Bioethics for the 22nd Century
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What is bioethics? That is a boring question. What should bioethics aim to be? And should it exist at all, as an independent academic discipline? Those are more interesting and exciting questions that an introduction to a bioethics handbook should address. This introductory chapter will thus discuss not merely what bioethics is but also what bioethics ought to be, making the case for the continuing existence of bioethics as a self-contained discipline.

Let us begin with names. You might have heard talk of ‘bioethics’, but you might have also heard ‘biomedical ethics’—for example a famous textbook uses that denomination, the principles of biomedical ethics:

“The Principles of Biomedical Ethics by Beauchamp and Childress is a classic in the field of medical ethics. The first edition was published in 1979 and “unleashed” the four principles of respect for autonomy, non-maleficence, beneficence, and justice on the newly emerging field”.¹

This could strike one as confusing: the principles of biomedical ethics is supposed to be a classic in the field of medical ethics, yet the principles are quoted in a handbook of bioethics.

A suspicious reader might fear that there is something wrong with a field that cannot even agree on its name. It gets worse: there is also clinical ethics, nursing ethics (in fact, one of the most widely-read journals in the field carries that particular name), ethics in health care,² without forgetting public health ethics, which has been all over the news in recent years because of the COVID-19 pandemic. Finally, philosophy of medicine isn’t far off either.
However, this proliferation of names need not necessarily signify confusion or disagreement; it could just as well be that there are genuine differences between these denominations, and that is exactly where we are going to start from in this introductory chapter.

But before we attempt to defend bioethics as a worthwhile disciplinary category, it is worth taking a step back to ask what the ‘ethics’ component within bioethics means, as the incomplete list of denominations we provided above could be prolonged with concepts such as applied ethics or practical ethics, which have sometimes been used interchangeably with bioethics, like in Peter Singer’s classic own textbook: Practical Ethics.³

_Ethics Before Bioethics_

Outside of philosophy, you could be sometimes forgiven for thinking that ethics is one of two things which it most certainly is not—shouldn’t become, anyway:

- a branch of the law; or
- paperwork.

In the public sphere—and especially within political circles—ethics basically only comes up when some prominent figure is suspected of a violation bad enough to make the papers but not quite serious enough to land them in court; an ethics committee gets involved, and worst case scenario the politico in question resigns and comes back two years later or—if they are really unlucky—ends up in the private sector making ten times the dough.

To think of ethics as the legal system’s junior leagues couldn’t be farther from the truth, for the following reason: ethics provides the normative foundation for our jurisprudence.
The other misunderstanding is even worse, because at least the ‘junior leagues’ mistake gets one thing right: sometimes there are good normative or epistemological reasons why an action should be only unethical and not also illegal.

But ethics as paperwork—as it is often thought of in the two realms most relevant for bioethics: health care and scientific research—is just sad. Here, ethics is taken to be the process of filling out forms to ensure one has complied with accepted ethical standards. This view embodies a misunderstanding because ethics, properly understood, is critically normative. That is, ethics focuses first and foremost not on issues of compliance with accepted ethical norms, but on whether those ethical norms ought to be accepted in the first place.

Having warned the uninitiated reader against these two common mistakes, what is the difference between ethics and bioethics? And what, further, is the difference—if at all—between bioethics and all these other denominations (biomedical ethics, medical ethics, applied ethics, ethics in health care, etc.)? We will now turn to addressing these questions, in a way that attempts to motivate bioethics as a self-standing discipline.

**Bioethics, Alone**

To begin, one view regards bioethics as simply another name for medical ethics. This view finds support from the fact that many of the uncontroversially central topics of bioethics are medical in nature—e.g., the ethics of informed consent, of medical research, euthanasia, and so on—as well as that some bioethics textbooks and anthologies deal exclusively with topics in medicine and health care.⁴

If bioethics were nothing more than this, it obviously could not be defended as a self-contained discipline: it would cover nothing not already covered elsewhere, and would do so
rather awkwardly—it would be much clearer to group the relevant medical issues under the heading of medical ethics than of bioethics.

We think, however, that assimilating bioethics to medical ethics is a mistake. While bioethics has its roots in medical ethics and bears many marks of its progenitor, it ought to be, and has been, pushed beyond the sphere of the medical. This is partly because many of its main methods find useful application outside the realm of medicine, for example, to animal ethics or environmental ethics.

For instance, recall the ‘four principles’ approach to theorizing mentioned earlier, and consider two facts about it. First, these four principles played a central role in the genesis of medical ethics (e.g., see our quote above about these principles), and second, they are now commonly called the principles of bioethics. This switch in categorization from ‘medical’ to ‘bio’ plausibly reflects a recognition that these principles which began life within medical ethics can fruitfully be applied beyond the medical, resulting in that method now rightly being associated a broader field—bioethics.

Or consider the method of moral theorizing called ‘reflective equilibrium.’ This method involves playing off intuitions about cases against moral principles, making adjustments to either—rejecting an intuition, modifying a principle—to achieve coherence between them. The method was popularized by John Rawls within political philosophy and was first used outside political philosophy by Norman Daniels, who applied it to health care ethics. Now, however, it is viewed as a central method, not (only) of health care ethics, but (also) of bioethics. Once again, a method initially applied within the medical realm was recognized to have wider application, and is now closely associated with the broader field of bioethics.

If bioethics should be broader than medical ethics, how broad should it be? We can ask two questions here. First, why bioethics at all? Why not just ethics? After all, both
methods of bioethics just discussed—the four principles approach and reflective equilibrium—have been or could be applied within ethical theory. The reason to hold on to the ‘bio’ in this case concerns not method but subject matter. Bioethics is issue-focused. Unlike ethical theory, it is not concerned with theory for its own sake, but rather with concrete ethical issues, ranging from assisted suicide to medical AI.

This raises a second question: if bioethics is issue-focused, then what distinguishes it from practical ethics, which is also issue-focused? The answer is that bioethics to some extent is, and (we will argue) ought to be, interdisciplinary, rather than as (a subfield of) philosophy. Its main contributors include not only philosophers but also lawyers, theologians, and practitioners. In contrast, practical ethics is a branch of (applied) philosophy and thus is practiced almost exclusively by philosophers.

Why should bioethics be interdisciplinary? First, diversity is epistemically powerful. There is substantial evidence that diverse groups—groups composed of people with different perspectives and ways of thinking—outperform less diverse groups on a wide variety of problem-solving tasks, ranging from the practical to the academic and theoretical. Second, diversity has moral benefits in this case. It is morally desirable and perhaps morally imperative that those closely affected by the issues of interest to bioethics be included in the bioethical debates about those issues. This is because bioethical debate about an issue might influence the formation of public policy on that issue. For instance, debate about euthanasia might result in its legalization.

In that way, bioethical debate ends up affecting the practice and experiences of those close to the issue (lawyers, physicians, etc.), and morality arguably requires that people significantly affected by a process have the opportunity to provide input to that process, if feasible. Such debate should, in other words, aspire to be democratic.
In sum, we think there is a good case for carving up the disciplinary landscape as follows. Bioethics is a subfield of ethics, with a focus on practical ethical issues. It is distinguished from another subfield of ethics—practical ethics—by virtue of its interdisciplinary nature. Medical ethics, which is also focused on practical ethical issues—within medicine—and is also highly interdisciplinary, is naturally viewed as a subfield of bioethics. Likewise for clinical ethics, nursing ethics, and public health ethics, all of which are issue-focused and interdisciplinary. Finally, bioethics is distinguished from philosophy of medicine by its focus on ethics, as philosophy of medicine is essentially a branch of philosophy of science, not of ethics.10

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