

# Chapter 8

## Bioethics as Politics

Tuija Takala

**Abstract** Bioethics has never been far removed from politics or political agendas. For instance, many of the early contributors argued fiercely for the rights of women, or the rights of unborn babies, depending on which side of the political debate their thinking fell. The empowerment of patients against the prevailing medical paternalism was similarly politically motivated. What separated the early bioethical contributions from the purely political ones was that they were using established theories and methodologies of their own disciplines to argue for their case. The scientific validity of these claims was something that could be assessed against the theoretical background of the respective disciplines. Bioethics has always been an inter- and multidisciplinary enterprise and this tendency has become more and more prevalent. The ever-changing realities of medicine and biomedical sciences, available resources and the views, values and beliefs of the various stakeholders are playing an increasingly important role in bioethical deliberations. Widening and deepening the understanding of the complex issues by utilizing a wide variety of approaches is, of course, laudable. However, when the aim is not only to describe, but to prescribe, the multidisciplinary becomes a methodological problem. Politics can be defined as the practice and theory of influencing people and that is, I would argue, what most bioethicists are trying to do. They have a moral stance and related policy recommendations that they are trying to convince people to accept. This tendency is further strengthened by the expectation from the funding bodies for research to yield practically relevant results. The chapter substantiates the claim that (much of) bioethics is politics by looking at the kind of work that is being carried out in bioethics, the speculative nature of the cost-benefit analyses at the heart of bioethics debates and the problems caused by inter- and multidisciplinary approaches with an emphasis on new technologies.

**Keywords** Bioethics • New technologies • Interdisciplinarity • Policy

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## 8.1 Bioethics Literature

Matti Häyry and I recently edited two special issues for the journal *Bioethics: Best Practice in Conceptual Philosophical Bioethics*<sup>1</sup> and *The Role of Philosophy and Philosophers in Bioethics*.<sup>2</sup> During the editorial process we browsed through all the c. 1000 articles published in the journal since 1987 and only about 50 could be considered theoretical, or not primarily practice oriented. A couple of years earlier when I was trying to identify methods of philosophical bioethics, a literary survey of the *Kennedy Institute of Ethics Journal* (1991–2011), conducted by Johanna Ahola-Launonen, produced similar results.

Already a quarter of a century ago, Ronald M. Green recognized the “policy- and legislative-orientation” as one of the main reasons for “theoretical weaknesses in bioethical theory and methodology”.<sup>3</sup> I would tend to agree with him that bioethics done with practice in mind “often shows a willingness to set aside conceptual issues in the name of a consensus policy”.<sup>4</sup> Whilst practical solutions might indeed be what the world needs, compromising on the theoretical, methodological and conceptual levels means that bioethics loses its scientific justification and comes closer to politics.

## 8.2 Ethical Analyses in Bioethics

Whatever the underlying theoretical framework, most bioethical analyses contain a balancing exercise of benefits and harms. Obviously this is most prominent in consequentialist studies, but it is present in other approaches as well. In consequentialist decision making there are four key elements: (expected) benefits, dampening factors, financial costs and (risks of) harm. The expected benefits are the reason why a particular course of action is being suggested. When we are talking about the new biotechnologies, these can include beneficial advances in medicine, pharmacy, agriculture, the food industry and the preservation of our natural environment. Normally the expected benefits boil down to increased human wellbeing (either directly, as in terms of better treatments, diagnostic methods and nourishments, or indirectly, as in overcoming pollution and preserving the environment.) The dampening factors refer to those prevailing rules, practices and arrangements that are independent of the considered course of action, but tend to counteract its benefits either by lowering their quantity or quality, or by promoting their unequal distribution. Profit seeking and the existing local and global inequalities are among the issues to be considered.

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<sup>1</sup> [http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-8519/homepage/best\\_practice\\_in\\_conceptual\\_philosophical\\_bioethics.htm](http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-8519/homepage/best_practice_in_conceptual_philosophical_bioethics.htm)

<sup>2</sup> [http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-8519/homepage/the\\_role\\_of\\_philosophy\\_and\\_philosophers\\_in\\_bioethics.htm](http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291467-8519/homepage/the_role_of_philosophy_and_philosophers_in_bioethics.htm)

<sup>3</sup> Green (1990).

<sup>4</sup> Ibid.

Any new technology is expensive and the financial costs and their legitimacy need to be considered. The risks of new technologies can be felt on individual, local, national and global levels. The containment and release (intentional and unintentional) of genetically and synthetically modified molecules, cells and organisms can have unexpected and uncontrollable adverse consequences. Additionally, there are possible untoward social, political and economic ramifications – some of these caused by the aforementioned dampening factors – that need to be considered.<sup>5</sup>

There is then the further question of the acceptability of the risk and its acceptability to whom? In analyzing risks we have to consider their probability, magnitude and tolerability. Understanding probabilities are difficult<sup>6</sup> and interpreting them even harder. An individual is far more likely to get killed in a car accident than to win the lottery or be involved in a plane crash. Yet few of us are afraid of being in traffic, but many are afraid of flying and even a greater number of people keep playing the lottery. When it comes to the magnitude of possible harm and the new biotechnologies, making predictions is equally problematic. Theoretically, introducing new molecules, cells or organisms into the existing biota could have catastrophic consequences. We have seen this happening with unmodified plants and animals when they have been introduced to new biosystems. Further, living organisms evolve through mutations and it is very difficult to predict the direction these take and what the consequences turn out to be. Then again, the odds of a global disaster are not huge and there are ways of minimizing the risk of such an event, and even if something harmful starts to spread, we probably would not be unarmed in fighting it.

The tolerability of the risk is partly connected to balancing the risks of harms with the expected benefits. Similarly to risks, the probability and magnitude of the benefits are difficult to predict and interpret. In addition, the distribution of the possible benefits will depend on a number of factors beyond the new technologies. The unequal distribution of wealth, locally and globally, the disparate health care systems, the different political establishments and other institutional factors will very likely contribute to an unequal distribution of both harms and benefits. The tolerability of a risk has much to do with the one bearing the risk seeing it as a worthwhile risk. That is, do the potential benefits outweigh the risks in the considered view of the “risk taker”? And given that the risks of modern biotechnologies could well touch all of us, a democratic decision-making procedure is called for.<sup>7</sup> The general public needs to become more aware of the new technologies to be able to meaningfully contribute to the choices made.<sup>8</sup>

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<sup>5</sup> Häyry and Takala (1998).

<sup>6</sup> Gigerenzer and Edwards (2003).

<sup>7</sup> Obviously democratic decision-making has all sorts of problems, the least of these not being very able to protect minority views.

<sup>8</sup> See e.g. *Playing God: The Rock Opera*, an attempt to reach people and get them engaged in bio-ethical deliberations. [playinggodrocks.com](http://playinggodrocks.com)

With both the expected benefits and the risks being uncertain, the balancing remains speculative and will be strongly influenced by one's beliefs concerning the possibilities of science and one's view of the human nature. Much of it has to do with whether one is an optimist or a pessimist. Similar facts will represent themselves differently depending on whether one has a positive or a negative view of the future.<sup>9</sup> Many people who advocate the new technologies speak as if the benefits are certain and the risks negligible, while those with a more pessimistic view tend to focus on the uneven distribution of benefits, if any, and on the risks.

### 8.3 Argumentative Strategies

The most vocal contributions to the ethical debates tend to be either strongly against or adamantly for the new technologies. This tendency is furthered by the popular media, which prefers headline material.

The precautionary principle is often evoked when the goal is to criticize the new technologies. The principle, very roughly, states that if an action A could have catastrophic consequences we should refrain from doing A even if the realization of those consequences is uncertain.<sup>10</sup> As most modern technologies could, theoretically, have catastrophic consequences to human health and the environment, it is not difficult to see how this argument appeals to those who are already skeptical about the technologies. On the other hand, if one happens to have a more positive view of the future, a contrasting argument, the hopeful principle, can be brought into play. The hopeful principle states that if something very beneficial could follow from B we should do B even if we cannot be totally certain that the benefits will follow.<sup>11</sup> The rationale here is that if, for instance, genetics could give us a cure for cancer, genetically modified crops could feed the hungry and synthetic organisms could eat away pollution, these would easily outweigh any associated costs or risks and therefore we should continue with these endeavors.

Obviously these are both predominantly rhetoric tools in which certain aspects are exaggerated and others overlooked. Pro-technology arguments tend to overstate the likelihood and proximity of the benefits, dismiss the related justice concerns and downplay the risks, while the critics often oversell the risks, highlight the potential injustices and overlook the possible benefits.

The slippery slope argument has often been used in end-of-life discussion and when arguing against genetic engineering. The empirical version of the argument

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<sup>9</sup> Häyry and Takala (1999).

<sup>10</sup> Häyry (2005). A more detailed formulation would be: "When our actions could be harmful, but this harmfulness cannot be verified or falsified by scientific inquiry, the burden of proof is, according to the principle, on those who propose such actions. Until further research shows that the actions do *not* have the suspected ill effects, they should be disallowed. Häyry (2010).

<sup>11</sup> Holm and Takala (2007).

goes roughly as follows: While introducing practice A would be morally acceptable, A would, as a matter of empirical fact lead to a morally unacceptable B, and therefore we should refrain from A also.<sup>12</sup> Or as explained in another context by Häyry:

People who are suspicious of the technological change tend to emphasise the bad effects of the new developments. They admit that gene treatments can have desirable aims, but they remain concerned about ‘slippery slopes’, which would lead from good, intended results to bad, unintended ones. Curing diseases like X-SCID would in and by itself be desirable, but allowing gene therapies for them could gradually lead to other, more dubious genetic interventions and eventually to plainly unacceptable practices like germ-line enhancements. Moral values, according to the advocates of this view, are more important than physical and mental wellbeing, and in any assessment of harms they should be taken fully into account.<sup>13</sup>

Much has been written on the problems of the slippery slope argument and the two main lines of attack are: either questioning the causal connection between the acceptable and the unacceptable, or challenging the immorality of what is deemed unacceptable.

Lately, those promoting the new technologies have started to use an argument, which, in terms of structure, closely resembles the slippery slope argument. According to the “automatic escalator argument” there might be moral costs associated with pursuing technology C (say, stem cell research), but since C would, as an empirical fact, lead to D (say, cure for cancer), which is a great moral good, we should move forward with C regardless of the costs.<sup>14</sup> Again, as with the slippery slope argument, the causal connection can be disputed. Further, it is unclear whether the proposed route to D is the only possible one and thereby, the possibility of other, less morally costly, methods is overlooked. Also, while a cure for cancer would arguably be a truly great good, there are other goods which might be even greater and further, the distribution and availability of D might make it a lesser good than it is made to seem.<sup>15</sup>

On the critical side, both the precautionary principle and the slippery slope argument are sometimes made stronger by introducing the argument from “Playing God”.<sup>16</sup> The religious versions of this argument have some weight within theological debates and they resonate with religious people – You should not play God! – but as philosophical arguments, they are weak. The secular version uses the omnipotent and omniscient “god” as a metaphor. The idea is that when you do not know all and are unable to control everything, you should not do things that could have unwanted and unforeseeable long-term consequences. This version of the argument has some more substance to it, but in the end, it comes very close to the precautionary principle and is open to similar criticisms. The notion of naturalness is also frequently evoked.<sup>17</sup> We have a very deeply rooted intuition about there being a link between

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<sup>12</sup> See note 11, p. 3.

<sup>13</sup> Häyry (2010), p. 193.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Chadwick (1982) and Häyry (2011).

<sup>17</sup> The ideas of playing god and naturalness have also been seen in the literature to form a partnership: “The charges of ‘acting unnaturally’ or ‘playing god’ evoke lofty images of environmental

what is unnatural and what is immoral. However, as any even preliminary analysis will show, the connection between the two is shaky to say the least. On the one hand, there is much unnatural in what we consider to be good, such as most Western medicine, and on the other, we would hardly deem “natural selection” as moral.<sup>18</sup> There is no straightforward link between unnatural and immoral, however, regardless, appealing to what is natural is a powerful tool when one wishes to sway people.

While the critics use arguments from playing god and naturalness, the champions of the new technologies appeal to people’s benevolence. Let me call this the “Bad Samaritan argument”. The claim here is that those impeding the development of the new technologies are actually harming any number of people who could be helped, cured or fed, if the technologies were allowed to be developed.<sup>19</sup> This accusation oversees the possibility that the technologies might not reap the benefits they promise and it gives no room for other ways of benefitting people. For instance, if the goal is to reduce suffering, the funds used for developing the technologies could arguably provide for more instant and tangible results if used in more conventional ways. This would also make the distribution of benefits more transparent. Much of what is argued for in bioethics comes down to the speaker having a way with words. Bioethicists market their own moral and political beliefs by seemingly clever arguments.

## 8.4 The Problem of Interdisciplinarity

What has blurred the line of academic bioethics and political bioethics further has been the emergence of interdisciplinary bioethics. At its best, interdisciplinarity allows us to draw from the methodological and theoretical strengths of several disciplines to bring together a more substantial body of knowledge and understanding than we could ever have reached by utilizing the tools of a single discipline alone. However, when unrelated elements are hand-picked from several disciplines, the theoretical and methodological foundations on which the overall results are based become debatable. The results will always depend on the underlying assumptions and on the sources chosen. And since there is no established methodology for making these choices, the scientific reliability of the results remains challenged.<sup>20</sup>

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disaster and divine punishment. If we change the course of rivers or move mountains, the long-term cumulative consequences can be catastrophic in ways which we cannot precisely define in the light of our current knowledge. And if we choose to create ‘abominations’ like animal-human hybrids, clones or parentless children, not only are the material outcomes unpredictable, but we can also have to confront the wrath of gods.” Häyry (2010, p. 132).

<sup>18</sup>Takala (2004).

<sup>19</sup>Some go even further and argue, not only should we allow the technologies to be developed, but that we should actively aid in making this happen by becoming research subjects. Harris (2005).

<sup>20</sup>Takala and Häyry (2014).

In practice, it seems to me, that the most common method in interdisciplinary bioethics is to start with a normative conclusion and then to gather evidence from a number of sources to justify one's chosen normative views. Obviously this works well for commissioned studies where the direction of the policy recommendation is pre-set. Social scientists can study the tolerability of the proposed policy and try to identify the least alterations or other causes of action needed to the policy that make it acceptable to people. Legal scholars can study the legal boundary conditions and philosophers can complete the job by providing the normative justifications.<sup>21</sup> However, bioethics with a political agenda is first and foremost politics. The problem with such studies being considered as academic is twofold. First, without an established methodology, it is difficult to say whether the conclusions are well supported or not, so assessing the scientific validity of interdisciplinary contributions is difficult. Secondly, after they have been accepted as a part of bioethics literature, they tend to contribute to the field expanding it rather than advancing it. The same bioethical arguments are presented over and over again in slightly different contexts and building on previous work becomes difficult. There is no established theoretical or methodological framework for interdisciplinary bioethics. And in the absence of that, bioethics is more like politics.<sup>22</sup>

## 8.5 The Rightful Scope of Normative Claims

Purely theoretical, conceptual or descriptive bioethics aside, everything in bioethics is political. At its core, bioethics is about rights and responsibilities, justice and entitlement – all of which are political notions. Any bioethicist trained in philosophy has the tools to defend or criticize any bioethical position from a number of angles.

However, when it comes to our basic beliefs – whether we are liberal or conservative, religious or secular, and so on – the choice has very little to do with our academic training. Our basic normative beliefs are no better or worse than anyone else's, but when we speak as experts in ethics, we tend to forget that. People who are highly educated are often better equipped to argue for their normative positions, but when it comes to the most profound ethical beliefs, there is no reason to presume that those of an academic would be more reliable than anyone else's. Just look at the variety of academic positions on the new technologies from Jürgen Habermas'<sup>23</sup> very critical views to John Harris',<sup>24</sup> "let's do everything we can and more" attitudes. There is no overarching "scientific" argument to tell which of these views should triumph.

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<sup>21</sup> Takala (2015).

<sup>22</sup> For a philosopher's critical take on this, see e.g. Häyry (2015).

<sup>23</sup> Habermas (2003). See also, Fukuyama (2002); Kass (2002) and Sandel (2007).

<sup>24</sup> Harris (2007). See also, Agar (2004); de Grey and Rae (2007) and Glover (2006).

Academic training in bioethics gives us many tools for expanding our knowledge on the complex nature of bioethical dilemmas. We can provide new arguments, viewpoints, considerations and insights, but when we start giving unconditional, or categorical normative answers, as we like to do, we step away from our field of expertise and become part of the politics of bioethics.<sup>25</sup>

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<sup>25</sup>Takala (2005).

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