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Why can't we all just get along? A comment on Turner's plea to social scientists and bioethicists

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People, I just want to say, you know, can we all get along?

Rodney Glen King, an African American man whose beating by Los Angeles police officers, together with the subsequent acquittal of all but one of those officers, touched off the 1992 Los Angeles riots.

Okay, Professor Turner is not Rodney King. He is not responding to bioethicists and social scientists running amuck, setting automobiles aflame, and pelting each other with rocks and broken bottles. He does not come right out and ask, "Why can't we all just get along?" But in its academic way, Turner's essay is an effort to negotiate a truce in the inter-disciplinary squabbles that plague bioethics, a plea to move bioethics beyond the "misleading" and "unhelpful" "demarcation of disciplinary goals" that lead to "dichotomous thinking" and "polemical accusations".

We who work in bioethics need to hear this, we need to be reminded that social scientists can be (and are) moralistic, and bioethicists can be (and are) sociologic. As Turner rightly points out, social scientists are constantly making moral judgments – from their choice of research topic to the publication of their results – and any bioethicist worth his or her salt recognizes the need to consider the social settings in which moral questions arise.

I have no quarrel with the fact that social scientists and bioethicists poach – consciously or unconsciously – on each others' turf. I am less convinced, however, that the way ahead for bioethics is to take down the fences that bound our disciplines. Turner believes that calling attention to the overlap between social science and bioethics will result in "fewer broad indictments of bioethics and more fruitful exchanges between scholars in bioethics and the social sciences." Maybe so, but is this a desired outcome? While I no longer favor broad indictments of bioethics (I once did, but have mellowed with age) I am persuaded that the interdiscipline of bioethics will be *more* productive if social science and bioethics do *not* get along. Like all interdisciplines, bioethics faces the danger of "undisciplined" work: when bioethics cherry-picks the insights of other disciplines, the distinctive intellectual histories of those disciplines get lost or ignored, creating a bland academic stew.

My view – that the disciplines of bioethics should remain distinct and perhaps even adversarial – reflects the opinions of those who helped establish the field of bioethics. Fifteen years ago, early in my study of bioethics, I interviewed those who were among the first to be identified as bioethicists, asking them what they thought of the creation of Ph. D. programs in bioethics. Nearly all were opposed to the idea, asserting that the strength of bioethics was to be found in the several disciplinary viewpoints that comprised the field. These "bioethics pioneers" worried

that doctoral training in bioethics would create scholars who were “Jacks and Jills of several disciplines, but master of none,” serving the future of the field poorly.

Fortunately (from my perspective), their worries have proved premature. In spite of the growing popularity of interdisciplinarity in the academy and in the health sciences, Ph.D. programs in bioethics are few. The reasons for this are both generic and specific. Like other interdisciplines, bioethics continues to struggle with the well-known institutional impediments to interdisciplinarity – including problems related to funding, tenure, and promotion – and with the challenge of bringing together different disciplinary “languages,” cultures, and methods of research. In fact, if Professor Turner wishes to move beyond disciplinary Puritanism and dichotomous thinking he would do well to attend to the generic problems of interdisciplinarity. More than the mutual misperceptions of social scientists and bioethicists, it is these structural arrangements and cultural ideas that generate the “polemics” and “broad indictments” that Turner seeks to transcend.

But détente among the disciplines of bioethics is also hampered by *peculiar* features of the field. Included here are: the identity problem of bioethics, an unusual share of disciplinocentrism, the “quandary of critical distance”, and varied “moralities of method”. While some of these peculiarities stand in the way of progress in bioethics, others are important sources of bioethical insight. If we in bioethics all “get along”, we lose these generative tensions.

The identity problem – “Are you fish or fowl? – exists for all interdisciplinarians, but it is especially acute in bioethics. Unlike other interdisciplines, several important scholars in bioethics actively disavow the identity of bioethicist. An anecdote from Carl Elliott aptly illustrates:

At dinner after a recent meeting about ethics and genetics, a guest told me that he had never been to a conference of bioethicists before. The person next to him sat up straight, as if insulted, and said: ‘But I’m not a bioethicist.’ They turned to me. ‘Don’t look at me,’ I said. ‘I’m no bioethicist.’ We asked the other guests at the table, and while the verdict was not unanimous, many said no, they didn’t really consider themselves bioethicists either. To an outsider, it must have seemed an odd response. Most of those present work in bioethics centres, publish in bioethics journals, belong to bioethics associations and write books with the word ‘bioethics’ prominently displayed on the covers. I do many of those things myself.¹

Turner’s essay contrasts social scientists and bioethicists but never clearly defines who bioethicists are. There are some descriptive social scientists who proudly call themselves bioethicists, and there are some prescriptive bioethicists who eschew the moniker, describing themselves as “philosophers (or theologians, or lawyers) who study bioethical issues.” This identity problem presents a structural challenge to bioethics: if bioethicists cannot agree on who is, and is not, a member of the interdiscipline it will be nigh unto impossible to secure a distinct place for themselves in the academy.

An unusual share of disciplinocentrism contributes to this problem of identity. We scholars tend to be reductionistic, to see the world through the lenses of the disciplines to which we have devoted our lives. This tendency is aggravated in bioethics where members of different disciplines vie for the last word on what is *morally* right and wrong. Thus philosophers tell social scientists: “You can’t get an *ought* from an *is*,” and social scientists respond, “You can’t get an *ought* from an *ought*!” (that is, logical arguments are culturally contingent). Practitioners of “X-Phi” (experimental philosophy) tell old-fashioned moral philosophers, “Philosophize all you want, in the end all your notions of right and wrong are predicted by your bio-, psycho-, socio-situation.”

Another hindrance to the peaceful co-existence of the disciplines of bioethics is the quandary of critical distance. The interdiscipline was born as a critique of harmful research and clinical practices: when bioethicists reflect on their history they see themselves as speaking truth to (medical) power, advocates of vulnerable patients, and research subjects. What happens when the critics welcomed into the system they criticize? Yes, being admitted to the institutions of medicine and medical research allows one to work for change from the inside out, but it also eliminates the critical distance that generated the original wisdom of bioethics. Bioethics gains both power and insight to the extent that there is a conversation between those who work in the system and those who remain outside.

A final tension among the disciplines of bioethics is found in their varied “moralities of method”. One of the strengths of interdisciplines is their ability to bring many methods of inquiry to bear on a research question. Scholars in science and technology studies, for example, use historical research methods, surveys, qualitative methods (including focus groups, in-depth interviews, and ethnographies), and philosophical reflection to explore the emergence, adoption, and consequences of new biotechnologies. Bioethicists also rely on multiple methods, but the nature of their work demands reflection on the moralities embedded in these different methods. I do not refer here to whether the research is done ethically (i.e., no cheating, no harm to subjects), but rather to the moral standpoint assumed by the method. What is the moral vision that drives the sociological imagination? How is that similar to, and different from, the moral vision of the philosophical imagination?

The insights of sociology are generated by its commitment to challenge “hierarchies of credibility” to debunk “official explanations” of social arrangements. Philosophy – especially in its Anglo-American version – is morally committed to clarity and logic. When asked to examine conflicts of interest in medical research, the philosophical imagination seeks precision in the meanings and categories of the terms employed (“conflict” and “interest”) and considers the application of moral theory to problems created by these conflicts. The sociological imagination begins by exploring the social history of the concept of “conflict of interest”, its uses (and abuses), the way the term gets operationalized, and who gains and who loses as a result of the policies governing these conflicts. Both approaches are vital to the work of bioethics, and in fact, the work of each benefits from the challenges of the other. Sociologists are forced to be more rigorous in their development of typologies and philosophers are forced to make their definitions fit with empirical reality.

Where most interdisciplinary projects seek unity among disciplines – a goal that Professor Turner desires – bioethics is well-served by inter-disciplinary tension. I fear that if social scientists and bioethicists get along too well, the field of bioethics will suffer. The challenge for bioethics is to find a way to be one, yet several. In their effort to create one field from many disciplines, bioethicists could learn from scholarly struggles over the doctrine of the Trinity. Tertullian, the theologian who first used the word “Trinity” to describe God, explained that the Father, Son, and Holy Spirit were “one in essence - not one in Person”. Can the same be said of bioethics? Its constituent disciplines are not one in essence, but they *are* one in the pursuit of a common goal. The topics and the disciplines of bioethics are disparate, but the goal is shared: a desire to see health care and the life sciences done in a way that respects persons and promotes justice.² This shared goal, together with a strong sense of disciplinary difference, will keep bioethics vital, creative, and productive. So be it.

References

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