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Bioethics Skillsets Can Work, But It Would Take Moral Courage to Apply Them and Get Desired Results

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In *Bioethicists Can Contribute to Addressing Racism and Racial Violence*, Danis et al. (2015) discussed seven skillsets that bioethicists can use to contribute meaningfully in the effort to address the problem of racism and racial violence facing America. The skillsets include (1) scholarship and philosophical analysis, (2) ethics consultation, (3) teaching, (4) policy, (5) investigative skills for empirical research, (6) outreach, and (7) training. Application of these skillsets can be helpful, but understanding the context is paramount, and engaging effectively the members of affected communities in conversations that lead to lasting resolution is essential. I submit that bioethics skillsets can work, but it would take moral courage to apply them and get desired results. I substantiate the proposal of the authors of the target article by sharing the development and use of similar bioethics skillsets embedded in the Integrative Bioethics approach that we currently use and have described (Sodeke 2012). I share this approach in the hope that others genuinely interested in contributing to dismantling morally troubling racism and eliminating the racial violence in encounters between black youths and law-enforcement authorities might benefit from our experience.

I agree with Danis et al. (2015) that “addressing racism and its effects will require some preparation.” They are correct in recommending that bioethicists should become familiar with philosophical works of African American scholars. These black scholars engender black solidarity and often relate their experiences, which may be different or even at odds with white experiences. For instance, first and foremost for us at Tuskegee was the question of understanding our context and the kind of bioethics tools that can assist us in addressing the challenging issues we face. What happened at Tuskegee? Why? What are the lingering effects of the syphilis study? How shall we reclaim what we have lost? In the founding document that established the Tuskegee University National Center for Bioethics in Research and Health Care (The Center) in 1999, we find the following excerpts:

“Effective responses to the challenges of the most serious inequities in our nation’s health and health care system requires bioethical approaches which incorporate a broad range of scientific and technological information, conceptual analyses which frame and critique information, and moral claims that arise from diverse fields, including biomedicine, ethics, history, public health, law, literature, philosophy, religion, and the social and psychological sciences. It is our view that an approach to bioethics which attempts to utilize abstract ethical theories alone to develop moral guideline to action in health care and life events is insufficient....effective

moral reasoning in health care and research requires us to employ an interdisciplinary account...”

Such an approach which brings into play a focus on the perspectives and experiences of African Americans and other minorities as well as dominant groups, would add more substance, relevance, and fairness to the presentation of formal and procedural justice. It would be a much stronger foundation for producing a more adequate treatment of African Americans as a group in bioethics than purely individualistic, minimalist methods of the more traditional approaches...”

The spirit articulated in the excerpts (TUNCBRHC, 1998) was an important starting point, and the essence of it became the marching orders from which the mission and goals of the Center were formed. Thus, at Tuskegee, our experiences have challenged the conventional wisdom that led in 2002 to vigorous debates of the matter of diversity and of broadening the agenda of bioethics within the bioethics community. In 2003, a special issue of the American Journal of Bioethics was dedicated to the memory of the founding director of Tuskegee Bioethics Center, Marian Gray Secundy, who throughout her professional life championed the raising of the question: Will bioethics ever become diverse? She elicited vigorous debates about the matter. In the years that followed, answers began to surface. The sole use of an Anglo-Saxon dominant view was problematized by Myser (2003). The President’s Commission on Bioethics reconsidered the meaning and scope of bioethics in 2003. Bioethics is about life. It is “*ethics in the service of the bios*”—ethics in the service of life, lives lived fully, not just physiologically, but culturally, politically, socially, economically, and spiritually (Being Human, 2003). Thus, personal and institutional practices that justly support attainment of such a life and promote wellness and wellbeing for all people are good; practices that are antithetical to opportunities that permit such a well-lived life, particularly for the historically marginalized people of color would be wrong.

Decidedly, the Tuskegee Integrative Bioethics approach is conceptually interdisciplinary, methodologically interdisciplinary, and trans-disciplinary in practice. Generally, the approach enables us to collaborate proactively with experts in other disciplines to promote the idea of bioethics and its work with and in the communities we serve. In particular, the approach is currently applied to an ongoing project where the expertise and resources at Tuskegee Bioethics Center are used to guide, with moral courage, the efforts of a partnership of three institutions (Morehouse School of Medicine, Tuskegee University, and University of Alabama at Birmingham Comprehensive Cancer Center—distinctly different in number, quality of life, entrenched values, and identity), to identify relational and organizational challenges in this tripartite partnership to address cancer health disparities and pursue lasting solutions (Sodeke 2012).

We used the principles of Community-Based Participatory Research (Israel 2012) to assess the bioethical needs of Partnership members and provided the necessary education and training. In order to implement the “normative state of actions,” conversations and interactions were informed by *procedural* and *interactional justice* (Tyler and Lind 1992). Attention to *procedural justice* ensures decisions that flow from clear policies, applied evenly, and without bias or prejudice (Bies 1987). Attention to *interactional justice* increases interpersonal sensitivity and the degree to which Partnership personnel are politely treated

and respected, and explanations for making particular decisions are given by those with power to make them.

I agree with Danis et al. (2015) that the centerpiece of bioethics is social justice; racism and racial violence are not evidence of rational thinking and should not be permitted to continue. They submit that it behooves bioethicists to do something, but proceed differently. How? Analogous to our “understanding our context” at Tuskegee, Jones (2000) suggested that a first step in understanding racism is to name the activity—racism—hard as it may seem to the dominant majority. If it is not named, it is as if it does not exist, but it remains in the minds of perpetrators consciously or unconsciously to stimulate bias and discrimination. When named, it means it is acknowledged; then we can begin to have a conversation about how to eliminate it. I agree.

The assertion by Danis et al. (2015) that “bioethicists can help eliminate and mitigate the effects of racism and racial violence” is *sui generis* and appropriate at such a difficult time; it is like a breath of fresh air. No one can deny that the origin of cancer health disparities is complex and thus presents challenging problems that require steady efforts of diverse partners to address with moral courage; but so is racism and racial violence. These are a result of cluttered thinking and “white fragility” (DiAngelo 2011), and their effects are deadly (Berger and Sarnyai 2015). Danis et al. (2015) have shown how our bioethics skillsets can be useful in tackling these problems from where bioethicists are situated. I have shared our experiences at Tuskegee to substantiate the authors’ proposal, but add that we must have moral courage to apply the skillsets to obtain the desired results.

Clearly, we can no longer afford to be silent. We must begin conversations with the affected communities where they are and go beyond that to design collaborative solutions that will work. This will be no mean task. At times, there will be difficult conversations that will force us to check our privileges as bioethicists, white or black, to see whether or not exercising them does more harm than good to the communities we are expected to serve. Danis et al. (2015) have encouraged bioethicists to undertake these morally courageous acts. The philosophical investigation of courage suggests that “morally courageous acts transcend the usual and expected” (Walton, 1986). I submit that bioethicists’ actions must go beyond Kant’s duty or obligation principle. They must reflect tough moral responses to a bad situation. To be sure, there will be group pressures and popular persuasions to face, and, within the bioethics community, doubters who want to maintain the *status quo* may arise. Despite our good intentions, the affected communities may be suspicious, but others may be trusting and supportive of our work. We must be prepared to negotiate to resolve conflicts with new approaches. I argue that exercising moral courage will allow us to persist, with unflagging integrity and for the sake of humanity, toward the moral ideal we believe in.

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