability was effectively removed from our moral discourse largely by the Enlightenment teaching (e.g., by Condorcet) that human perfectibility is infinite and human faculties will constantly improve through science and reason. To reinstate vulnerability after more than 200 years of moral discourse that has been increasingly isolated from experience requires, first of all, a sense of wonder regarding human mortality, woundedness, fragility, dependence, and victimization. It also calls for a respectful phenomenology of vulnerability in all its health-relatedness. Fortunately, new trends of thought centering on vulnerability are appearing in all parts of the world. In some schools of thought, contemporary western philosophy is increasingly regarding vulnerability as part of the basic identity of all humans who, because of their own vulnerability and dependency—as well as their interdependencies—have the constant characteristic of needing care (by self, others, and society) and the responsibility to be responsive to the vulnerability of others. For example, vulnerability—with its companion idea of dependency—plays a major role in continental philosophy (Emmanuel Levinas, Jürgen Habermas, and Paul Ricoeur); North American feminist philosophy (Susan Okin, Virginia Held, Eva Feder Kittay); analytic philosophy of welfare (Judith Shklar, Robert Goodin) and virtue (Alasdair MacIntyre); first-world feminist theology (Pamela Couture); and third-world feminist theology (Ivone Gebara)—most of which, in one way or another, are pressing towards a more universalized ethic of care based in the experience of vulnerability and many forms of suffering. Initial efforts at working out the implications of vulnerability for

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medical bioethics have been made by Peter Kemp and Jacob Rendtorff, Alastair Campbell, Edmund Pellegrino, and Richard Zaner; and for environmental bioethics by Jorge Riechman. In public health bioethics, more attention needs to be given to global vulnerability, i.e., to ethical issues arising from threats to the sustainability of life and health in all parts of the world.

The most powerful single idea in the field of bioethics up until the turn of the 21st century has been autonomy; it has enabled bioethics to wield great influence on society by championing freedom and opposing unwarranted paternalism; and it has imparted on the field a strong internal structure. Indeed, the moral idea of autonomy has dealt with one sort of vulnerability—the vulnerability of the less powerful of two parties both of whom are seeking power. But overall, its dominance in the field has been tyrannical. The moral idea of vulnerability—to be gleaned from many contemporary sources and newly retrieved from pre-Enlightenment sources—would require a major re-thinking of every principle of bioethics and every area in which bioethics functions. For example, a desiccated principle of beneficence would have to be replaced with a more richly responsive virtue of concerned care. If a major, worldwide re-thinking of bioethics is carried out under the banner of vulnerability, bioethics will be capable of fostering a major impact on society in the next generation and will, at the same time, become more credible as an academic and public enterprise. [File: Lectures\Portuguese Bioeth-2005-Ms-Vulner-01]