Response to Callahan and Winslade
John H. Evans

I thank Daniel Callahan[1] and William Winslade[2] for their close reading of my article. Despite appearances, I think that we are mostly in agreement, and that in compressing the argument of my book[3] into a journal article I was not clear.

BIOETHICS AS A PROFESSION

My definition of the bioethics profession is stipulative, and therefore is not right or wrong, only more or less useful. I make the case that it is consistent with some aspects of current descriptive definitions to show that my proposal is not too radical.

The core of the misunderstanding with Callahan is that my definition actually makes a distinction between the bioethics profession and bioethical debates. There are many professions involved in bioethical debates, including but not limited to the profession I call "bioethics." Callahan claims the credential of being a "bioethicist." By my definition, Callahan invented and continues to be a major voice in bioethical debates, particularly in the jurisdiction I call "cultural bioethics," but is not a member of the bioethics profession precisely because he rejects using others' values to drive ethical decisions. I think of him as a philosopher who participates in cultural bioethics debates.

I agree with almost everything Callahan says in his section titled "are we a profession" as long as he is talking about "cultural bioethical debate." For example, I agree that bioethical debate in cultural bioethics is and should be "interdisciplinary, not founded on any single professional base," have "no accepted methodological cannon" and so on. Moreover, I view my proposal as trying to create a safe-haven for the sort of interdisciplinary bioethical debate that Callahan invented at the Hastings Center. Callahan's description is also accurate for public policy bioethics at present, but I argue that it should not be, and I think the difference between Callahan and I on this has to do with political theory, of which more below.

I think that the seeming differences with Winslade are the result of a misunderstanding resulting from a paragraph of mine with an unclear referent. He writes that I claim the system of abstract knowledge in clinical ethics (CE) is "based on the principlism of Beauchamp and Childress (2)" and that since clinical ethics is based on interactional ability, it is not a profession. But, I actually write that "the bioethics profession's system of abstract knowledge is centered on the idea that ethical recommendations are not based on an ethicist's own personal values or the values of a particular group in society, but based on the values of either the individuals involved with an ethical decision or the values of the entire public" (2). I write that in clinical ethics "the ethics of others is obtained by directly asking the others, who are typically patients, doctors, and family members." (4). Winslade's description of what clinical ethicists actually do in mediating, facilitating, clarifying the values of others fits well with this definition. Therefore, by my definition the profession exists and he is a bioethicist.

However, I do say in my article that the clarification of others' values I describe above is "constrained" (3) or "limited" (6) by principlism. I would be surprised if he did not agree with this more limited claim about the role of principlism in CE. If not, why does his clinical ethics textbook contain a removable card with the principles as questions consulting ethicists should consider? Or, put differently, could a CE professional recommend that autonomy, beneficence and non-maleficence not be followed in a consult? These are the limits for the really difficult work of negotiating among interested parties he describes. As I say, principlism would become a

more critical part of the work of CE if CE tries to move into organizational ethics.

PRINCIPLISM AND METHODS

If Callahan is known as an "autonomy basher," I am known as a "principlism basher." My view has evolved to conclude that principlism is the best of the bad options, if modified and restricted to a few areas of bioethical debate. I regret not being more clear, but in my article and book I do not endorse the current four institutionalized principles, and agree with Callahan's critique of them. I agree with Callahan that we should not ask primarily about the good of the individual but instead focus on the common good. I do not think that the current four principles should be normative, for the very reasons Callahan notes, unless they are actually the principles held by the public. I think that if we actually examined American values we would find many communitarian principles that Callahan would support, as well as principles pointed out by Winslade (4) such as a value that would lead to the conclusion that "access to healthcare should not be dependent upon the social class you were born into."

I agree with Callahan that principles ignore virtues and "provide the thinnest possible version of what ethics is all about." The current version of principles, largely due to the power of autonomy, are procedural and offer no substantive guidance on the good. In my book I show that it is logically impossible to say no to anything given the current version of principlism. For all these reasons and more, I would ban principlism from cultural bioethics if I could. I also agree with Callahan about the limits of social science, and that most of the ethical action would occur in applying these vague notions to actual concrete situations. However, if you accept my premise that clinical ethics, research ethics and public policy bioethics need to reflect the public's values, I see no better system to use in those jurisdictions.

DEMOCRACY

Callahan and I may have different views of the role of bioethical debate in liberal representative democracies. Whereas in cultural bioethics people should be encouraged to say that the public's values are wrong, I do not see how a government commission in a liberal democratic society can conclude that the public's values are wrong. In the book I review and reject the possible arguments. I agree with philosopher Michael Walzer that "it is a feature of democratic government that the people have a right to act wrongly" and "the role of the philosopher in a democracy cannot be to determine the proper results of those collective decisions."[4]

Of course, there are limits on majority opinion in policy-making designed into our constitution. The public's values should be the basis of public policy bioethical deliberation up until the point that those values suggest an unconstitutional policy. Some bioethical issues such as abortion have constitutional limits on policy.

I suspect that Callahan and I are actually not that far apart when it comes to a government commission. I am not proposing that a conclusion about the morality of cloning be determined through public opinion poll. Rather, I am proposing that the primary input to an ethical discussion about cloning would be would be the public's values. The public's values cannot be considered wrong in public policy bioethics, but the public's conclusion supposedly derived from these values could be deemed wrong. There is so large a role for ethical expertise in my proposal that in another context I have called it "technocracy lite."

NOTES

1.Daniel Callahan, "Commentary on John Evans," in this issue of JCE.
2.William J. Winslade, "Commentary: John H. Evans, ‘Defending the Jurisdiction of the Clinical Ethicist’”, in this issue of JCE
3.John H. Evans, *The History and Future of Bioethics: A Sociological View* (New York: NY: Oxford University Press, 2012).
4.Albert W. Dzur and Daniel Levin, "The "Nation's Conscience:" Assessing Bioethics Commissions as Public Forums," *Kennedy Institute of Ethics Journal* 14, no. 4 (2004): 335.