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SCIENTIFIC CONTRIBUTION

Against culturally sensitive bioethics

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Abstract This article discusses the view that bioethics should become "culturally sensitive" and give more weight to various cultural traditions and their respective moral beliefs. It is argued that this view is implausible for the following three reasons: it renders the disciplinary boundaries of bioethics too flexible and inconsistent with metaphysical commitments of Western biomedical sciences, it is normatively useless because it approaches cultural phenomena in a predominantly descriptive and selective way, and it tends to justify certain types of discrimination.

Keywords Bioethics · Biomedical sciences · Cultural sensitivity · Discrimination · Diversity · Normativity

Introduction

The permanent debate about the role of culture in bioethics recently received some fresh fuel as the journal *Medicine, Health Care and Philosophy* published an editorial by ten Have and Gordijn (2011), an article by Bracanovic (2011) and a short communication by Chattopadhyay and De Vries (forthcoming). Whereas ten Have, Gordijn and Bracanovic sided with the universalist position that grants cultural considerations no special role in bioethics, Chattopadhyay and De Vries rejected this view as Western "moral imperialism" and proposed that "bioethical principles" should be "derived from the moral traditions of local cultures" and that respect for cultural diversity is "an ethical imperative that cannot be compromised". Regarding some claims by Chattopadhyay and De Vries as sufficiently representative of the general trend of culturally sensitive bioethics, I will argue that reorienting the entire discipline in this direction is implausible for the following three reasons: it renders the disciplinary boundaries of bioethics too flexible and inconsistent with the metaphysical commitments of Western biomedical sciences, it is normatively useless because it approaches cultural phenomena in a predominantly descriptive and selective way, and it tends to justify certain types of discrimination.

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Bioethics

The disagreements about the role of cultural diversity in bioethics are often paralleled by the disagreements about the role of bioethics. Not surprisingly, those who admire the cultural plurality usually admire the plurality of approaches to bioethics too. Chattopadhyay and De Vries thus report that one of them "interviewed a number of leading figures in the field of bioethics and nearly all had great difficulty in giving a precise definition of bioethics" and there were "as many definitions of bioethics as there were persons interviewed". They enhance this unusual mixture of *argumentum ad ignorantiam* and *argumentum ad populum* with the claim that "[j]ust as we do not require a precise definition of beauty in order to value, admire, or create an artful painting, we do not need a precise definition of culture and bioethics to make sound moral judgments in the face of cultural diversity."

Is it not strange, however, that "a number of leading figures in the field of bioethics" cannot say what bioethics

is? Moreover, how is it possible to know who is "a leading figure" in any field that, allegedly, cannot be defined? As for the "art and beauty" analogy, its relevance for the debates about bioethical methodology is also far from obvious. Namely, even when it comes to such elusive phenomena like "art" and "beauty", there are some leading figures—like trained art historians or academic artists—that are better suited than anyone else to make relevant evaluative judgments. The appropriate analogy, therefore, would be that, although most people can make moral (or bioethical) judgments in the face of cultural diversity, this does not imply that all such judgments are equally sound or as sound as the trained bioethicist's judgment.

"Doing bioethics" surely becomes so much easier in the absence of the strictly defined discipline of bioethics that would—literally—"impose discipline" on the way bioethical claims are made and argued for. In the early days of bioethics, such a "free range" approach to bioethics was anticipated (and ridiculed) by Steinfels:

> Once a word like "bioethicist" is leaked into the environment, there is less chance of eliminating it than of correcting an error in a Blue Cross billing. But a solution, I believe, is in sight. If we cannot prevent some from being styled "bioethicists", we can simply open the category to all. This is why you will find, hereunto attached, an official "bioethicist" card. Every man his own "bioethicist"! Every woman too! Use your card wisely for whatever it is worth – discounts on dialysis, a free pint of blood, an annual peer review, whatever. Good luck. (Steinfels 1976, p. 19)

That Steinfels's anticipation came true should be more than obvious from the contemporary proliferation of all sorts of bioethics, each designed, allegedly, for some specific culture, subculture, ethnic group, region, religion, race or gender. Advocates of these particular sorts of bioethics typically declare their dissatisfaction with Western universalist bioethics and demand that their unique bioethical principles (often proclaimed to be incommensurable with principles of any other sort of bioethics) are acknowledged and acted upon. This proliferation of bioethical schools is a fact worthy of sociological attention, but there is also something deeply pessimistic about it: it practically implies that so many people living today are complete moral strangers unable to even speak the same moral language, let alone to achieve consensus on any serious moral issue.

Even if some conceptual or methodological loose ends in bioethics do exist, it is absurd to claim that there is no consensus on what bioethics is and what it does. Most dictionary and encyclopedia entries on bioethics—as the common knowledge that is unquestionably both produced and accepted by "the leading figures in the field of bioethics"—define bioethics as the normative discipline that deals with moral issues raised by contemporary biomedical and life sciences. In other words, bioethics cannot abort its normative mission if it wants to distinguish itself from descriptive disciplines like the history of medicine or the sociology of science, just as it cannot claim its applicability way beyond the boundaries of biomedical and life sciences because this would blur the distinction between bioethics and other branches of applied ethics. These points are not directed against some imaginary opponent. To mention just one example, followers of the so called "integrative bioethics" (a South East European cousin of the culturally sensitive bioethics) wonder why "should ethics and bioethics be (only) normative at all", given that "normativeness"—as they seem to believe—"imposes instant, one-sided solutions and thus often leads to mistakes" (Muzur, forthcoming). They also strongly emphasize that bioethics is an "ethics of all that is alive and therefore there are no clear borders for the topic" (Schaefer-Rolffs 2012, p. 110).

Notwithstanding this "bioethics is everywhere" mantra, I believe that the vital feature of any serious bioethics is its consistency (or at least non-contradiction) with the basic metaphysical commitments of Western biomedical sciences. Biomedical sciences, namely, made a major progress after accepting the metaphysical doctrine of "naturalism" that "implies the rejection of supernaturalism" and holds that "reality, including human life and society, is exhausted by what exists in the causal order of nature" (Giere 2001, p. 308). In this context, "metaphysical commitment" does not refer to any sort of comprehensive *Weltanschauung,* but to the most fundamental scientific principles—like the belief in natural causes or empirical foundations of knowledge—that made Western medicine so enormously efficient and, unlike any other type of medicine, almost universally desirable. Of course, when biomedical sciences became capable of things previously unimaginable (like organ transplantation or artificially sustaining life), bioethics was invented to deal with the moral issues thus raised. However, bioethics itself is neither science nor philosophy of science and its proper task is not to question the empirical methods or metaphysical commitments of Western biomedical sciences, but to find morally justifiable ways of utilizing their resources and possibilities.

Given the above considerations, the problematic side of culturally sensitive bioethics is its tendency to legitimize beliefs and demands that are absolutely inconsistent with naturalistic commitments of Western biomedical sciences. Some examples can be found in Macklin (2005), such as the demand to suspend pain medication because the patient's family believes it interferes with their prayers or the parents' demand painful surgical procedures to be

performed on their children because of their traditional, but medically erroneous views on health or chastity. As Macklin points out:

> What puzzles me is the notion that "cultural sensitivity" must extend so far as to refrain from providing a solid education to these parents about the potential harms and the infliction of gratuitous pain. In a variety of other contexts, we accept the role of physicians as educators of patients. Doctors are supposed to tell their patients not to smoke, to lose weight, to have appropriate preventive medical checkups such as pap smears, mammograms, and proctoscopic examinations. (Macklin 2005, p. 125)

If consistency is a necessary precondition for any serious scholarly view, it is hard to take culturally sensitive bioethics seriously as long as it implies—especially when addressing cases occurring in the Western medical context—that the metaphysical commitments of Western biomedical sciences are as "equally valid" as the metaphysical commitments of any old culturally-shaped moral outlook. If physicians, as Macklin (2005) is right to emphasize, have a positive duty to educate their patients about medical matters relevant for their health, why should they have a negative duty to refrain from educating them about the most basic metaphysical and scientific principles that practically made efficient medicine possible in the first place? Savulescu and Momeyer (1997, p. 287) defended a similar view, according to which physicians should be educators of patients, not merely by telling them "how to live a mortal embodied existence", or by providing them with "information for making relevant evaluative choices", but also by attending to "how that information is received, understood and used". Expressed in terms of Kuhn's (1962) philosophy of science, Western biomedicine and Western bioethics share the same universalist "paradigm" and they utilize the same set of naturalistic metaphysical commitments in solving their respective "puzzles". Interestingly, Chattopadhyay and De Vries seem to agree with this conclusion—they only arrive at it from the opposite (non-Western) direction:

> Can and should Western bioethical theories and methods be applied to *Ayurveda*, *Acupuncture*, *Unanitibb*, *Navajo medicine*, or any other indigenous traditional system of medicine? How does ethics, as a branch of Western philosophy, relate to *dharma*, or to Eastern philosophical systems and worldviews? Is mainstream Western secular bioethics sensitive to the moral aspirations and needs of the citizens of non-Western societies? How does an individual-centered, rights-based bioethics resonate with the cultural ethos of traditional societies? (Chattopadhyay and De Vries, forthcoming)

Once again, the consistency does not seem to be a virtue among culturally sensitive bioethicists. Chattopadhyay and De Vries openly claim that the export of Western bioethics to non-Western societies and their indigenous medicines is "moral imperialism", but they remain silent when the symmetrical claim is expected, that is, that the import of non-Western types of bioethics to Western societies is some kind of "moral imperialism" too. In the West, as it is well known, health care providers are increasingly required, often contrary to their best medical and moral judgment, to be respectful of their patients' culturally shaped beliefs and values, to the extent that even practical guides for this purpose are already available (e.g. Purnell and Paulanka 2008; Stuart et al. 2011). Since they obviously believe that radically different moral and medical systems are often incompatible and unhappy bedfellows, should culturally sensitive bioethicists also not oppose this growing influence of non-Western bioethical principles in Western societies with their "indigenous" medicine? If consistency in moral judgment is not just another form of Western "imperialism", they should.

Diversity

Since "cultural diversity" is one of the keywords of Chattopadhyay's and De Vries's defense of culturally sensitive bioethics, it should be instructive to see how they understand it and why they find it important. They obviously believe that any "diversity" is intrinsically valuable, but they fall short of explaining why. Consider their following three points about the role of cultural diversity in bioethics: They claim that cultural diversity is "an undeniable reality of our life on this earth—we share the planet with more than 6 billion people who speak over 6,000 languages, live in about 200 countries, and belong to a number of religious and/or spiritual traditions." In order to support the idea of respect for cultural diversity in bioethics, they cite the Universal Declaration on Cultural Diversity by UNESCO, emphasizing that cultural diversity is "the common heritage of humanity … *necessary* for human kind as biodiversity is for nature". Finally, they announce that cultural diversity "is something that cannot be denied or opposed: it is simply a fact of life in our world". At first glance, all these points seem relevant for establishing a new, culturally sensitive bioethics. Closer inspection, however, reveals them to be total nonstarters. Here is why.

The claim about more than 6,000 languages and a number of religious and spiritual traditions on the planet is

probably true, but its rhetorical effect should not blind anyone to some other truths about cultural diversity: the truth, for example, that most people on the planet speak just one language and participate in just one religious or spiritual tradition or the truth that most people on the planet *prefer* to speak just one language and to participate in just one religious or spiritual tradition. In short, Chattopadhyay and De Vries are right when they say that "in our everyday lives, we celebrate diversity—in colorful clothes, delicious food, varied job skills, and a plethora of literary traditions." However, their vindication of cultural diversity remains selective—and unconvincing—because they are less eager to confront its other side, embodied in phenomena like ethnocentrism, xenophobia, female genital mutilation, footbinding or child marriages.

Similarly selective is Chattopadhyay's and De Vries's appeal to the Universal Declaration on Cultural Diversity by UNESCO (2002). The sentence they quote from the Declaration says: "As a source of exchange, innovation and creativity, cultural diversity is as necessary for human kind as biodiversity is for nature". They, however, omit its first part ("As a source of exchange, innovation and creativity") and present the reader only with the claim that "cultural diversity is as necessary for human kind as biodiversity is for nature". In this way a plausible statement by UNESCO is transformed into empirical nonsense. Namely, that diversity, by itself, is not necessary for human kind should be clear already from the fact that past extinctions of many human cultures had no negative effect on humanity as a whole (actually, despite diminishing cultural diversity, the number of people inhabiting Earth is higher than ever). That the same applies to biodiversity is convincingly argued for by Sober (1986). As he says, it is simply not true that every reduction of biodiversity is something disastrous because it is simply not true that every species is necessary for the stability of its ecosystem, let alone for the stability of nature as a whole (there have been many species whose disappearance had absolutely no effect on their respective ecosystems or nature as a whole).

The analogy between biodiversity and cultural diversity is for culturally sensitive bioethics additionally undesirable because biodiversity exists only under the constraint of the universal mechanism of natural selection. The analogy, therefore, seems more supportive of some bioethical position that allows a role for cultural diversity, but only within some universally agreed limits. The analogy with biodiversity allows even for the conclusion that certain species and cultures can be justifiably destroyed. Namely, if both biodiversity and cultural diversity are intrinsically valuable, then we should be permitted to destroy species that themselves reduce overall biodiversity, just as we should be permitted to destroy cultures that themselves reduce overall cultural diversity. Are culturally sensitive bioethicists willing to embrace all the consequences of their analogies?

The third claim by Chattopadhyay and De Vries—that "cultural diversity is something that cannot be denied or opposed: it is simply a fact of life in our world"—is one of those claims that can be read both descriptively and normatively. Read descriptively, it does not make much sense because it is surely possible to oppose cultural diversity—either justifiably or unjustifiably. As a matter of fact, one of the best proofs of this can be found in the very history of Western moral philosophy. For example, the belief that humans are the only intrinsically valuable beings—as an important part of the Western cultural tradition—is today largely abandoned by two major Western moral theories. In utilitarianism, the morally relevant issue is the overall ratio of pleasure to pain in the world, not the ratio of pleasure to pain among humans (or among Westerners); in deontology, the morally relevant issue is the capacity for rationality and personhood, not whether this capacity is possessed by humans (or by Westerners). Since many other traditional beliefs (e.g. about the cruelty to animals or about male or white superiority) were similarly abandoned, there can be no doubt that Western moral philosophy is capable of impartiality that is essential for addressing bioethical dilemmas with cultural differences.

The second possible reading of the claim that "cultural diversity is something that cannot be denied or opposed" is normative. Chattopadhyay and De Vries probably do want to say that it would be immoral, when making bioethical decisions, to ignore culturally-shaped moral beliefs and preferences of the people affected by those decisions (after all, they insist that respect for cultural diversity is "an ethical imperative"). However, if one has to decide between conflicting cultural preferences, as bioethicists are often expected to, simply cataloguing more and more ethnographic data—without putting them into some normative and rationally defensible perspective—is not likely to be of any help. This point, of course, is hardly new and it is well elaborated, among others, by Herrera (2008). As he rightly pointed out, the "very general remarks about the superiority of the descriptive approach", usually made by critics of the mainstream normative bioethics, "would be more impressive if the critics were also able to show that the descriptive approach is of much use when we want to do something other than describe a situation" (Herrera 2008, p. 144).

Discrimination

Even if we assume, for the sake of argument, that culturally sensitive bioethicists somehow manage to neutralize their problems with the is/ought distinction and establish respect

for cultural diversity as a genuine ethical imperative, they would still have to face the practical problem of justifying some obviously immoral practices. Drawing on some points made by Savulescu (1998), the practice I would like to focus on is discrimination.

Discrimination happens when individuals are treated differently and unequally on the basis of their characteristics that are irrelevant for this differential and unequal treatment (for example, when someone is denied a job or an education solely on the basis of race or sex). Culturally sensitive bioethicists themselves protest against what they perceive as a form of scholarly discrimination: they believe that non-Western "voices" are discriminated against in contemporary bioethics only because they are non-Western. What they often refuse to accept, however, is that this discrimination is not arbitrary, but the result of rational debate and exchange of arguments. And more importantly, they fail to realize that introducing respect for cultural diversity as an overriding bioethical principle would give rise to and sanction certain types of unjust discrimination.

A convenient illustration is offered by Kipnis (2005). As an ethics consultant in several hospitals in Hawaii, Kipnis had a case of an elderly Korean gentleman whose health was seriously deteriorating. After several unsuccessful attempts to treat his medical condition, the physicians came up with a solution and offered him a treatment that had at least a 50 % chance of being successful. On the one hand, the Korean gentleman refused the treatment, practically sentencing himself to death. On the other hand, in answering questions about "code status" (what to do if his heart stops or lung fails), he requested full support. Prompted by this discrepancy in the Korean gentleman's preferences, Kipnis and an experienced nurse talked to him and found out that he feared that his physicians—all of whom were Japanese—were not trying to heal him, but to hasten his death. The Korean gentleman's fear was culturally rooted: Imperial Japan oppressed Korea in the first half of the twentieth century, thus giving rise to powerful anti-Japanese sentiments in most Koreans. Be that as it may, Kipnis and the nurse thought it obvious that "the patient needed to see a non-Japanese doctor" and—upon their recommendation—a non-Japanese physician was soon at the bedside "persuading the patient to accept the treatment" (Kipnis 2005, p. 128).

Later on, however, Kipnis started to worry about this case. As he says, he and the nurse had "no reason to believe that physicians of Japanese ancestry, currently practicing in Hawaii, had it in for their Korean patients", and yet, "instead of challenging the patient's beliefs on the basis of our own experience, the two of us left them unquestioned" (Kipnis 2005, p. 129). The morally troubling feature of this case is that Japanese physicians were withdrawn from treating the patient solely due to his baseless prejudice. As Kipnis himself suggests (2005, p. 129), "the world does not divide neatly into victims and oppressors" and the historical question who victimized whom in the past cannot be relevant for dealing with currently living people. Basically, if the Korean gentleman's irrational beliefs about Japanese physicians were not opposed, there is no clear reason, then, to oppose similar beliefs of a Jewish survivor of the Nazi concentration camps about German physicians, a Southern white male's beliefs about black physicians, a skinhead's beliefs about Jewish physicians, or a Vietnam veteran's beliefs about South East Asian physicians (Kipnis 2005, p. 129).

As it is generally accepted that patients have the autonomy to reject to be treated in any way by anyone, it may seem implausible, at first glance, to label the Korean gentleman's case as discrimination. At second glance, however, it is hard not to notice the basic elements of discrimination in it (like stereotyping, irrationality, negative beliefs and unequal treatment). It is possible that, in this case, no real harm was done to Japanese physicians. However, the consequentialist element of "harm" is not needed to interpret an action as discriminatory. For example, if a black person is fired only because she is black, but she already has several other employment possibilities, it would still make sense to say that firing her was an instance of discrimination. Therefore, even if Japanese physicians were not harmed by the Korean gentleman's preferences being respected, it still makes sense to say that they were wrongfully discriminated.

A particularly problematic feature of any culturally-shaped, irrational and possibly discriminatory preference is that it—in bioethical contexts—all too easily ceases to be just "private" or "intimate". As soon as it is formally approved by an ethics consultant or bioethics commission and, consequently, acted upon by physicians, nurses or hospital administrators, it becomes a "public" (or at least "semi-public") case that can be generalized to future cases or even incorporated into law. In other words, the trouble with the ethical practice of respecting such preferences lies in the fact that "these preferences are very like those that have historically created institutionalized practices of sexism and racism" (Kipnis 2005, p. 130), as well as in the fact that "[s]ome widely held ethical practices have been transformed into the law, such as disclosure of risks during an informed consent discussion and offering to patient the opportunity to make advanced directives in the form of a living will or appointing a health care agent" (Macklin 2005, p. 121).

The basic demand of culturally sensitive bioethicists, as I see it, is that a much larger number of culturally-shaped moral beliefs is accorded the same normative status and respect like, for example, Jehovah's Witnesses' religiously shaped beliefs about the wrongness of blood transfusion.

What they fail to see, however, are both the extent and nature of discrimination that would thus ensue. If invoking "culture" becomes enough to justify a patient's refusal to be treated by a particular physician, or a physician's refusal to deliver some services to some patients, undesirable ramifications are not difficult to imagine—ranging from hospitals becoming reluctant to hire competent personnel that could be considered "undesirable" by some of their patients to particular individuals (depending on their specific cultural identities or lack thereof) having unequal access to quality health care.

The last point is not meant to imply that all members of various cultural groups found in Western multicultural societies would, as a rule, receive better health care. Quite the contrary: if culturally diverse views on illness and health and—particularly—on surrogate decision making and extended autonomy are granted any weightier bioethical role, it is not hard to imagine scenarios in which specific individuals actually receive suboptimal health care or no health care at all. Judging by analogy with familiar clashes between religious claims and the best medical knowledge, some of the most disadvantaged subgroups would probably be women in need of obstetrical and gynecological care, children in need of vaccination or blood transfusion and mentally ill in need of professional help. Without a doubt, culturally sensitive bioethicists are not on the wrong track when they criticize the "injustices of the Western health care industry", demanding that, at the global level, members of both Western and non-Western societies have equal health care opportunities (Chattopadhyay and De Vries 2008: 4). Unfortunately, what they fail to realize is that, at the more local levels, acting upon their "cultural imperative" would extremely negatively affect many individuals' access to quality health care and benefits provided by progress in biomedicine.

And finally, the disturbing issue with allowing cultural diversity too much respect in bioethics is that it could be easily transformed into a tool of intentional discrimination or even oppression, especially in communities with deep racial or ethnic antagonisms. Figuratively speaking, if Jehovah's Witnesses' "No Blood" cards carry so much bioethical weight today, it seems that culturally sensitive bioethics dangerously paves the way to a "No Jewish Physicians" card or "No Black Patients" door-plate tomorrow. All these implications of culturally sensitive bioethics are not only rationally indefensible and morally repugnant, they are also historically hypocritical. If we find it morally progressive, namely, that entire communities (especially Western ones) were educated, persuaded and even coerced to abandon their racial, sexual or ethnic prejudices in the past, why should we be respecting the very same prejudices today, instead of educating, persuading or even coercing people to abandon them?

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