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ON THE VIABILITY OF A PLURALISTIC BIOETHICS

by

CHRISTOPHER DURANTE

Under the Direction of Timothy Renick

ABSTRACT

In an attempt to promote in-depth dialogue amongst bioethicists coming from distinct disciplinary and religious backgrounds this thesis offers an overview of the current state of bioethics and a critical analysis of a number of the leading methods of addressing pluralism in bioethics. Exploring the critiques and methodological proposals coming from the social sciences, the contract theorists, and the pragmatists, this study describes the problems which arise when confronting moral and religious diversity in a bioethical context and examines the ability of these various methodologies to adequately resolve these matters. Finally, after a discussion of the benefits and the potential problems of each of the aforementioned schools, a methodological model labelled "Pragmatic Perspectivism" is set forth as a potential conceptual framework through which a bioethical theory for a secular yet religiously pluralistic society may be forged.

INDEX WORDS: Bioethics, Religion, Pluralism, Social Sciences, Contract Theory, Pragmatism, Perspectivism, Dialogue, Dialogical Ethics

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CHRISTOPHER DURANTE

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CHRISTOPHER DURANTE

Major Professor: Timothy Renick
Committee: Louis Ruprecht
Jonathan Herman

Electronic Version Approved:

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Georgia State University
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CONTENTS

Preface vi

Introduction 1

Chapter

1 Religious Convictions and Bioethical Decisions 8

Religion's Relationship with Bioethics 8

The Problem 12

2 Moral Diversity vs. Bioethical Normativity: Overcoming the Problem 15

Ethnographic Bioethics: The Social Sciences to the Rescue 15

Bioethical Contract Theory 21

Pragmatism in Biomedical Ethics 29

3 Pragmatic Perspectivism: A New Direction for Bioethical Methodology 38

Forging a New Conceptual Framework 39

Stout 40

Ortega 53

Pragmatic Perspectivism in Theory 58

Consensus via Comparison 66

Putting Theory into Practice 67

4 Pragmatic Perspectivism Applied 75

Real World Bioethics: From Politics to Clinics 75

Case1: Religious Voices in the Public Arena 75

Case 2: Religious Beliefs in the Clinic 80

5 Summary & Conclusions 87

Works Cited 92

Preface

On a sunny Tuesday in October 2005, Dr. Daniel Callahan and I strolled through the campus of the Yale Medical Center discussing the role of philosophy in bioethics. Wrapped up in our conversation, we arrived at our destination and entered the Alder Geriatric Assessment Center, where we were scheduled to meet with a physician who specialized in geriatric dementia-care. At the time I had been interning at the Hastings Center for Bioethics after having just finished a master's in the philosophy of mental disorder. Knowing that I was interested in mental disorders and personal identity theory and that Dr. Walker held an interest in personal identity theory and worked with dementia patients on a daily basis, Dr. Callahan had invited me to join him on his expedition to Yale. Having commenced our meeting, we examined the different stages of dementia and discussed a number of cases, discussing their philosophical implications and the potential uses of philosophical theory in clinical practice. Raising issues regarding symptomatology and the progression of the disorder, our discussion was centered around the various ethical implications associated with different stages of dementia and how even in clinical practice certain philosophical concepts such as 'free will', 'autonomy', 'personhood', and 'diachronic identity' (or identity over time) emerged, regardless of the language used to describe them.

Discussing various philosophers, yet primarily dealing with the work of Derek Parfit, an eminent philosopher and personal identity theorist, I had made some suggestions regarding the constituents of identity and at which stages a dementia patient may in fact no longer be considered the same person. In addition, I had suggested some

existential explanations of suffering which may be helpful in providing a framework for coping with suffering. My suggestion was that if suffering imbued the life of the individual with some considerable degree of meaning it may have a value and, hence, a doctor should take into consideration the notion that stifling such suffering may prevent the patient from having a sort of existential revelation, so to speak. I went on to suggest that if the suffering of the individual could be said to possess no such existential benefit, then to allow its prolongation would be ethically unjustified. However, while my philosophical reasoning, whether existential or analytic, was acknowledged as being sound, the monkey wrench in the gears of each of my arguments was the religious element; the religiosity and belief systems of patients stood in the way of my attempts to apply sound and uniform philosophical reasoning to their cases.

With a religiously diverse inpatient populous, Dr. Walker informed me of how a number of individuals and their families relied on their religious backgrounds and beliefs when dealing not only with clinical ethical dilemmas but a plethora of issues surrounding notions of illness, suffering, and death as well. It was clear to me that even if a philosophical definition of the person was supported by logical proofs and was able to theoretically resolve a number of problematic issues and even if an existential notion of suffering seemed to respect the subjective realm of values, there was data being presented to me which seemed to occlude their application in clinical practice. Evidence of Muslim patients who held particular notions of the person and Catholics who valued suffering apart from its ability to ‘existentially enlighten’ the individual had been presented to me -- notions which drew my attention to the fact that in the theoretical realm of biomedical ethics and in medical practice itself religiosity had been given a back row seat when in

fact it emerged on the frontlines of the decision-making process of patients, whose well-being and opinions play a crucial role in both the medical and bioethical enterprises.

That which I found lacking in mainstream philosophical secular reasoning was an ability to maintain a level of normative rigor while simultaneously being able to hold substantive respect for the beliefs and convictions of those who would be affected by any decision-making processes and the conclusions they produced. While I was aware of religious factors in medical decision making before, that which became explicit was the fact that religious pluralism presents clinicians, bioethicists, and policy-makers alike with a real problem. After leaving our meeting and contemplating such issues, it occurred to me that bioethicists are presented with the conceptually arduous task of attempting to hold ethical and procedural standards and principles while simultaneously respecting and seriously considering the religious beliefs of the patients whom such theorizing and policies will actually affect. Hence, I decided further inquiry into the matter was needed and, ultimately, set out to resolve such problematic issues.

This study is in an attempt to promote a more in-depth dialogue amongst bioethicists coming from distinct disciplinary and religious backgrounds; to facilitate a greater comprehension of the distinct modes of moral reasoning which come into play in bioethical decision-making; and to explore the viability of forging a more pluralistic conceptual framework for bioethical inquiry.

Introduction

Imagine for a moment that you are an observer in a room of the pediatric critical care unit of a hospital -- a fly on the wall, so to speak. On the bed lays a boy who appears to be breathing with the aide of a machine yet is otherwise motionless. His mother strokes his hand, and his father closes a prayer book which he has just been reciting from. Soon after, a physician walks in, holding a chart which bears upon it a number of test results. As he converses with the parents, you learn that the doctor has performed a number of apnea tests which have confirmed that the boy will be unable to breath spontaneously if he is removed from the ventilator, electroencephalographic testing measuring the boy's brain activity which has resulted in a flat-line reading, and tests confirming the absence of any cerebral blood circulation. Regretfully, the doctor informs the parents that, due to their son's profound coma, apnea, and the absence of his brainstem reflexes, his diagnosis, in accordance with the State's laws, is 'brain death.' The parents, rather offended, are quick to reply, protesting the doctor's diagnosis on the grounds that they, as pious Orthodox Jews, do not believe in 'brain death,' nor do they believe that such a diagnosis should be equated with the death of a human person.

The doctor and most of the hospital staff believe that the boy is dead based on the Uniform Determination of Death Act of 1980[1], the criteria of which are: irreversible cessation of all brain function or irreversible cessation of blood circulation. Given their State's employment of the above stated criteria, often referred to as the "Harvard Criteria," the hospital staff wish to follow procedure, consider the boy dead, and follow

[1] For more information regarding the Uniform Determination of Death Act see Kerridge et al, "Death, Dying, and Organ Donation," 89-94.

typical hospital protocols for dealing with a dead patient. Uncertain of what to do, the physician requests that a clinical ethicist be sent in to ameliorate the situation.

Armed with his knowledge of the widely accepted bioethical principles of autonomy, beneficence, non-maleficence, and justice; medical policy, including a variety of standards for determining 'brain death', all of which would have been satisfied through the usage of the more conservative Harvard criteria[2] (Pence 2004, 45); and his arsenal of philosophical logic, moral reasoning, and previously set precedents, the ethicist enters the situation. After talking with the boy's parents, he realizes that he will never be able to convince them of the acceptability of any brain death criteria and that if the hospital proceeds to treat the boy as dead his parents will be in a state of moral outrage. What should be done? Who, if any one, is ultimately correct: the doctor, the State, the parents? And how should the ethicist handle the situation? What factors should come to play a role in his ethical decision-making: the secular ethical reasoning he was taught or the religious beliefs of the patient's family?

Moreover, what are you to do if you are a patient whose religious beliefs reject the 'brain death' standard of death in the face of its widespread acceptance amongst ethicists and clinicians? Further, in lieu of your religious convictions, what choices do you really have when confronted with laws that, at first glance, seem not only to oppose your beliefs but to force a label of 'death' upon your loved ones when you believe them to be alive? Unless you live in New Jersey -- where a 'consciousness clause'[3] allowing

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[2] The three standard sets of criteria for determining brain death are, in order from most to least conservative: Harvard Criteria, Irreversibility Standard, and the Cognitive Criteria. For more information regarding the criteria of brain death see Pence, *Classic Cases in Medical Ethics*, 44-46.

[3] New Jersey is the only state to hold an exemption to brain death on moral or religious grounds in a statutory law. As quoted by Michael Grodin, the New Jersey statute of 1991 states, "The death of an individual shall not be declared upon the basis of neurological criteria…when such a declaration should violate the personal religious beliefs or moral convictions of that individual…." "Religious Exemptions,"

people to object to brain death standards on religious grounds has been accepted by the State -- the state, the hospital, or the individual doctor has the power to determine the death of those whom your religion may view as still 'alive'.

While the preceding case is itself fictional, it is based on a number of real-life cases documented by Joseph J. Fins[4] and Neil M. Lazar[5] and raises problematic issues which patients, clinicians, policy-makers and ethicists are faced with on a daily basis. In addition to the case-based problems of dealing with brain-death, conceptually nebulous and ethically difficult problems arise in relation to a number of other medical issues, including psychiatric diagnosis[6], treatment plans[7], and others -- all of which call into question the beliefs, values, and morals of individuals, which may in many instances be in conflict with one another.

Furthermore, particular instances of ethical uncertainty, conceptual ambiguity, and moral disagreement associated with religious differences, such as the case presented above, illuminate a greater overarching problem regarding the methodological foundations of bioethical inquiry: the fact that this is a secular yet religiously pluralistic society whose laws, health policies, and ethical principles are to remain free of religious convictions while adequately representing the pluralistic populous. In other words, how

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(*Journal of Church and State*, 1994), 36:2, 7. These statutes are often referred to as "conscience clauses." For more information pertaining to the "conscience clause" of New Jersey see Kerridge et al, "Death, Dying, and Donation," 89-94; Veatch, "Impending Collapse Whole-Brain Death," 18-24; or Chiong, Brain Death without Definitions," 20-30.

[4] In "Clinical Pragmatism" (70-71), Joseph J. Fins presents a case in which a Hassidic Jewish child is being diagnosed with brain death and discusses the problems which ensue due to the moral and religious differences between the family and the clinicians.

[5] Lazar et al, "Brain Death," 833-836.

[6] In "Neuroethics or Neuro-values" (297-313), Bill Fulford discusses the case of Simon, a secular lawyer in the South from a Baptist family, who began to have revelations. Analyzing the case, Fulford proceeds to question the status and criterion of delusions.

[7] In "Cross-Cultural Settings" (6-14), Nancy Jecker and Joseph Carrese present cases illustrating the difficulties of diagnosis and treatment planning when confronted with the cultural and religious differences presented to a western clinician when dealing with a Navajo patient.

are we to confront the problem of religious pluralism, on both the theoretical and practical levels, in biomedical ethics? Ultimately, the questions raised by the aforementioned example are: “Is there room for religious convictions in bioethical discourse?” And if so, “How are they to be incorporated?”

As a response to the potential dangers and abuses of scientific and medical advancements, bioethics has become a field of particular importance for contemporary society. The rapid progress of modern medicine has provided both hope and despair for many; along with the benefits of medical advancements come new ethical and moral dilemmas. Emerging from a plethora of backgrounds, numerous bioethicists have attempted to resolve these moral conflicts, clarify ethical ambiguities, and propose universal solutions to the medico-ethical dilemmas which have arisen from technological advancements in medicine. However, while medical technology has created new ethical concerns, it has also opened up a new arena of moral conflict and diversity as distinct groups respectively respond to such issues. Despite the variety of work that has been done thus far, many religiously oriented bioethicists fail to seriously take into consideration the beliefs of those coming from other religious traditions, while secular theorists fail to take into consideration the pertinence of the religious pluralism which pervades our society. While progress has been made in promoting interfaith and religio-secular dialogue and there have been measures taken to address religious pluralism on the clinical, policy and pedagogical levels, the principles and theories that have traditionally guided policy and doctor-patient relations are largely a product of quasi-legalistic and rationalistic secular thinking. The problem is that, while ethical standards are necessary, the individuals who will be affected by such policies and standards are often guided by

their religious beliefs in their own ethical decision-making processes. In recent years there seems to have been a renewed concern regarding methodological issues in bioethics which suggests that the time may be ripe for a re-evaluation of the role of bioethics in a pluralistic society and the role of religious perspectives in the bioethical arena.

Seeking to lay the foundations of a pluralistic bioethics, the aim of this study is to explore the viability of such an endeavor and to provide methodological suggestions on how we can pursue such a task. We will begin with a brief historical overview of the relationship between religion and bioethics. Subsequently, a critical analysis of a number of the leading methods of addressing pluralism in bioethics will be provided. Lastly, methodological suggestions for creating a new conceptual framework will be set forth.

First, employing clinical case studies and drawing upon the bioethical work of authors coming from distinct religious traditions and academic disciplines, this study will discuss the differences in modes of moral reasoning found within pluralistic societies and which enter clinical settings on a daily basis. The case work psychiatrist and medical anthropologist Arthur Kleinmann, physician and clinical ethicist Joseph Fins, physician and bioethicist Neil Lazar, medical anthropologist and bioethical historians Carla Messikomer and Renee Fox, and others will be discussed to demonstrate the reality of the aforementioned problems on both the clinical and legislative levels. In addition the work of bioethicists such as Tom Beauchamp, James Childress, Robert Veatch, Daniel Callahan, Leigh Turner, and Adam Hedgecoe will be discussed as a means of illustrating both the marginalization of religious voices in the bioethical arena and the conceptual difficulties religious pluralism has presented to bioethics on the theoretical level.

Second, exploring the critiques and methodological proposals coming from the social sciences, such as those of Leigh Turner and Patricia Marshall; the contract theorists, such as Robert Baker and Donald Ainslie; and the pragmatists, such as Joseph Fins, this study will analyze the problems that arise when confronting moral and religious diversity in a bioethical context. In addition we will examine the ability of these various methodologies to adequately resolve a number of the aforementioned problems.

Finally, having highlighted both the benefits and contributions, and the potential problems in both theory and practice, of each of the aforementioned schools, a methodological model I am calling a "Pragmatic Perspectivism," which attempts to incorporate the benefits of and to avoid the problems with many of the previous methodologies, will be set forth. This model is meant to serve as a potential conceptual framework in which a bioethical theory for a secular yet religiously pluralistic society might be forged. Drawing upon the work of Jeffery Stout and Ortega y Gasset, this method adopts, adapts, and synthesizes the respective insights of the two authors as to suggest an alternative way of addressing the problematic issues that religious pluralism poses for bioethical inquiry. In addition, paying attention to both differences and similarities, various perspectives on brain death, including those of Greek Orthodox Christian theologians Stanley Harakas and Nikolaos Hatzinikolaou, Thomist philosopher and Catholic theologian Jason Eberl, Confucian bioethicist Ruiping Fan, Buddhist scholar Damien Keown will be explored as a means of demonstrating this new conceptual framework's ability to resolve some of the problems that religious pluralism has raised in bioethics. These authors have been chosen based on the fact that a majority of them have addressed the same bioethical issue of brain death which enables the possibility of

imaging a dialogue between these authors and facilitates a detailed comparison on a specific issue. In addition, each of these authors has been explicit in identifying the specific religious tradition he either claims to be representing or is drawing upon when formulating his position. It is the hope of this author that this project will foster further interfaith and interdisciplinary dialogue on initiating new ways of engaging the issue of religious pluralism in bioethical theory and in clinical practice.

Chapter 1
Religious Convictions
&
Bioethical Decisions

In this chapter I will discuss the relationship between bioethics and religion, paying special attention to the problems which arise when confronting the phenomenon of religious and moral diversity from within a bioethical context. Before doing so, however, I would like briefly to summarize the role of religious thought in bioethics from its formative years in the late 1960s until today as means of further grasping the severity of the issue at hand, acquiring some historical insight, and better comprehending the nature of the methodologies being employed in contemporary bioethics.

Religion's Relationship with Bioethics

With a strong theological presence in its formative years, bioethics has always had a relationship with religion. This early contribution of religious thought in bioethics came primarily from theologians, mostly Jewish and Christian figures such as Paul Ramsey and Hans Jonas, however even then such figures were in dialogue with secular-oriented philosophers.[8] Despite the fact that both the religious and secular ethicists shared the common goal of seeking universal moral truths, the languages employed to express such universals were distinct and often hard to translate. Since the vocabularies of the theologians, or 'religionists', could be highly saturated with religious terminology

[8] For more information regarding the history of bioethics and the relationship of bioethics and religion/theology see Messikomer et al, "Religion in American Bioethics," 484-508, and Callahan, "Universalism & Particularism," 37-44.

that could only be appreciated by members of their respective faiths, many of the religiously-oriented bioethicists, such as Leon Kass and Robert Veatch, spoke a secular language at the round-table of bioethics. In what appears to have been an attempt to prevent miscommunication and misunderstanding, bioethical lingo took on a secular tone, leaving those who represented both religious and secular strains of thought in a position in which they could postulate arguments and defend their positions in a common vernacular (Messikomer et. al 2001).

As bioethics developed further, universalistic ethical aims continued to dominate the field. This eventually led to the rise of a variety of critics such as Joseph Fletcher, who wished to focus on the particulars of situations, contexts, and cases (i.e. situationalism, contextualism, relativism, and casuistry).[9] However, the failure of these schools to provide adequate normative principles that could actually guide actions and set the standards which were necessary in a field involved with policy-making led to their marginalization. A universalist ethical agenda and the secularization of moral concepts pervaded the field, eventually culminating in the popularity of Tom Beauchamp's and James Childress's universalistic *Principles of Biomedical Ethics*, which will be discussed in further detail at a later point in the study.

While the concerns of the particularists remained prevalent, universalistic principalism tended to be seen as the most effective means of dealing with these

[9] None of the schools of thought which Callahan has dubbed "Particularist" accept universal moral claims, however, there are distinctions to be had amongst these various schools of thought. Situationalists maintain that in order for a sound moral judgment to occur the particulars of each situation must be accounted for; they do believe that a correct moral judgment can be made in regards to specific situations. Contextualists claim that historico-cultural factors must be taken into consideration prior to a moral judgment. Relativists claim that moral truths depend upon either a specific culture or are contingent upon the beliefs of individuals. This is usually referred to as subjectivism. Casuists claim that moral decisions should be based upon the outcomes and antecedent judgments of prior similar cases. They maintain that cases should serve as precedents for moral decision-making and only when cases are unique should new moral judgments come into play. Callahan, "Universalism & Particularism," (Hastings Center Report, 2000), 30:1, 37-44.

tumultuous issues. This has led not only to the exclusion of those employing religious language, though not always those with a religious agenda, but also of those whose religious belief systems and correlative systems of morality do not conform to the widely accepted modes of reasoning present within today's secularized and rationalized ethical discussions from the mainstream currents in the field, as some such as Leigh Turner would argue.[10] Despite the fact that in recent years there has been a growing dissatisfaction with universalistic and principalistic methods, an exclusionary attitude towards religious modes of reasoning continues to be held, expressed, and perpetuated by a number of leading figures in bioethics. For instance, the preeminent ethicist and bioethicist, Mary Warnock, writes,

> Though religious beliefs may be the foundation for private morality and therefore supply such morality with inviolable principles, it has no such role in the case of public policy-making, even where the policy is concerned with matters agreed to be matters of morality. It could have such a role only if the certainty of the principles supplied by religion were generally shared, or were held themselves to be enforceable by law (i.e. in a theocratic state)….This is not to suggest that church people, whether lay or clerical, should not speak on public policy issues….But moral arguments if they are to be listened to in a democracy must be just that: moral arguments. They should be weighed up, assessed and acted on because they have persuaded on moral grounds not because of any connection they may have with particular theological doctrines….
> (Warnock 2005, 33-41)

This statement explicitly expresses the position in bioethics that there is a single mode of moral reasoning, or at least a single correct mode of moral reasoning, to which all must conform if they are to be heard at all. Such an attitude effectively endorses a belief in the universal and neutral nature of a particular mode of reasoning. Moreover, it seems to imply that 'true' moral reasoning is without context and disconnected from a given

[10] Turner, "Bioethics and Religions," 181-197.

paradigm of thought, which as we shall see is a debatable claim. For many religious individuals religion and morality are seen as inseparable.

To further illustrate the overarching problems of the under-representation of religious voices in the bioethical arena and the necessity of current trends to incorporate these voices into the biomedical ethical discourse, I would like to introduce the work of Carla Messikomer, Renee Fox, and Judith Swazey who have each done work in the anthropology and history of bioethics.

Demonstrating that even in a time when efforts to embrace pluralism have been made, an exclusionary attitude toward religion in bioethics is still present. Illustrating this point, Messikomer et al discuss and quote Childress's position:

> While religious viewpoints are important for "stimulating the public imagination," Childress said, he believes that a rationally based philosophical mode of reflection is the appropriate set of premises to use for his "model of public reasoning and justification" or "justification to others," if one is thinking about "how to help a …secularly-based public institution…[in a] liberal, democratic, pluralistic society." (Childress 1999; Messikomer et al 2001, 502)

Discussing national bioethics commissions, particularly the National Bioethics Advisory Commission (NBAC), Messikomer and Fox document that recently an attempt to incorporate religious voices has been made, however, he states, "the role that religious testimony and thought played in shaping the NBAC report on human stem cell research, and in the conclusions and recommendations it set forth, seems to have been both marginal and nebulous" (Messikomer et. al 2001, 504). In addition, "In the report's finale, religion has been expunged by being reduced to 'diverse perspective,' 'ethical issues,' and 'moral concerns'" (Messikomer et. al 2001, 505). In a more optimistic tone, Fox states, "The number of medical schools whose curricula include courses in

spirituality have grown (Pulchaski and Larson 1998) and centers, institutes, and interest groups on religion, spirituality, and medicine have been established in medical as well as divinity schools of some distinguished non-denominational universities" (Messikomer et al. 2001, 506).

Hence, I ask, is there a way to embrace moral and religious diversity in biomedical ethics which can resolve some of the tensions which come with the pluralistic territory? If there is a way of resolving the problems religious pluralism has presented to the bioethical enterprise, what would it entail? And, if we are presented with multiple candidates, which is the best one?

The Problem

Bioethics emerged in part as a response to society's need and demand for the existence of ethical restraints upon scientific and medical innovations and practices. In addition, bioethics deals with a plethora of ethically questionable and conceptually nebulous issues raised by such advances in medical technology. Today, bioethics is left in a bit of a quagmire. Bioethicists find themselves in the difficult position of simultaneously regulating 'ethically harmful' practices while attempting to respect the diversity of the population which it is attempting to protect and represent in the first place. The problem has been nicely stated by Daniel Callahan:

> How are we as a community, dedicated to pluralism, to find room for the different values and moral perspectives of different people and different groups? How are we to respect particularism? [and]…how as a community made up of diverse individuals and groups to find a way to transcend differences in order to reach a consensus on some matters of common human welfare? How, that is are we to respect universalism?...[For] There

> can be no culturally and psychologically perceptive ethics without taking into account the diversity of moral lives, but there can be no ethics at all without universals…. (Callahan 2000, 37-38)

Given this commonly held attitude regarding the relationship between ethics and universals and secularism's dominance in bioethical theory, the most widely accepted approach to bioethical thinking has been universalism of the principalist sort -- that is, of the sort which claims to have discovered universally applicable ethical principles which retain their truth value regardless of socio-cultural, religious, or historical context.

Inspired by the synthesis of rule-base utilitarian and deontological thought, Tom Beauchamp and James Childress, as noted above, have constructed a widely accepted set of 'universal' principles, namely autonomy, beneficence, non-maleficence, and justice. Despite their dominance, these principles and the theories employed for their creation have received an onslaught of critiques coming from other universal-oriented schools of thought, such as Kantians, Virtues Theorists, Christian Ethicists and other religiously-oriented ethicists, and from a variety of what Callahan has deemed the "particularist" camps and movements, mentioned previously. However, despite the criticisms launched by the particularists their arguments often take a backseat due to particularism's potentiality for a creating a slippery slope towards relativism and the threat of moral chaos which ensues.

The practical concern is that if morality is indeed culturally relative, or relative to the individual as some postmodernists would claim, then how is bioethics to perform its regulatory function of curbing potentially 'harmful' effects of scientific progress, safeguarding the rights of patients, and discovering the morally right actions and ethical behaviors which spawned the field in the first place? The entire agenda of bioethics

would be undermined and the project of doing bioethics would fall by the wayside. On the other hand, the theoretical concern held by the more philosophically-inclined bioethicists is that relativism as a theory is self-negating, and hence an unsound and absurd position.

Confronting moral diversity and religious pluralism in bioethics raises the spectre that any principles which attempt to respect the claims of all religious groups will either not succeed in achieving their intended goal or they will be too vague to accomplish any substantive results, possessing no practical usefulness or applicable proposals. "The hard part is to devise a theory that can readily join universality and the moral complexity of everyday life" (41 Callahan). This is precisely the issue which we shall explore and the very task at hand.

Since the turn of the millennium, there have been a number of attempts to devise a theory which could provide solutions to the so-called universalism vs. particularism dilemma in bioethics. As we proceed we will examine the viability of these alleged solutions, exploring their ability to adequately resolve the problems presented to bioethics by a religiously pluralistic society. After a detailed and critical analysis, it will be demonstrated how some of the best attempts at resolving the problem of pluralism in bioethics ultimately fail, or fall short of their goal. Therefore, after such an examination, a new approach to the resolution of such problems will be proposed and defended in an attempt to retain the insights of previous theories while avoiding their downfalls.

Chapter 2
Moral Diversity
vs.
Bioethical Normativity:
Overcoming the Problem

At this point we will explore a number of critiques of universalistic and principalistic bioethical methodologies and will examine a few methodological proposals for coming to terms with pluralism in bioethics. The critiques and proposals to be addressed will be those of the social scientist bioethicists, such Leigh Turner, Adam Hedgecoe, and Renee Fox; the contract theorist bioethicists, such as Robert Baker and Donald Ainslie; and the pragmatist bioethicists, such as Matthew Bacchetta and Joseph Fins. Examining the ability of these various methodologies to adequately resolve the aforementioned problems between bioethical normativity and moral diversity, we will discuss the benefits and contributions, and the potential problems in both theory and practice, of each of the aforementioned schools.

Ethnographic Bioethics:
The Social Sciences to the Rescue

Having been the least represented group in the bioethical arena, ethnographic bioethics has witnessed a surge since the turn of the millennium. Bringing socio-cultural and ethno-religious factors to the forefront, a number of social scientists have launched critiques of the current state of bioethical theorizing. This type of bioethical inquiry consists of individuals such as Renee Fox, mentioned previously; anthropologist Barry

Hoffmaster; Leigh Turner, a scholar of religion and bioethics at McGill University; Andrew Fagan of the Humans Rights Centre at the University of Essex; Adam Hedgecoe, a sociologist at the University of Sussex; and Patricia Marshall, an anthropologist in medical humanities at Loyola University. Voicing their concern over the failure of mainstream bioethics to adequately recognize the panoply of moral claims coming from distinct religious traditions, some of these critics have been rather antagonistic toward mainline analytic bioethical theory while others have merely attempted to provide correctives and to suggest a cooperative situation in which rationality and empirical social scientific evidence are seen as complementary.

Nonetheless they are all united in their call for the further involvement of religious voices in the bioethical arena, their desire to prevent the ethno-centricism which ensues from the current principalistic and universalistic bioethical models, and their promotion of raising awareness and understanding of the various belief systems and modes of moral reasoning which pervade a pluralistic society like our own. Hedgecoe states:

> The social science critique claims that traditional philosophical bioethics gives a dominant role to idealized, rational thought, and tends to exclude social and cultural factors, relegating them to the status of irrelevancies. Another problem is the way in which bioethics assumes social reality divides down the same lines/categories as philosophical theories. (Hedgecoe 2004, 120)

Also voicing his concern with the dominance of philosophical theory in bioethics, yet going one step further to demonstrate the problems with universalism and principalism, in particular, Turner states:

> Although Beauchamp and Childress situate their principalist moral framework in relation to the work of Kantians, utilitarians, virtue

> theorists, communitarians, and casuists, *Principles of Biomedical Ethics* does not explore varieties of moral life as human experience unfolds in particular social settings….Instead, the principalist model of practical reasoning promotes a dualistic account of morality, whereby reasonable, sensible "common morality", is distinguished from unreasonable, provincial "customary morality." (110 Turner 2003, 11.2: 110)

Though speaking with distinctive voices, a common claim of the social science-oriented bioethicists is that mainstream bioethics, for the most part, has failed to seriously address the need for coming to terms with religious and cultural pluralism. Many of the social scientists maintain that little attention has been paid to non-secularized religious claims due to their incompatibility with secular rationality, and that many of the more philosophically-inclined bioethicisits become wary of properly embracing pluralism due to the moral relativism which it may be perceived to entail. In order for the variety of religio-cultural voices to be heard in this field, they have called for an 'anthropological turn' in bioethics.

One of the greatest problems facing the incorporation of non-secularized religious voices into the bioethical dialogue is that "in many traditions…moral norms cannot be discerned merely through sustained rational inquiry" (Turner 2003, 11.3: 187). Turner claims that in religiously pluralistic societies we are faced with "multiple interpretive traditions within which moral reasoning can proceed" (Turner 2003 11.3: 195).

However, from my own observations and analysis, it appears that thus far the only modes of reasoning which contemporary mainstream bioethics has seriously considered and attempted to synthesize are the various analytic modes of thought, presented by science, philosophy, and law; essentially relegating religious claims to the realm of the

'unreasonable', 'irrational', or 'unjustified', or requiring a secularization of their terminology as to make theological arguments more palatable for a general audience.[11]

Bioethics must come to the realization that "in postmodern, pluralistic societies, different webs of moral reasoning exist" (Turner 2003 11.3: 195) and do its best to accommodate this phenomenon rather than sweeping it away with an allegedly universalized rationalistic mode of inquiry and set of principles. Prima facie, it is not impossible for bioethics to incorporate ethnographic data into bioethical inquiry in order to promote a better understanding of diverse paradigms of thought, nor is it necessarily impossible for bioethics to accommodate diverse modes of reasoning while still maintaining an appropriate degree of normative rigor.

The neglect of the social sciences by mainstream bioethics may in part be due to the fact that it has been ethnographic data which has given rise to relativism amongst some anthropologists and members of the general public. Often philosophers view relativism as a self-negating philosophical theory, for if all truth claims are relative then there is nothing left to support the truth of the claim they are making. Relativistic positions are usually construed as philosophical slippery slopes toward moral chaos,

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[11] However, while requiring that religious thinkers secularize their language prior to engaging in bioethical discourse may appear to be a means of respecting diverse religious points of view while maintaining a neutral platform upon which dialogue may occur, such a method is potentially problematic on a number of levels. First, a number of religious claims may only make sense within the context of their respective belief systems, which when expressed in secular terminology may be unable to convey the full meanings of such concepts and may hinder an interlocutor's ability to adequately comprehend the ideas being expressed by those speaking from a religious perspective. Second, hermeneutical obviation aside, one may claim that the very act of altering one's language may overtime alter one's mode of reasoning as well, for terms are symbolic expressions of particular ideas. Subsequently, the usage of certain terms is correlative with the expression of particular concepts. Hence, through the alteration of language we may actually run the risk of altering one's mode of reasoning as well, insofar as the language employed has a bearing upon one's mode of conceptualization and the constant usage of certain terms may actually reinforce the prevalence of such concepts in one's thought process. Ultimately, by secularizing his/her terminology an individual may actually come to secularize his thinking, and hence leaving him/her in a position in which they are no longer adequately representing the modes of reasoning and conceptual paradigms of the religious tradition which they had represented in the first place.

hence making them unlikely candidates for any field of applied ethics. However, the findings of the social sciences need not necessarily be taken as endorsements of relativism, but rather as data which point to real-life problems, modes of thinking, and values held by actual persons in our society.

The problem lies within the conflation of empirical evidence and philosophical theory. What the social scientists are stating is not necessarily a philosophical argument but is rather a presentation of data acquired from evidence-based methodologies and is representative of an empirical reality. Whereas relativism is a doctrine, moral pluralism is a real social phenomenon supported by empirical evidence. While relativism may be easily discarded in the ivory tower, the fact that there exists an array of moral beliefs stemming from different modes of moral thinking is the socio-cultural reality that an applied ethics must confront. Simply writing off a variety of moral beliefs as wrong or false does not change the fact that the very people that bioethics is to be guiding and protecting actually do hold distinct and often conflicting moral commitments. Indeed, in clinical settings and in bioethical policy-making, conclusive decisions need to be made, however, in doing so, the moral diversity of our social reality must not be overlooked or marginalized when engaging in these deliberative processes.

What is needed, and I believe is becoming more prevalent amongst bioethicists, is "a recognition that for many individuals and communities, it is these religious traditions, as opposed to particular philosophical theories, that are salient when they address moral issues related to medicine, illness, and health care" (Turner 2003 11.3: 184). Recognizing such phenomena need not entail an endorsement of nihilistic relativism nor does it necessarily require an epistemological judgment of the variety of claims being

purported. Rather bioethicists must search for ways in which diverse perspectives can be respected while still maintaining a normative structure of inquiry which will be able to produce guidelines for action.

The ability of the social sciences to provide ethnographic data to those involved in bioethical decision-making and policy formation can provide a platform upon which a synoptic understanding of difference and a fruitful discussion, rather than a myopic dismissal of alterity, may be had. This is where the social sciences can offer their greatest contribution to the interdisciplinary field of biomedical ethics – namely, by providing detailed descriptive accounts of religio-cultural contexts and the modes of moral reasoning which such patients and groups employ. The "traditional orientation of anthropology toward moral questions complements analytical approaches currently being developed in bioethics by placing values and ethics squarely with the domain of culture" (Marshall 1992, 56). As our society becomes increasingly more pluralistic, the social sciences can benefit bioethics greatly by assisting in, and promoting, a deeper understanding of religio-cultural difference. However, it is doubtful that the social sciences can provide the entire solution to problem.

While the claims of the social scientists should be duly noted and their findings should be given a higher degree of consideration in the field – that is to say if bioethics is to be representative of the pluralistic populous, then the very descriptive nature of the field which gives it its usefulness in addressing the dilemma of religious pluralism simultaneously highlights its inadequacies to engage in the normative ethical inquiry which is characteristic of the 'ethics' in 'bio-ethics'. What is needed is a methodology which can incorporate such findings into bioethical analysis yet which can also succeed

in producing standards and guidelines; however, this is precisely what the social sciences, lacking a normative agenda, fail to provide. Marshall states:

> Though both anthropologists [social scientists] and bioethicists would profit from an open exchange of intellectual ideas and methodology…the relationship between bioethics and the social sciences as a whole still remain strained and tentative…. (Marshall 1992, 57)

Hence, it seems that a discursive and dialogic methodological re-formulation of the initial stages of bioethical inquiry will be our best means of addressing, and hopefully resolving, the problematic features of pluralism, for such a method will be able to incorporate such a plurality of perspectives into a single framework. Yet, it is only after a methodology has been established that the contributions of the social sciences can truly take effect.

I would like now to turn our attention to some popular attempts to construct such a methodology. In our analysis we will examine methodological attempts at reconciling pluralism with the normative structure of bioethics, critically exploring their ability to accomplish such an arduous task.

Bioethical Contract Theory

Pluralism is often seen as a problem for ethics in general and indeed there have been a number of theoretical and methodological attempts to solve this problem. One of the most influential of these attempts has been that of John Rawls. From philosophical ethics to political theory, the impact of Rawls' contractualism has been heavily endorsed by those seeking to preserve principled standards while simultaneously respecting diversity of belief. Since Rawls, other contract theorists have made their mark on a

number of academic and applied fields. Though branded with a different name, David Gauthier's contractarianism has also been a major player in the field of pluralistic moral resolution. Gauthier's modified contractarian theory has been lauded as a means of combating the ever present threat of relativism while simultaneously paying homage to the moral diversity which pervades our society. In bioethics, both Donald Ainslie and Robert Baker have employed contract theories as a means of responding to pluralism and overcoming any relativistic tendencies which may emerge in a pluralist-friendly theory of biomedical morality.

Although their proposals are highly distinctive, the contract theorists[12] and social scientists share a common thread in their respective agendas, namely their critical attitude toward moral absolutism, ethical realism, and the inherent universalistic agenda of the moral theories espoused by various sorts of principalism. By seriously taking religio-cultural and moral pluralism into consideration, contract theory relies on neither moral absolutism nor a set of universal principles. Robert Baker has made this point explicit in his call for a contractarian renovation of bioethics as a means of properly dealing with postmodernity's pluralistic landscape:

> If international [or a pluralistic] bioethics is to respond successfully to the challenges of multiculturalism and postmodernism, it must abandon moral fundamentalism. It also must take stock of the three lesson to be learned from the failure of fundamentalism: (1) the difference claim cannot be explained away; there are fundamental differences in moral principles and values both between and within cultures; (2) any attempt to obviate these cultural or interpretive differences by postulating an acceptance of common or universal principles at some more 'basic' or 'fundamental' level is ultimately question-begging; (3) international biomedical ethics must rest on a theoretical framework that can bridge perspectives even as

[12] Though some may argue that contractarians and contractualists are distinct breeds of contract theory, I find that these differences are minimal in the greater context of ethical theory. Hence, for our current purposes I will be treating them as representatives of the same tradition, leaving any discussion of their unique nuances for another time.

> it justifies genuine transcultural and transtemporal moral judgments. (Baker 1998a, 225)

While contract theorists do indeed seek to forge a normative morality, it must be understood that the moral codes of which contract theorists speak have to do with the principles for cooperation that rational agents do, or would, agree to under certain conditions. Whereas the universalists, or as Baker refers to them, fundamentalists/absolutists, maintain that a given set of principles, norms and rules should reign supremely due to their universality and immutability -- and hence, are able to resolve various moral disagreements through appeals to a 'moral law' or common moral frame of reference (i.e. Beauchamp and Childress) – contractualists are not proposing any such set of absolute moral codes. In regards to coping with religious pluralism in bioethics, Ainslie claims, "What Rawls helps us to see is that the task of bioethics is not to resolve these disagreements, but to see what policy can be justified to people despite their disagreements" (Ainslie 2002, 14).

Rather than proposing a definitive set of universal principles, that which the contractualists have developed is a method for 1) discerning those terms of cooperation that rational self-interested agents would agree are morally advantageous to all parties participating in the cooperative endeavor, and 2) implementing such agreed upon terms in an objective structure for moral systems. This is a method by which groups of individuals may construct a set of rules based upon those values which they mutually perceive to hold primacy in the face of an abundance of eclectic values. For after all, "Why must others, in their struggles with reproduction, disease, suffering, and death, conform to principles over which some philosophical theories happen to coincide"

(Ainslie 2002, 4)? Contract theorists maintain that through a process of rational deliberation each individual will arrive at the conclusion that the structure of the contractual cooperative agreement is best suited to accomplish such a task.

The driving force behind such theories are the notions of bargaining and negotiation; self-interest and rationality; and what Rawls referred to as "reasonable pluralism," or the idea that those individuals possessing conflicting, yet reasonable, moral doctrines are able to come to the bargaining table and negotiate rationally with one another. "Contractarian moral and political theory concludes that cooperation between such agents is possible – despite fundamental conflicts of interests, principles, and values – provided that the conflicting parties appreciate their own rational self-interest in enjoying the advantages of cooperation" (Baker 1998b, 235). While a number of distinct voices are to be present at the contractualist's bargaining table, the conversation is exclusive to the extent that those individuals or groups whose moral claims, and correlative doctrines, may be judged to be 'unreasonable' will be prevented from joining the negotiation process. Yet, how does a contractarian categorize a doctrine as 'unreasonable'? Ainslie's reply is that:

> An unreasonable comprehensive doctrine leads its subscribers to reject the idea of cooperation with those whose comprehensive doctrines differ from theirs. It is people who are intolerant in this sense – in their unwillingness to live peacefully, on terms of acceptable to all, among those with whom they have moral disagreements…Accordingly,…the state [or in this case the bioethical community]can legitimately take steps to prevent those with unreasonable comprehensive doctrines from interfering with the lives of others. (Ainslie 2002, 15)

How does this method function? And what forms its foundational basis if not a rationally or divinely inspired set of universal moral truths?

Meta-ethically speaking, having drawn upon the insights of Locke and Hobbes, contractarians paint a picture of human nature, albeit a rather pessimistic one, asserting that all agents have a deep sense of self which is comprised of a variety of conflicting preferences and a self-interested motivation for action. Baker illustrates just how crucial such a conception of human nature is to the contractarian paradigm stating that, "[I]ntegral to the metaphor of the social contract is the contractarian recognition that the interests of the parties who contract to form civil society are naturally in conflict (or, as Hobbes put it, at war with each other)…" (Baker 1998b, 234-235).

Such a matrix of conflicting preferences leads one to a decision-making process, which is based upon what Gauthier refers to as deliberative justification, as a means of extracting those preferences that the individual deems to be of lesser value when conflict occurs. Deliberative Justification states that an agent's choices are justified if they maximize the agent's expected utility. This, he claims, does not depend upon any moral considerations; for only in a community setting does morality arise. Gauthier claims that rational agents will analyze their conflict ridden situation, realizing that it could be otherwise. Thus, when placed within a community setting, that which each rational agent's process of deliberative justification shall conclude is the principle of Constrained Maximization. Due to its ability for maximizing one's own utility by means of cooperation, such a principle would be accepted by the rational agent.

Thus, all rational agents involved come together to form a cooperative bargain. During such a negotiation, each individual brings his/her primary preferences to the table. In such a process, individuals will be able to discover where exactly their set of values and preferences match, or hold similarity to, those of others. Negotiating will enable

them to formulate a set of values that they can all agree hold primacy over others (in much the same way that the individual had done previously when assessing her own preferences). That which is discovered is the link unifying the various subjective views from which they may establish a set of terms that will be agreeable to all. Ultimately what we are presented with is a negotiated moral order, which is flexible enough to undergo change and be re-negotiated at a future time.

While the contractarians' attempt to forge a middle ground between universalism and particularism in ethics is laudable, there are a few problematic features of their proposed methodology. First, like the secular fundamentalists and principalists, contract theory relies on ethnocentric values and a westernized conception of rationality to do the work of forging cross-cultural norms. Not all religio-cultural traditions value deliberative rationality or individualistic notions of self-interest in the way in which the contractualist paradigm requires.

Second, the entire contractarian method not only presupposes but is grounded in a conception of human nature which may be unacceptable to the potential parties involved yet which is integral to the functionality of the contractualist methodology. When one is attempting to resolve the moral conflicts that arise in a religiously pluralistic society, adhering to a theory which is contingent upon the acceptance of a particular conception of human nature does not appear to be the most inviting way to bring individuals to the bargaining table. A variety of both religious and non-religious conceptions of the human do not view human nature as self-interested, monadic, and combative. Thus once these allegedly innate traits are denied by certain parties involved, it seems that there is no good reason to accept the social contract, for rational self-interest and conflict are those

factors which allegedly motivate us to enter into a cooperative contractual situation in the first place.

Third, contract theory's legalistic edge requires bargaining and negotiation, which may work well in some areas of business, law, and politics; however, when applied to bioethics what contract theory ultimately asks is for individuals to bargain not with their interests but rather with their beliefs about the nature of reality. Insofar as advances in medical technologies have raised issues that have called into question those beliefs which are constitutive of our perspectives of ontological reality, it is not merely a question of negotiating the rightness of an act, but entails probing our conceptions of life, death, the meaning of illness and suffering, and human nature. What the contractarian bioethicists fail to take into consideration is, as Lisa Rasmussen has duly noted, that "There are many metaphysical decisions that must be made in bioethics" (Rasmussen 2000, 375) and that metaphysical beliefs are hardly as negotiable as contract theory requires them to be. Accepting these theories necessarily entails either conflating interests/preferences with beliefs systems and worldviews, or assuming that metaphysical and ontological beliefs are arbitrary and negotiable, which is a question-begging claim to say the least.

Take a case of brain death, for instance. What a contract model of bioethics would entail for creating a policy in regards to brain death is that the parties involved would have to negotiate a definition of death; consequently, negotiating a conception of personhood as well. Subsequently, it would ask the parties involved to bargain with their metaphysical and ontological beliefs, essentially asking people to treat such beliefs, which are constitutive of their worldviews and conceptions of self, as if they were mere preferences and not staples of their conceptions of reality itself. However, if as Ainslie

claims, “bioethicists should not be in the business of forcing their own private moral views on others” (Ainslie 2002, 27), how could it be fair and acceptable for them to impose their metaphysical and ontological conceptions of human nature upon others? If contract theorists wish to protect individuals against being forced to accept a foreign private morality, they too must be careful not to impose their own private ontological views upon others.

Moreover, all metaphysics aside, without taking seriously enough that rational deliberation is not equally valued across cultures, contract theorists endorse a single mode of reasoning – namely, deliberative rationality. Ultimately this mode of reasoning succeeds in occluding any individual who will not accept either the contractarians’ initial premises or values -- namely that self-interested rational deliberation should be valued above all else. The contractarian method asks individuals to negotiate their values in order to arrive at a mutually shared set of values and norms yet presupposes that valuing rational deliberation is a trans-cultural and trans-religious phenomenon before entering into the process which is itself supposed to discover where such commonalities reside. It presupposes at the outset that which is to be an outcome.

Despite the inherent flaws of the contractarian method, and its inadequacies at resolving the dilemmas presented to bioethics by religious pluralism, it nonetheless has its merits; namely, the fact that it takes empirical evidence of moral pluralism seriously, it avoids postulating universal moral claims, and it focuses on a methodology for forging commonly accepted norms rather than asserting such norms.

Pragmatism in Biomedical Ethics

While some commentators such as John Arras would argue that pragmatism is not entirely new to the field of bioethics for it held an influential presence in bioethics' formative years (Arras 2001), there has been a recent resurgence in attempting to employ pragmatic thinking as a means of combating the universalism and principalism which came to dominate the field in the 1980s through the 1990s, and which still holds a formidable presence.

Drawing heavily upon the classical American philosophers, these bioethicists have attempted to employ pragmatist style problem solving in the clinic and as a means of solving the problems pluralism presents to an applied field of moral inquiry. Although the contemporary pragmatists in the biomedical-ethical circles have put forth theories as diverse as their pragmatist forefathers, that which unites this camp of bioethicists is their concern with usefulness, consensus and the employment of the scientific method for testing claims, their avoidance of universal truth-claims, and their promotion of democratic dialogue.

Now, there are those who may be labeled 'neo-pragmatists' who have also recently joined the bioethical discourse, and also those who have been referred to as "freestanding pragmatists," whose influence has been felt more heavily in political theory as opposed to bioethics. However, our concern at the present moment shall be with those more 'classical' pragmatists, so to speak, insofar as they have had a greater presence in bioethical discourse since the turn of the millennium. The two groups of this more 'classical' camp of pragmatists are those, such as Glen McGee and Jonathan Moreno whose concern is more theoretical, dealing with principles and analyzing the state of

bioethics in general, and those such as Matthew Bacchetta and Joseph Fins whose concerns are case-based, addressing ways of bringing about resolution to moral dilemmas in particular instances of moral conflict in clinical settings. The former have been referred to as pragmatic bioethicists, while the latter have referred to themselves as clinical pragmatists. Despite this distinction, they possess enough in common for us to view them as representing a single movement within contemporary bioethics.

Like the contract theorists, the Pragmatists recognize the importance of moral diversity, are concerned with the role of consensus and methods for achieving it and, as their name suggests, are concerned primarily with the usefulness of theories, methods, and principles as opposed to their ability to produce or discover absolute truthfulness. Joseph Fins remarks, "As Pragmatists, we are content to seek workable, satisfactory resolutions of pressing moral difficulties without any assurance or guarantee of getting it right" (Fins et al 1998, 40). Like both the social scientists and contractualists the pragmatists oppose the postulation of universal principles; however "pragmatists do not entirely eschew principles…principles are taken to have functional, not fundamental value in helping to shape inquiry as it progresses" (Hester 2003, 554). In addition, like the contract theorists, what they offer is a methodology for creating norms rather than positing either a set of norms or an absolute basis upon which moral norms should be grounded.

However, where the pragmatists differ greatly from the contract theorists is that: 1) the conception of self they posit, if posited at all, is communal rather than monadic; 2) and they take the lived experience of those who will be affected by the bioethical enterprise as their starting point. Rather than beginning with theoretical abstractions they

pay a degree of homage to the proposals of the social scientists by attempting to understand the contexts and circumstances of those involved in and affected by the ethical decision-making process. Whereas the contract theorists do not take the time to comprehend the doctrines and contexts of the other, promoting a contextual understanding of circumstances, as well as doctrines, is a driving force of the pragmatist agenda.

Though some, such as Micah Hester, propose a communal conception of human persons, they refrain from positing a detailed account of human nature. Hence, it is dialogue rather than any conception of the self which is to serve as the basis of producing bioethical decisions; this allows the pragmatists to avoid metaphysics at all costs. In this sense, they present a functionalist camp of bioethical inquiry. "Pragmatists eschew metaphysical, extra-experiential "objects", but they do not deny objectivity…objectivity is taken in an operative, not ontological, sense" (Hester 2003, 550). For the pragmatist meaning and truth are seen as objectively real yet contextually situated in that they are part of the experiential reality of those involved in unique situations, and operate to produce real effects upon individuals.

Moreover, being pragmatists, they hold a concern with habits, viewing them as norm producing features of selves, their contexts, and their communities. When conjoined with purpose and intelligent foresight, habits can help produce outcomes which are useful for addressing current concerns and can potentially create principles which can help guide future actions without dictating absolutely what ought to be done. Rather than beginning with abstract theoretical assumptions the pragmatist beings with the lived experiences of the patient and clinician involved in the conflict.

Further, they do not employ means of achieving consensus which are grounded in self-interested deliberative rationality, as the contract theorists do. Rather, they recognize that entire worldviews are at stake in bioethical dilemmas, and hence they promote contextual understanding, attempting to avoid the legalistic bargaining and negotiation of the contract theories. Elizabeth Cooke – referring to Jonathan D. Moreno, a Senior Fellow at the Center for American Progress and Professor of Medical Ethics, History and Sociology of Science at the University of Pennsylvania -- writes, "Moreno makes an important distinction between agreement achieved through compromise versus agreement achieved through consensus, where a transformation in understanding takes place for the members (Moreno, 1995, pp.45-53)" (Cooke 2003, 649).

Now, to fully understand Moreno's distinction, one must realize that the pragmatist's view of consensus looks very different from that of the contract theorist insofar as it is understood as an ongoing process. Together with an understanding of meaning and truth as contextual and a conception of the individual as communal, consensus itself requires a continued and revisable dialogue constantly in production of fallible results. "[C]onsensus understood pragmatically is not a *thing* to be achieved; it is, instead, a continuum of process-and-outcome know as intelligent inquiry itself" (Hester 2003, 551) and hence, "consensus is not something sought, it is something produced" (Hester 2003, 555). What the pragmatists ask of those involved in the dialogue is that they be open to a transformation in their own perspective as to produce an actual agreement with their interlocutor rather than a bargained compromise. "[C]linical pragmatism operates through a shared process of investigation, planning, decision-making, and action in which all the stakeholders concerned with the moral problem

collaborate to create an ethically appropriate consensus" (Fins 1998, 69). "These methods are thereby democratic and dialectical, and aim to secure agreements among all appropriate stake-holders, as 'operative, but contingent, conclusions that must be validated through experience' (Fins et al., 1999, p.32)" (Bellantoni 2003, 617).

Much like the scientific method, the method involved in pragmatic moral inquiry is reliant upon the notions of experiment, fallibility, and falsifiability, in addition to discursive and democratic means. First, there is an initial data collecting phase in which the facts of the situation are ascertained. These include understanding the medical and diagnostic facts; the contextual facts of the parties involved, including societal cultural and familial circumstances and dynamics; and the moral dilemma at hand, including the potential solutions proposed by the different parties. Second, there is a stage of inquiry and testing, in which moral solutions are tested against past outcomes and future aims of the parties involved. This involves discussion, in which one may indeed change one's point of view, that will produce a mutually agreed upon conclusion which may be revised in that it holds no absolute authority or universalistic privilege.

The methodological suggestions proposed by the bioethical and clinical pragmatists appear to be approaching some sort of middle ground between principalistic universalism and particularism, by retaining the use of principles while simultaneously recognizing, and supporting a comprehension of, context.

In addition, this method engages the problematic issue of incorporating a variety of religious voices into bioethical discourse by attempting to place everyone on an equal ground, and encouraging dialogue over debate. Moreover, the proposal of flexible principles meant to serve as guiding norms for particular cases as opposed to infallible

universals does appear to resolve some of the tensions between respecting religious pluralism while maintaining something that resembles a normative enterprise.

However, when one is addressing the issue of inter-faith and religio-secular dialogue in bioethics, there appear to be a number of problems with this position. First, while the inclusiveness of this method is laudable despite the pragmatists' avoidance of metaphysics and ontology, the fact that individuals are in fact faced with metaphysical and ontological dilemmas when presented with bioethical issues seems to be inescapable. Although metaphysical and ontological concerns may appear to be pragmatically useless, questioning such issues as the constituents of personhood, that which demarcates death and defining life will continue to be ultimate concerns of both the religious and secular members of society when faced with ethical dilemmas in medicine. The case of brain death discussed in the introduction, or any case of brain death for that matter, illustrates how metaphysical and ontological issues are evident in particular cases of biomedical ethical dilemmas, and how such concerns come to bear upon policy and the overarching theoretical dimensions of bioethical inquiry more generally.

Second, despite the pragmatist's openness to context and situation, it appears as if the parties involved are almost required to undergo an alteration in their moral paradigms, which would be a rather unrealistic criterion of any dialogical and multivocal methodology yet which may easily find its way into the implementation of the pragmatic method. Although it is also unrealistic to think that every party involved can have their way without concession or compromise, it seems too idealistic and hopeful to build the notion of an alteration of moral paradigms into the very structure of the methodology itself, however congenial this might be to pluralism and to resolving the issues at hand.

At first glance it appears that asking individuals to come to an understanding of the contexts of others is necessary. However, positing paradigmatic transformation begotten through dialogue does not necessarily need to be part of the fabric of a bioethical methodology for it to be respectful of pluralism. Also, alterations in worldviews do not seem necessary for bioethical theory to be conducive to responding to the variety of beliefs arising from a religiously pluralistic populous.

Third, it might be argued that the pragmatists' ethical and procedural proposals are overly reliant upon scientific methodology and consequently are laden with the values inherent in such a paradigm. At least some appear to neglect the insights of contemporary philosophers of science, such as Thomas Kuhn[13], who have exposed the value-laden and metaphysically driven nature of the so-called 'value free,' 'culturally neutral,' and 'objective' perspectives of scientific paradigms. Hence, to treat the ethical dilemmas which arise in the biomedical sciences with methodological prescriptions that stem from such sciences themselves may not be the best means of embracing the paradigmatic pluralism which is presented to us by a religiously, culturally, and morally diverse population.

To illustrate this point, take Fox's discussion of a case presented in works of writer Anne Fadiman and psychiatrist and medical anthropologist Arthur Kleinmann. A severely ill Hmong girl enters into a clinic. Her illness is believed by her parents to be the result of 'soul loss' caused by a malicious spirit, and they wish to treat her with traditional herbs and ceremonial rituals. Conversely, the doctors have diagnosed her with epilepsy and want to administer pharmacotherapy following standard procedure. Now, the issue at hand is not whether the girl is actually an epileptic or possessed by a demonic

[13] For a more in depth analysis of these issues see Kuhn, *Scientific Revolutions*.

spirit, or both. Rather the issue which Kleinmann raises, and which both Fox and Fadimann have duly noted, is that the physicians are oblivious to their own immersion in a culture, namely, the culture of their profession. Kleinmann observes that, "'As powerful an influence as the culture of the Hmong patient and her family is on this case, the culture of biomedicine is equally powerful. If you can't see that your own culture has its own set of interests, emotions, and biases, how can you expect to deal successfully with someone else's culture?"' (Fox 2005, 1316).

Just as the doctor in Kleinmann's case overlooked his own biomedical culture, those implementing the pragmatic method in medical contexts may easily overlook the fact that this method draws upon and adopts concepts stemming from the scientific culture or context. This could lead to a situation in which the bioethicists who are attempting to respect pluralism by understanding the contexts of others fail to take their own contexts into consideration, which may hamper their ability to ameliorate the tensions that they are attempting to quell. The pragmatists' confidence in employing scientific concepts in ethics may lead to the decontextualization of such concepts in actual clinical situations and, hence, may result in a situation in which the mindset of the ethicist resembles that of the doctor in Kleinmann's case study. If, as Kleinmann notes, we cannot expect such a clinician to successfully deal with another's culture, how can we expect such an ethicist to be able to adequately deal with the ethical problems associated with pluralism? Patients coming from a religious context may perceive the pragmatists' employment of scientific notions as an instance of science dominating ethics and may have their reservations about such a method due to a potential fear of the possibility of the marginalization of their own paradigm. If a patient's religious beliefs prevent that

patient from accepting the terms of the dialogue, how can we expect that patient to take part in the dialogue and hence be a part of the process of ethical deliberation? Hence, given such potential problems, utilizing concepts which are a product of the scientific paradigm might not be the most effective means of facilitating a constructive dialogue between religious and scientific perspectives.

Furthermore, in the case just presented, not only do we discover that different paradigms of thought come to influence the perspectives of interlocutors coming into moral conflict with one another and that all such paradigms must be recognized as coming to bear upon the situations at hand, we also see that metaphysical and ontological concerns keep cropping up and are hardly as avoidable a feature of bioethical inquiry as the clinical and bioethical pragmatists would like them to be. We may not want to have metaphysical or ontological discussions per se, however, issues of this sort continue to emerge in medical contexts and continue to create ethical problems that may not be adequately resolved unless we are willing to address the issues which themselves served as a catalyst to the problem. In other words, rather than avoiding metaphysics all together, we must ask ourselves if we can engage metaphysical issues without falling into metaphysical discussions. By eschewing metaphysics pragmatists overlook issues that are at times integral elements of biomedical ethical problems. Thus, the pragmatists' partial reliance upon the conceptual framework of the scientific paradigm in ethical decision-making and their desire to refrain from raising metaphysical issues in the discussions they wish to hold may be a hindrance upon their methodology's ability to adequately come to terms with the unique problems and divergent paradigms that are present in bioethical dilemmas involving religious and moral diversity and disagreement.

Chapter 3
Pragmatic Perspectivism:
A New Direction for Bioethical Methodology

Now, that we have come to recognize both the need for ethnographic and descriptive work, and the need for methodology, there are a few questions which our critical analysis of the prior methodologies raises. How can we avoid the potential myopia and absolutism of principalistic universalism? How can we supplement the insufficient normativity of the descriptive work of ethnographers while acknowledging their concerns? How can we make room for explicitly religious perspectives in bioethical inquiry without having to accept such presuppositions as truths? How can we avoid the rationalistic and legalistic pitfalls of the contractarians while still maintaining some limitations as to whom precisely takes part in the discussion? And how can we refrain from the over-reliance on quasi-scientific methodologies and the ideal of a metaphysically neutral discussion purported by the pragmatists? Ultimately, how can we achieve such methodological amendments while still maintaining something that resembles a normative project that will allow bioethics to find that middle ground between universalism and particularism? In this chapter I will put forth a methodological model which attempts to achieve this goal. Attempting to retain the benefits of the aforementioned theories I will suggest a new direction for bioethical methodology and a new conceptual framework that is meant to serve as a platform for creating a more pluralistic bioethics.

Forging a New Conceptual Framework for a Pluralistic Bioethics

Having explored a few attempts to reconcile universalism with particularism, we have discovered that tensions still exist and there are many problematic features of these prior attempts at forging a pluralistic bioethics. Although we pin-pointed a number of flaws with the methods of the bioethical and clinical pragmatists, the modest neo-pragmatism of Jeffrey Stout may speak to these problems and be of assistance in the creation of a pluralistic bioethics. Hence, while I will not be employing his theory as the ultimate solution to the problem of religio-cultural pluralism in bioethics, I would like to introduce some aspects of Stout's theorizing, demonstrate their ability to assist in our endeavor, and, subsequently, apply them to the task at hand.

What we have discovered in our discussion of religious pluralism in bioethics thus far is that it entails attempting to resolve and respect differences amongst a great deal of divergent moral, metaphysical, and ontological perspectives while questing for some common ground and shared guidelines for ethical theorizing in the biomedical sciences. Thus, in addition to our adoption of some of Stout's modest pragmatic conceptual innovations, I would also like to introduce, adopt, and adapt some of the theoretical insights of Jose Ortega y Gasset's perspectivism.

Discovering conceptual commonalities between the works of Stout and Ortega, it will be demonstrated how a synthesis of the insights of their respective theories, when coupled together with the benefits of the aforementioned theories, may be employed in the creation of a pluralistic bioethics. Thus, after a précis and brief analysis of Stout and Ortega's respective positions I will put forth a methodology that will be referred to as

"Pragmatic Perspectivism." The proposed methodology is meant to serve as a viable means of adequately addressing the problem of religious pluralism in bioethics.

Stout

Jeffrey Stout attempts to demonstrate how it is possible to accept the phenomenon of moral diversity without abandoning the idea that "moral truth" and "justified moral belief" exist. He argues that moral diversity need not necessary compel us to adopt skeptical or nihilistic positions in ethics. Stout brings our attention to the fact that when evaluating the truth value of a given proposition one must appeal to a set of other propositions not currently under scrutiny. He argues that to test the verity of a moral proposition X one does not appeal directly to the moral law itself, but rather to a set of beliefs one holds about the moral law, regardless of whether or not the moral law actually does or does not exist. Hence, there are a number of other non-moral beliefs which are presupposed when evaluating the truth value of a given moral proposition (Stout 2001, 23). Subsequently, "What you can't do, if you are human, is have your judgment determined solely by the matter under consideration without relying on beliefs, habits of description, and patterns of reasoning that belong to a cultural inheritance" (Stout 2001, 23).

Consequently, this leads Stout to draw a distinction between justification and truth. He asks us to recognize that, despite the fact that to hold a belief entails accepting the truth of that belief, one could be simultaneously wrong and justified in holding the belief. Avoiding a definition of truth per se, Stout claims that the truth-value of a proposition is a property of that proposition. Conversely, justification, unlike truth, is

relational in nature; it entails a proper set of relations between a proposition, a person accepting said proposition, and the cognitive/epistemic context of the individual. Given the fact that in order to even test the verity of a proposition one is heavily reliant upon other beliefs not currently being scrutinized, justification becomes highly relative to epistemic circumstances while the actual truth of the proposition is not. "Justification in morality, as in science, is relative—but relative to one's epistemic circumstance, including reasons and evidence available at the current stage of inquiry, not to the arbitrary choice of individuals" (Stout 2001, 29-30). However, "This relativity does not carry over…to truth. What we're justified in believing…varies according to the evidence and reasoning available to us in our place in culture and history. But the truth of the proposition…doesn't vary in the same way" (Stout 2001, 30). Therefore, if the relationship between the proposition, the individual, and one's epistemic circumstances exist in the proper way, the assertion that this proposition is true can be justified despite the falsity of the proposition, or even unjustified despite its truthfulness.

For example, Stout claims that if an individual lives in an era in which slavery is both commonly accepted and not considered to be immoral and consequently that individual believes that slavery is a morally permissible institution then that person's belief may indeed be wrong yet the individual may be justified in holding this belief. Given the individual's own experiences, the consensus of the era and the fact that the individual has acquired the best possible knowledge afforded to her at the time, this person may be justified in holding this belief even if the belief that slavery is morally permissible is indeed false (Stout 2001, 29).

Insofar as epistemic circumstances may indeed change over time, Stout requests that we be humble. At a future time, either through familiarity with other epistemic contexts or due to new evidence, or a greater understanding of various phenomena, we may no longer be justified in asserting those propositions which we currently assert and may in fact alter that which we currently take to be true.

Subsequently, his theory encourages us to engage in dialogue with others, simultaneously recognizing that a change in our epistemic circumstances can lead to the acceptance of different truth-claims. In this way it views consensus in terms of an on-going dialogical process and presents us with a discursive methodology for normative ethical inquiry. Such a discursive mode of ethical inquiry is able to incorporate a plurality of moral perspectives into the process of creating ethical guidelines, or standards. Hence, it may be able to assist in the resolution of some of the difficulties which have been presented to us when attempting to deal with religious pluralism in bioethics.

Recognizing that it is justification and not truth which is relative to time, place, and culture, we are presented with a panoply of new options when analyzing moral disagreements, for we can come to recognize that an individual is justified in asserting a claim without having to resort to either an acceptance of the truth of his claim or the verity of beliefs constitutive of his epistemic context. What Stout has presented us with is not only a novel approach to confront moral diversity and a way of reconciling relativism with absolute truth, but also a means of respecting the claims of others without necessarily having to abandon our own conceptions of what the moral truth is.

To elaborate, if proposition A is justified in relation to person P1 and epistemic context E1, it is not only possible, but likely – given that justification is primarily contingent upon epistemic contexts – that A could remain justified when asserted by P2 in E1. However, it also seems possible that a situation could arise in which A is not only justified in relation to either P1 in E1 or P2 in E1, but could also be justified in relation to P2 in E2. Although distinct, the beliefs which constitute an epistemic context could be such that they may be used to justify a given proposition A, regardless of their compatibility with the beliefs of another epistemic context or their ability to justify other propositions which may be justifiable in different epistemic contexts.

Take for example the religious perspectives of a Buddhist and Christian in regards to brain death. While these individuals will approach this bioethical issue from different epistemic paradigms, they may in fact be able to justify the same propositions. As a means of illustrating the mere possibility of such a scenario, I will put forth a brief comparison of Damien Keown, a Buddhist scholar, and Jason Eberl, a Thomistic Catholic philosopher.

Writing from a Theravada Buddhist perspective, Keown claims that "Buddhism sees the human individual as constituted by their organic wholeness rather than by their personhood" (Keown 2001, 141-142). Employing the notion of "prana", which means "breath" and which is translated as "vital breath" or "life", Keown demonstrates how justifiability of "whole brain" death is indigenous to Theravada Buddhism itself and that secular arguments, external to the tradition, need not be utilized as a means of discussing this bioethical issue. Keown writes, "The basic meaning of prana is 'breath' and by extension 'life'…By prana on understands 'vital breath', a wind on whose existence the

body and mind depend" (Keown 2001 149-150). Drawing a correlation between 'prana' and an ultimate concern with psychophysical wholeness, Keown endorses 'whole brain' death from within the context of a uniquely Buddhist paradigm of thought without altering any traditional metaphysical, moral, or epistemological beliefs. Keown's position proceeds as follows:

> The significance of brainstem death is not the loss of consciousness but the loss of the brain's capacity to co-ordinate the organic functioning of the body….The test for this condition of disintegration is the death of the brainstem, but it must be remembered that what is being declared under this condition is the death of the human being. It does not follow from the use of this test that a human being is regarded as in any sense identical with or reducible to their brain, much less cognitive functions. (Keown 2001, 155)

Conversely, writing from a Catholic perspective, the Thomist philosopher Jason Eberl also endorses the whole-brain criterion of determining death. Eberl grounds his argument on notions of unity and a concern for the organism as a whole. Like Keown, Eberl stays within the parameters of his own tradition (the Thomistic Christian tradition) in forging an adequate response to brain death. Eberl states:

> The whole-brain criterion of death has its roots in an understanding of death being related to an organism as a whole.…In Thomistic terms, when integrative unity has been irreversibly lost, a body is no longer proportionate for rational ensoulment.…Therefore, the cessation of both a brain's rationally-correlated and biologically-integrative functioning indicates a rational soul's departure as a particular human body's substantial form. (Eberl 2005, 42-43)

However, although similar notions of the wholeness of the organism appear in both authors' respective arguments, the ways in which they arrive at such a concept are not only distinct but stand in opposition to one another. As a Thomist, Eberl is highly concerned with rationality, believes in a formal soul which is distinct from the body and which controls a human's physicality, and holds that such a rational soul operates through

a primary organ, which Eberl identifies as the brain. Eberl claims, "Aquinas understands a rational soul to be the principle of a human body's organic functioning and to operate by means of a primary organ" (Eberl 2005, 31). On the contrary, Keown's argument holds no such concerns. From Keown's Theravada Buddhist perspective a human being is not conceptualized in terms of rationalistic personhood or metaphysical essentialism, as Eberl's appears to be. Consequently, given his position it seems that Keown would most likely deny of the existence of a "primary organ" and a metaphysical "essence" of the human individual. Claiming that "[Western]… definitions of 'personhood' take the rational human adult as their paradigm" (Keown 2001, 27-18), Keown argues, "The Buddhist denial of a self means that no one factor from the total physical and psychological complex can be singled out as more or less 'essential'" (Keown 2001, 30). Keown goes on to argue:

> The criteria supplied by our texts [i.e. Buddhist texts], such as vitality and heat, are clearly of an organic as opposed to an intellectual nature. Death is not depicted as the loss of intellectual functions but the biological end of an organism. (Keown 2001, 154)

The proposition that "'whole brain' death is an acceptable means of determining the death of a human individual" has been justified by both Buddhist and Christian thinkers despite the fact that each is engaging the issue through the lens of distinct epistemic contexts. Yet, although these epistemic contexts may differ, and at times might conflict with one another, it has been demonstrated that there is a possibility that conceptual similarities and similar values may be present in both paradigms of thought. These potential similarities may be useful in promoting dialogue even if these thinkers,

holding seemingly irresolvable conceptual differences, had disagreed on the positions of 'whole-brain death'.

Therefore, although two epistemic contexts may differ to the extent that they are able to justify conflicting propositions, it does not necessarily follow that the two epistemic contexts will never be able to justify the same proposition. In this way members of a given religio-moral tradition who maintain a belief in the existence of absolute truth -- even going so far as asserting the universal truth of their own propositions and the universality of their own paradigms of belief -- may be able to simultaneously acknowledge the justifiability of particular propositions across epistemic contexts.

Person X from tradition X may perceive person Y from tradition Y as holding a false system of beliefs, however, X can acknowledge the truth of Y's proposition V despite the fact that his/her reasons for asserting V are distinct. If both parties are justified in their assertion of V, then we may begin to find a common set of guidelines, not by employing a mode of reasoning foreign to both parties, but rather by discovering conceptual links between their respective perspectives – all the while avoiding communal attempts to discover the nature of absolute truth. The point is that, even if we agree with Stout that justification is relative to epistemic contexts, there is no reason to reject the notion that different epistemic contexts are capable of justifying the same propositions. Consequently, there does not appear to be a prima facie reason to require an alteration of one's epistemic context from the outset.

Stout brings to our attention the notion that dialogue with others is able to produce a change in our epistemic circumstances, which in turn can lead to the justifiability of a

moral proposition which was previously unjustifiable in our prior epistemic context. “We might, after all our dialogue with the dead or the foreign, decide to change our minds on the moral issue in question” (Stout 2001, 32). While I do not wish to refute this claim, I do wish to call attention to two important points. First, there are a number of individuals and groups who do believe themselves to be in possession of absolute truths, and who may be the least likely to display the humility, and willingness to change, that Stout requests. However, this reluctance to change need not imply that their positions be unrepresented in bioethics. In addition, I would like to note that an unwillingness to change should not necessarily be equated with a lack of openness to dialogue. Second, this notion of change has great potential to be misused and construed as a requirement of our methodology. Discussing the prospects of a common morality, Stout states, “One thing we will want to know is the extent to which the moral vocabularies and patterns of reasoning employed by the two groups resemble or can be made to resemble one another” (Stout 2004, 226). Now, I emphasize “made to resemble” for if coupled with the notion of change the idea of making-to-resemble may be used to implement a requirement of epistemic alteration at the outset of our discursive process. Such a requirement could preclude an authentic respect for the other’s perspective as it exists in and of itself and may result in an attitude in which the other’s perspective is only respected insofar as one believes that it can be molded to fit one’s own conceptual paradigm. Subsequently, such an attitude may perpetuate a belief that the other’s perspective must be transformed in order to be conducive with one’s own mode of moral reasoning, which as we have seen is not necessarily the case.

A related potential danger, which I also wish to avoid, is that Stout's theory may be interpreted in such a manner as to imply that distinct epistemic contexts always justify different sorts of propositions. In accord with Stout's own denial of such an interpretation I would like to illustrate why it need not ensue. What would follow from this interpretation is the claim that it is only through alterations of various epistemic contexts that we can attain an adequate means of reconciliation amongst various moral perspectives and can begin to forge commonly accepted bioethical principles. Again, we would be presented with a potential argument for the necessity of change as a methodological requirement. However, as demonstrated by the previous dialogue between Eberl and Keown, this need not be the case. Neither of the aforementioned interlocutors altered either their epistemic contexts or their ethical positions, yet they are still able to arrive at consensus through dialogue. Rather than amending their perspectives in order to arrive at a conceptual common ground we are presented with a bridging of two distinct epistemic contexts in such a way that preserves their distinctiveness yet simultaneously leads to agreement. Our task is not to endorse transformations aimed at producing an amalgamation of perspectives but rather is to forge conceptual bridges between unique moral perspectives.

Now, while I have drawn largely upon Stout's work, the conceptual framework I wish to propose will diverge slightly from Stout's theorizing. First, while aligned with a number of Stout's claims, I would like to refrain from a complete adherence to Stout's position regarding metaphysics. Second, I will refrain from adopting Stout's views regarding the status of the individual in a dialogical ethical process. Seeking means of conducting ethical discourse regardless of one's religious beliefs, Stout, like other

pragmatists, wishes to avoid any discussions of a metaphysical nature. He wishes to sustain the assertion of truth claims by interlocutors engaged in ethical discourse, yet he believes, "You can have the concept of moral truth and an ethos of fallibility and self-criticism…without adopting a theory that makes moral facts or "the moral law" capable of explaining what it is for true moral propositions to be true" (Stout, 253-254, 2004). Stout states, "Truth-talk is not an implicitly metaphysical affair, standing in need of metaphysical articulation and defense" (Stout 255, 2004). Stout is not attempting to debunk the metaphysical beliefs of ordinary religious persons but rather proposes that ethical dialogue does not depend upon a shared religious faith or a common metaphysics. He wants to promote constructive ethical dialogue despite metaphysical disagreement and does so by leaving metaphysics out of the discussion.

However, although the purpose of our conceptual framework is not to solve metaphysical problems and while it should not be construed as a forum for metaphysical debate per se, metaphysical considerations are often of primary concern in bioethical discussions and debates. In alignment with Stout, we must maintain that constructive bioethical discourse need not be contingent upon a shared metaphysics, however. Unlike other realms of applied ethics, not only do metaphysical beliefs commonly serve as the foundations for moral deliberation but are often directly placed under scrutiny in biomedical ethical contexts. For example, debates over brain death often entail deliberations and beliefs regarding the nature of death and human personhood. These debates raise issues that are not only contingent upon metaphysics but are themselves metaphysical. Moving toward a pluralistic bioethics may warrant a circumvention of such explicitly metaphysical debates, however, it seems that any fruitful dialogue will be

difficult to achieve if the very concerns that prompted the debate in the first place are left out of the discussion. Hence, all I ask is that we be careful not to overlook the metaphysical component of interlocutor's epistemic contexts and keep in mind that bioethical decisions may at times threaten metaphysical beliefs. Thus, I request that we engage metaphysical beliefs in our dialogues yet do so in such a way as to avoid actual metaphysical debates regarding the nature of reality or absolute truth. In other words, interlocutors should be able to lay their metaphysical cards on the table, so to speak, without the aim of our dialogical process becoming a resolution of metaphysical problems. We have to be able to talk about metaphysical beliefs without engaging in metaphysical discussions per se.

Moreover, Stout's theory tends to favor individualism, which may hamper its ability to adequately address religio-cultural pluralism. Stout writes:

> Ideally, it [a democratic ethical community] also invites its members to resist their own absorption into the social mass and to cultivate whatever virtues are required to foster the development of novel forms of action, speech, association, and selfhood. Whitman calls this the "principle of individuality." A self-consciously democratic ethical community is aware of itself as a community of individuals: each of whom has evaluating to do that no one else can do on his or her behalf…. (Stout 2004, 282).

Now, Stout's concerns are well taken, for he does not wish to see his theory collapse into an authoritarian mob rule scenario, yet, we must be wary of the implications of requiring something like a "principle of individuality." We must refrain from postulating such a principle and from over-emphasizing the importance of individuality as not to dismiss those religious voices whose traditions may not place any significant value upon individuality.

Regarding the status of the ‘universal’ bioethical principle of “autonomy”, what would it look like if we were to include Stout’s individualism into our framework? Given the claims put forth by Confucian bioethicist Ruiping Fan, I would like to note that a Confucian family may not even employ concepts such as “autonomy” and “individualism” in their ethical deliberations (Fan 2000). Consequently, a breach of “autonomy” would not be an especially important moral concern of this Confucian family. Now, would this mean that Confucians will have no part in the bioethical dialogue? I think not. Requiring that individuality be incorporated into our conceptual framework could potentially create an inherent predisposition towards individualism in the method itself and would result in an unfair bias towards conceptualizing all of the guidelines, which we are seeking to create anew, in highly individualistic and possibly ethno-centric terms.

Regardless of whether or not a individual Confucian’s paradigm will or may undergo conceptual changes and despite the notion that epistemic alterations may be inevitable at some future point in time, as stated previously, such changes need not be thought of as necessary pre-requisites for consensus. We should not be waiting for, nor expecting changes or revisions in the metaphysical beliefs of epistemic contexts in order for consensus to be construed as an achievable goal. Hence, the applicability of our methodology must not be contingent upon one’s acceptance of individualism begotten through a change in epistemic circumstance or metaphysical paradigm, which is essentially what requiring a principle of individuality entails. As purported by Ruiping Fan, community, not individuality, is the metaphysically significant concept in the Confucian paradigm and is the primary thread in the Confucian’s moral fabric (Fan

2004). Hence, if it is to be a truly pluralistic method, our conceptual framework must come to respect this value-system as it is and not as we think it ought to be. Therefore, individualism should not be given a *privileged* role in the inherent structure of our method. Nevertheless, our inhibitions about requiring a principle of individuality, our avoidance of emphasizing scientific methodology and our reservations about requesting changes in the metaphysical paradigms of religious believers need not occlude our employment of Stout's theory of justification nor should they be construed as a call to entirely exclude scientific and individualistic modes of reasoning. Rather, such inhibitions are merely meant to serve as preventative measures aimed at securing an adequate degree of respect for distinct perspectives.

Thus, by employing Stout's pragmatic notion of justification, we can seek justificatory congruities amongst varying epistemic contexts. In this way no demand for change need be imposed upon conflicting epistemic contexts, especially when both maintain absolute truth claims and an authoritative position in regards to their own unique systems of belief. Consequently, it will be demonstrated how, when coupled with an epistemologically 'weak' perspectivism, Stout's notion of justificatory relativism may enable the creation of a method for discovering a moral consensus, that avoids imposing a single mode of reasoning, be it scientific or rationalistic, or a requirement of epistemic change on the parties involved and which simultaneously humbles itself in regards to moral claims of a universal and absolute sort.

Ortega

Jose Ortega y Gasset has proposed a quasi-existential notion of self and reality and a correlative epistemology which is grounded in the perceptions, point of view, and the socio-historical context of the individual. His most famous postulate is "Yo soy yo y mi circumstancias," or "I am I and my circumstances," which implies that the identity of an individual is comprised of one's physicality and one's situated-ness in time and place. According to Ortega, all one has as one's individual reality is the socio-historical circumstances in which one has found oneself. Hence one can only make sense of oneself and reality through perception and inquiry which are constantly filtered through one's own situational and contextual circumstances. Insofar as each individual's perspective on reality is affected by the contextual and situational nature of the socio-historical world in which one exists and with which one interacts, one's perspective is constitutive of one's existential and experiential reality. Thus for Ortega, reality itself is the conglomerate of all of these individual instances of the real. Now, I do not wish to go into great detail on this point, for it is his epistemological insights which are of primary concern to our study. However, it is from this ontology that his epistemological position, which has been dubbed "perspectivism", emerges.

Ortegean perspectivism claims that truth is "perspectival", by which Ortega means that truth is dependent upon the situational perception and contextual understanding of the individual. However, Ortega has argued that this is not a subjectivism insofar as he, like Stout, has postulated that an objective truth does indeed exist, albeit an absolute truth which is simultaneously inextricably bound to individuals

yet which cannot be reduced to a single individual perspective. Commenting on Ortega's philosophy Victor Ouimette writes,

> [Ortega] recognized that for each man that which is the apparently the same is in fact different and that there are as many realities as there are points of view… and that each of these perspectives is an integral component of reality [taken as a whole]. (Ouimette 1982, 47-57)

Providing a succinct summary of Ortega's position Julian Marias writes, "Stated more strictly: *my reality* is also reality; it is a part, or, better still, *a constitutive ingredient of reality"* (Marias 1970, 379 [italics in original text]).

The aims of Ortega's perspectivism are comparable to those of Stout's pragmatism insofar as Ortega attempts to overcome both a relativistic skepticism, which reduces truth to the subjective or the circumstantial, and a rationalist universalism, which fails to incorporate the subject herself and her contextual circumstances. Ortega states, "The individual point of view seems to me the only point of view from which one can look at the world in its truth…(II, 18)" (Ouimette 1982, 77). Consequently, the individual is inescapability bound to her circumstances. Such a view echoes the claims of Stout's modest pragmatism, and presents us with a conceptual parallel in the writings of the two authors. Stout claims:

> We begin already immersed in the assumptions and precedents of a tradition, whether religious or secular…Our starting point is not so much arbitrary as it is inescapable: we are who we are, the heirs of this tradition as opposed to that one, born into an epoch rather than another, our intuitions shaped by the grammar of our native tongue. (Stout 2001, 120)

Like Ortega's position, Stout's position is not to be construed as a subjectivism either insofar as, for Stout, the justifiability of one's perspective of truth is not dependent upon an individual's arbitrary choices and imaginative ideals, but rather is a result of his

circumstances. For a proposition to be justifiably asserted as true, its content must considered within and in regards to the concrete circumstances of a given context (Stout 2001). For Ortega "there is a structure of the real, which only presents itself perspectively, which needs to be integrated from multiple terms or points of view, and which demands exactness in our reaction" (Marias 1970, 375). Now, while Ortega's proposals are highly metaphysical and ontological in nature, and employing them as they stand could potentially entail an imposition of such beliefs and values upon others, it is possible to modify and weaken such claims, retaining those elements which may be useful when attempting to come to terms with the plurality of perspectives presented to us by cases of religio-cultural moral disagreement in bioethics.

Drawing upon that which we have learned form our previous discussions of the social sciences, we can view such empirical data as describing social phenomena which are reflective of an unavoidable social reality. In this vein, we can modify Ortega's perspectivism, eliminating any references to a metaphysical and ontological structure of the real, and come to recognize the multiplicity of perspectives of which Ortega speaks as constitutive of a social reality as opposed to a metaphysical reality. Where Ortega claims that it is where the various perspectives link up that we come closest to discovering absolute truth, when amended in this way we can claim that bioethical consensus and those ethical propositions which will be most likely to be considered acceptable to all of the parties involved will be found in the commonalities, and compatible elements, of already existing belief systems.

Now, where Ortega's perspectivism seeks to discover and explain the nature of absolute truth, Stout's pragmatism, while acknowledging the existence of absolute truth, avoids discussions of its contents and the nature of universals and what they would entail. I propose that, when applying Ortega's idea of "perspectivism" to bioethics, we also avoid such discussions by weakening his epistemological claims and re-directing our inquiry as to focus upon the nature of socio-cultural reality rather than metaphysical truth or epistemological reality.

Furthermore, we can avoid both the postulation of and the quest for any metaphysical truths without having to necessarily eliminate discussions of metaphysical beliefs. By conceptualizing divergent metaphysical perspectives as constitutive of our social reality we can fully engage such perspectives without necessarily lapsing into metaphysical discussions per se if we maintain that practicality, and not metaphysics, is the driving force behind our inquiry. Moreover, by recognizing metaphysical beliefs as partly constitutive of context and as partial foundations of epistemic circumstances, rather than as mere by-products of such circumstances, we can view metaphysical beliefs as integral elements of perspectives. Hence, I suggest a comparative exploration of distinct perspectives which need not entail either an avoidance of or dismantling of the foundations of such perspectives nor a direct engagement in metaphysical debate.

It is possible to explore conceptions of absolute truth and the ultimate nature of reality without having the discovery of either as the intended goals of our method. Thus, we can promote understanding and avoid postulating any requirements for change and revision in regards to the metaphysical beliefs inherent within many religious paradigms and epistemic contexts while still moving toward consensus.

By focusing on the phenomenological reality of pluralism, we can search for commonalities amongst belief systems and ethical positions. What we can come to recognize as a socio-cultural and phenomenological truth is that there are different perspectives regarding moral truth, and that each of these perspective is held to be true by the individual who holds it. In this way our methodology would not view such commonalities as evidence of absolute perennial truths but rather as pointing to the seeds of consensus and the building blocks of a platform upon which shared norms and guidelines may be forged in a pluralistic manner. Whereas Ortega holds that, given one's circumstances, point of view, and experiential reality, his perspective is true, by importing Stout's notion of justification we can amend this assertion by claiming that such a perspective is justified and that the landscape of our social reality is comprised of the presence of a multiplicity of such perspectives.

Hence, we can promote respect and open the doors of dialogue in such a manner as to reduce the degree to which an imposition of our own values is being imparted upon others. The synthesis and amendment of Stout and Ortega's ideas just presented will be referred to as 'pragmatic perspectivism.' Subsequently, it will be demonstrated that when applied to bioethics this theory can serve as the foundation of a new conceptual framework and more pluralistic methodology for the creation of bioethical guidelines and norms.

Pragmatic Perspectivism in Theory

Pragmatic Perspectivism, unlike other responses to religious pluralism, refrains from putting forth a conclusive moral system and, while it recognizes the need for shared moral guidelines in bioethics, it avoids any proposal to forge a universal morality. Rather than positing a new form of "unbiased" moral reasoning or asserting a "universal" set of principles, pragmatic perspectivism provides a conceptual framework for bioethics which will enable the incorporation of varying modes of moral reasoning into the moral dialogue and the deliberative processes of bioethical inquiry. Yet, unlike contractarianism, pragmatic perspectivism does not request that interlocutors bracket their values or religious beliefs. Hence, it does not endorse a rationalistic method of reasoning which may potentially prevent the parties involved from employing their own modes of moral reasoning. Rather it attempts to respect the modes of reasoning employed by individuals possessing diverse perspectives and distinct paradigms of thought.

Pragmatic perspectivism views such divergent perspectives as part of the constitution of socio-cultural reality. It recognizes the phenomenon that people hold such divergent beliefs as true without necessarily passing an epistemological judgment on the contents of such beliefs and correlative moral propositions. Rather than endorsing a contractual agreement based upon a rationalistic methodology and bargaining, this method seeks propositions that are justifiable amongst distinct modes of reasoning. Consequently, it does not strive for any single objective point of view from which a common morality capable of transcending difference can be achieved. Rather, it seeks to promote discourse which is capable of discovering conceptual links already present amongst divergent perspectives that can aid in the creation of bioethical guidelines.

Begotten from a multi-perspectival source, the conclusions of the method have the potential to be more adequately representative of our multi-cultural and religiously pluralistic society.

Pragmatic perspectivism is pragmatic in the sense that it emphasizes usefulness over truthfulness, seriously taking into consideration the applied aspect of the bioethical enterprise and the lived social realities of those whom it is applicable to. Furthermore, this method aims at achieving consensus, yet recognizes that given our pluralistic social reality the process of arriving at such a consensus must be on-going and dialogical in nature. However, unlike some pragmatist solutions it does not necessarily require or request an alteration or revision of the perspective which one holds to be true, for it is this unique perspective which a pragmatic perspectivist is attempting to understand, respect, and take into consideration. Rather than valuing the revision of epistemic contexts in lieu of dialogue or asking others to alter their own perspectives, as do other forms of pragmatism, pragmatic perspectivism requests that interlocutors seek to locate commonality or compatibility amongst the various perspectives arising from distinct epistemic contexts. Another distinction is that it refrains from equating science and ethics, as do other forms of pragmatism, for such a move presupposes that all moral reasoning resembles that of science. While both science and this methodology itself do indeed strive for usefulness, and this method calls for a revision of the leading methodologies in bioethics, I am not willing to claim that science and morality per se have the same structure or teleology. Hence, we must not presuppose that each interlocutor will hold a view of morality in which moral propositions are seen as being akin to scientific hypotheses. Thus we cannot assume that they will be as willing and

likely to scrutinize and revise their own personal moral beliefs, which they may indeed hold to be absolute and universal, in the same way that our overarching method views the ethical guidelines it seeks to produce.

Moreover, in this way pragmatic perspectivism does not require that the people involved adopt a perspectival theory of truth nor is it claiming that those involved in the bioethical discourse must abandon their own moralities. Rather, that which it is requesting is that everyone in the dialogue comes to realize that others may be justified in holding their views regardless of the actual truthfulness of those positions and to search for similar values and beliefs inherent in each other's paradigms.

Hence, even if one does in fact believe that holding his perspective is paramount to the possession of absolute truth, that individual may still come to recognize that there may indeed be some degree of truth, however minimal, to be found in the perspectives presented by others. For example, if individual A believes that he possesses absolute truth in his perspective, what pragmatic perspectivism as a method requests is that A acknowledges that B may be justified in holding her "false" network of beliefs, and given that B is justified to accept that there may be 'partial truths' (regarding A's overall network of beliefs and epistemic context) to be found within the perspective of B. In other words, given A's perspective and epistemic context, this methodology encourages A to be open to the idea that certain truths may be found in the paradigms of others despite A's denial that B's belief system as a whole is absolutely true.

It is important to recognize that **pragmatic perspectivism does not deny that A's epistemic circumstances may in fact change once A is engaged in dialogue with another, however, it refrains from requesting that such a change is necessary in**

order for consensus to be achieved. This together with its non-reliance upon scientific methodology and non-privileging of individualism is where pragmatic perpsectivism differs most greatly from the various forms of pragmatism which have previously been employed as means of resolving the moral disagreements presented to us by religio-cultural pluralism.

Yet, one may ask, should every perspective be given equal weight and be taken into consideration when attempting to forge bioethical guidelines? Subsequently, this individual may criticize pragmatic perspectivism stating, "If so, this would seem to be a flaw of the methodology, for proceeding in such a manner would necessarily entail encountering certain irresolvable conflicts, especially insofar as pragmatic perspectivism refuses to *require* an alteration of perspectives and has postulated no universal truth to which we can appeal." In order to reply to such an objection, a pragmatic perspectivist must concur that the incorporation of every, and any, potential moral perspective may indeed lead to a chaotic and unproductive state. However, part of the problem is that the criteria for eligibility in bioethical discourse have been highly exclusionary. Thus, how do we determine which perspectives are eligible for the bioethical discourse in the first place?

The contractarians have employed the Rawlsian distinction between reasonable and unreasonable comprehensive doctrines, with unreasonable comprehensive doctrines being those which attempt to impart their moral systems upon everyone. Yet, as I have argued, such a distinction seems to fail. Insofar as most religious traditions not only believe in absolute truth but believe themselves to be in possession of such a truth, it seems natural that such believers may attempt to convince others of the truth of their

beliefs. Now, this may be construed as an attempt to impart their particular moral system upon everyone, yet this need not be the case. The contractarian standard does not adequately differentiate between attempting to convert someone or convince someone of the truth of one's claims and imparting one's views and beliefs upon others in an unjust and undue manner. Basically, it creates a slippery slope toward excluding the perspectives of many religious individuals insofar as evangelizing is an integral part of many religious traditions. Hence, while some standard needs to be employed, the contractarian standard of reasonability does not seem to be the best candidate.

We may look toward Stout's work when attempting to resolve this issue. Examining some of the ramifications of incorporating Stout's notion of justification into our current methodology, I ask, what does the relativity of justification entail? Firstly, being able to claim that one is justified in one's assertion of a given moral proposition necessarily entails an understanding of that individual's epistemic context, for without such understanding judging the relationality of the proposition, person, and epistemic context would be impossible. Hence, that which is a prerequisite for one to be considered a satisfactory and competent judge of justification is a degree of openness toward the perspective of the other and a comprehension of the complexities of a person's epistemic circumstances. Stout states, "Communities take shape only insofar as their members perform the work of mutual recognition…" (Stout 2004, 281). Hence, if we see this group of interlocutors as representative of the larger community, then we can come to recognize how openness and mutual recognition must play an integral role in the process of creating principles which are supposed to serve as guidelines for the community as a whole.

Secondly, the ability to assert justification necessarily entails the ability to detect its absence. Hence, the individual who is capable of being a judge of justification must be armed with the appropriate criteria for determining the unjustified status of certain moral propositional assertions without falling down the slippery slope of attempting to judge the universal truth-value of either those moral propositions being asserted or those propositions and beliefs which comprise the conceptual background necessary for the individual's moral proposition to have been asserted as 'true' in the first place. Therefore, being a competent judge of justifiability will necessarily entail a minimization of one's biases from the outset and a temporary adoption of, at least to the best of one's ability, the mode of reasoning under examination. This is unlike the contractarian solution, for the contractarian solution does not require that any knowledge of the actual perspective of the other be had. Rather, it claims that any perspective which may be perceived as being unduly imparted upon others should be eliminated from the bargaining table, and consequently, the dialogue. Conversely, Stout's standard of justification promotes an awareness and understanding of the context of the perspective in question and hence seems to be more conducive to forging a more inclusive standard of incorporation into the dialogue.

Thirdly, valuing openness must not only be characteristic of one who is to judge that which is justified but also of the interlocutors engaged in the dialogic process which is required for pragmatic perspectivism to work. In order for such a methodology to be successful, those involved in the creation of guidelines must be open to considering the perspective of others and willing to acknowledge that shared values and/or concepts may be had amongst otherwise conflicting positions. Hence, employing the more contextually

sensitive notion of justification as our standard for entering into the dialogue, we ultimately resolve the contractarian concern without having to resort to definitions of reasonableness, or excluding some from the dialogue.

Furthermore, Ortega has claimed that perspectives which claim absolute authority and neglect the perspectives of others are those which must be false. As a scholar of Ortega, Julian Marias stated that for Ortega, "Falsity consists…in making a particular point of view absolute; that is, forgetting the perspective quality of every vision" (375 Marias). Similarly, Stout writes, "Religious recognition of the faithful as a common body and of the need to conform oneself to the best available understanding of what membership in that body involves can be fleshed out in many ways, only the most extreme of which deserve to be impugned…." (Stout 2004, 280-281). Hence, by amending Ortega's claim, changing 'falsity' to 'unjustifiability', we can incorporate such a notion into our methodology. In addition, following Stout's suggestion we may wish to consider those perspectives that are laden with internal contradictions and inconsistencies to be unjustified as well.

Consequently, it may be argued that those beliefs and attitudes which are to be excluded from the dialogue are those that are laden with internal contradictions, completely refuse to listen to the perspective of the other, and completely deny that other perspectives will be able to justify some of the same moral claims as one's own. We may judge such a point of view itself to be unjustified, regardless of the justifiability of other beliefs in its overall conceptual network, for given the nature of the process itself it is not absolute truth which is being sought but rather where common conceptions of what is absolutely true amongst distinct perspectives exist.

Every methodology has its biases, preconceptions, and values. To lay one's values on the table at the outset is crucial for such a method of discourse to be constructive. Hence, by entering into such a dialogic arrangement one is agreeing to immerse oneself in a conceptual framework in which certain values and goals are acknowledged from the outset. Pragmatic perspectivism presents a framework in which "openness" and "consensus" are valued, the justifiability of distinct beliefs coming from distinct paradigms is acknowledged as a sound possibility, and conceptual overlap is not only valued and acknowledged as being plausible but is to some extent part of the teleology of the interlocutor. Without the acknowledgment of these factors, a multi-perspective pluralistic framework will be difficult, if not impossible, to achieve.

Furthermore, insofar as this method entails coming to an understanding of the perspective of the other during a continual discursive process and that one of the aims of pragmatic perspectivism is to seek conceptual links amongst various perspectives (whether such commonalities exist on the metaphysical or ontological level or on the socio-ethical level) a key element of this process will be that of comparison. In other words this dialogue needs to be a comparative endeavor which seeks to produce a series of agreements and/or compatible propositions. Thus, in that dialogue often involves comparison, and what we are dealing with here is the relationship between religious pluralism and an ethical enterprise, I would like to briefly introduce some ideas found within the methodological discussions of comparative religious ethics, which can supplement our aforementioned conceptual framework.

Consensus via Comparison

Discussing methodological issues of comparative studies, Thomas Lewis maintains that a question should be posited as a means of framing the comparison, or in other words a question should be raised as a means of creating an ad hoc and revisable frame in which dialogue and comparative analysis may occur. He states that these frames do not have to be grounded in anything resembling a 'universal human experience' and may be as inclusive or exclusive as the particular situation calls for. He states, "…the frame need not define a universal category of human experience in order to be fruitful for comparing a number of thinkers from different traditions" (Lewis 2005, 229). Lewis's notion of employing a question is helpful for our endeavor, for often bioethical issues may be easily presented in the form of questions, and insofar as that which we are striving for is some common responses to such questions. Moreover, Lewis's ideas are helpful in that he recognizes that comparison is a necessary element of dialogue and vice versa, and both dialogue and a quest for conceptual similarities are aims of pragmatic perspectivism. Lewis writes, "Locating various views within this frame, however, is not merely a matter of positing them as there but also entail situating them in relation to each other….The process of situating the perspective in relation to each other presupposes that the alternative views can be brought into some sort of dialogue with each other" (Lewis 2005, 232-233).

In addition to incorporating Lewis's contributions to the field of comparative religious ethics, I would also like to incorporate some of the ideas found in the work of Aaron Stalnaker, who also has addressed methodological issues in comparative religious ethics. Drawing heavily on Lee Yearly's idea of analogical imagination, Stalnaker

introduces the notion of "bridge concepts" as a means of conducting comparative studies in religion. Stalnaker's "bridge concepts" are chosen prior to the comparison and must have both as little content as possible and analogous terms in each of the traditions being studied. They create a basic thematic connection at the outset and may be enriched and expounded upon as the study progresses.

Discussing Stalnaker's contribution to the field of comparative religious ethics Elizabeth Barre writes, "According to Stalnaker, 'Bridge concepts provide limited, thematic links to guide comparison, and yet are still open to greater specification in particular cases.'" (Barre 2004, 17). Stalnaker's idea of "bridge concepts" works well with our pragmatic perspectivist conceptual framework insofar as that which we are seeking is the link between perspectives. However, where Stalnaker is dealing primarily with textual analysis, and hence proposes that such concepts be created in the mind of the scholar prior to the comparison itself, we are dealing with actual dialogue. Hence, we must seek to discover such conceptual bridges through the dialogic process itself. If such an amendment is made to Stalnaker's method, and we employ both Lewis' and Stalnaker's ideas in tandem with one another, we are left with a means of implementing our conceptual framework in bioethical practice.

Putting Theory into Practice

We are presented with a society in which bioethical issues are of growing concern and in which specific modes of reasoning coming from specific traditions are commonly employed as means of addressing and resolving such issues. Hence, we begin by inviting a number of parties coming from a variety of distinct religious, cultural, and intellectual traditions, to come together to engage in a series of dialogues on a number of distinct

bioethical issues. These issues will range from matters such as brain death, on both the clinical and policy levels, to the very principles or standards which guide the field itself. Once a group of participants willing to engage in such an open dialogue has come together, we begin the conversation by positing a specific question, as to provide a direction and some parameters for our discussion and a frame of comparison for the various responses to such a question.

It would be impossible to hold a constructive discussion in regards to the entire range of bioethical issues, hence the question will be one regarding a particular issue, such as "brain death," or if need be a specific subtopic related to that issue, such as "whole brain death" versus "cortical brain death," or conscience clauses attached to policies regarding "brain death." To bolster this method Stout claims, "our concern is practical and quite limited….The relevant comparison-class is relatively narrow….What respects of comparison matter? Mainly, the differences most responsible for creating or sustaining conflict and the similarities most likely to facilitate settlement" (Stout 2004, 229). In addition to merely positing a question and hearing the responses, once the dialogue has begun interlocutors and moderators alike must be open to, and search for, the appearance of conceptual links present amongst the various perspectives and positions being espoused. It is crucial for each individual involved in the discursive process to take part in the comparison. The reason is two-fold: firstly, different perspectives may be able to detect different conceptual links, and secondly, different individuals may be able to interpret those conceptual similarities differently, which increases the chances of finding ways for a given similarity to be meaningful when applied to the ethical issue under discussion.

We employ Stalnaker's idea of "bridge concepts" once a question has been posed. There are certain concepts whose relevance will be immediately evident to those participating, such as conceptions of "death" or "human nature" when discussing issues surrounding "brain death." These concepts may be tentatively employed as markers of where to search for similarities and differences. During the course of the dialogue, such concepts will become more refined and possibly altered. If at the outset we being with a vague notion which is to serve as a potential "bridge concept" and we find that either no such concept exists in one of the group's traditional worldviews or that it does exist yet it is not significantly valued within that conceptual paradigm, then such a concept must either be abandoned or revised and amended if it is to serve as a conceptual link amongst divergent perspectives.

For instance, if the discussion revolves around the very principles of bioethics and one begins with a question regarding "autonomy," we may find that such a concept is not emphasized in East Asian societies and finds no substantive counterpart in the Confucian worldview, per se. In such a case, "autonomy" must be either discarded or re-conceptualized if it is to serve as a "bridge concept."

Ruiping Fan, a Confucian bioethicist, discusses the inapplicability of the concept of "autonomy" in both Confucian and other Asian models of bioethics.[14] He discusses the emphasis that such religio-cultural traditions place upon the role of the family as a single entity. Hence, he promotes a family based concept of ethical decision-making in medicine. Fan states,

[14] In a similar vain, Andrew Fagan, a British Human Rights theorist, also critiques the principle of autonomy, demonstrating how such a principle is incompatible with most Asian, including Hindu, systems of morality. For more information see Fagan, "Challenging Autonomy," 15-31.

> The Confucian way of life is familistic….Confucians hold that family members should be interdependent, rather than independent of each other….The family is central to Confucian moral and political theory. In particular, Confucianism recognizes the family as an entity with social properties that cannot be reduced to the properties of its members (Fan 2004, 185-188).

While Fan continually criticizes the Western notions of "autonomy" and attempts to debunk universalism throughout his works, the idea of self-determination of a singular entity may be found in his work if the family is conceived of as a singular entity with a single socio-ethical identity and with the ability to partake in moral decision-making. Given the Confucian emphasis on the family unit, a re-conceptualization of our "bridge concept" may entail a broadening of the notion of "autonomy" as to account for families as autonomous entities with the ability for self-determination. In this way 'autonomy' need not necessarily be expunged but rather reformulated as to more adequately represent distinct modes of decision-making. Now, this is not necessarily an endorsement of such a view of autonomy nor is it an assertion that every Confucian would necessarily accept such a view. Rather this is meant to serve as an illustration of how we may go about reformulating "bridge concepts" and attempting to forge some type of conceptual links amongst distinct modes of thought.

As the dialogue proceeds, "bridge concepts" may be reformulated and new conceptual links may be discovered, leaving us in a position in which we can begin to posit new questions as to reframe the conversation. For example, if a Christian and a Buddhist discuss "brain death," we may come across concepts such as "respect for the wholeness of the organism" and a concern for "multi-system breakdown," as would be the case if Greek Orthodox theologian and ethicist Stanley Harakas and Buddhist scholar Damien Keown were involved in a dialogue on this issue. Allyne Smith discusses

Harakas's position stating, "Father Stanley Harakas, the doyen of Orthodox ethicists in America, offers as a standard view the position that death occurs when there is a multi-system breakdown…. 'Dying begins when interrelated body systems break down, impairing normal living processes. Death occurs when the systematic breakdown becomes irreversible and cannot be sustained'….Elsewhere, Harakas sees this systematic breakdown as marked by brain death" (Smith 2000, 8). To reiterate Keown's Buddhist position, "our understanding of death must accordingly be as the death of the whole psychophysical organism rather than any one of its parts….Buddhism would accept brain-stem death as the criterion of death for a human being. Brainstem death means that the patient has lost irreversibly the capacity for integrated organic functioning" (Keown 2001, 156).

Hence, questions such as "what is wholeness of the organism?" or "what is a multi-system breakdown?" might be posited as a means of refining our inter-paradigmatic understanding and furthering the dialogue. Once such conceptual links are found and some level of agreement is had, the initial question may be readdressed and discussed in such a way that new modes of achieving consensus may be illuminated.

Even if there is an initial agreement on a particular issue, an ongoing dialogue is still required. Even if all of the parties involved accept "brain death," and again agree on a subsequent topic, such as the "whole brain" standard of death, each party involved may endorse "whole brain death" for different reasons, as was the case in our aforementioned discussion of Keown and Eberl. Each participant may be employing distinct modes of moral reasoning or distinct conceptual apparatuses, stemming from distinct conceptual paradigms, in order to justify the very same propositions. Thus, to require a continuation

of the dialogue will enable a deeper understanding of each party's modes of reasoning and conceptual schema and hence will promote a greater comprehension of the others' paradigms and worldviews. When consensus is conceptualized as on-going and dialogical rather than static and momentary, what we are presented with is a means of furthering interlocutors' understanding of the modes of reasoning and paradigms of the others.

Furthermore, continuing dialogue even after a certain level of agreement is achieved may potentially decrease the level of conflict present when discussing other bioethical issues that the parities might not necessarily agree upon. Being exposed to different ways of justifying a proposition that one already accepts as true may not only give that individual new insights on the problem at hand but may promote dialogue and understanding in an environment that is less confrontational than one where a serious disagreement was had. Hence one may feel less inclined to put up defensive barriers that can occlude one's openness and willingness to fully understand and engage the perspective of the other. This is where consensus must be seen as an on-going dialogic process. Once such conceptual links are found in an agreeable environment when the interlocutors move to a discussion of a topic in which they tend to disagree they will already be armed with an arsenal of conceptual similarities. The interlocutors can then employ these conceptual similarities as means of exploring their various perspectives on this new and different topic. "Because the entire practice is involved, not merely the ideals abstracted from that practice, a common morality can only be achieved piecemeal, by gradually building discursive bridges and networks of trust in particular settings" (Stout 2004, 226).

However, one may wish to claim that even if consensus in regards to a set of ethical guidelines is secured there may still be disagreement regarding the importance and application of such guidelines. They may be interpreted in radically different ways by different individuals and different groups. Firstly, in response to such a concern, given the nature of the pragmatic perspectivist method there is an attempt to respect such interpretive differences from the outset in that no one is required to alter or amend their religious paradigm or modes of reasoning. The similarity and compatibility of concepts must not be conflated with identicality, and consensus must not be conflated with unanimity. By allowing and encouraging distinct perspectives to justify similar concepts in their own unique ways, pragmatic perspectivism acknowledges that their will be hermeneutical differences from the outset, yet does not see this as a threat to possibility of consensus, as it is envisioned in this method.

Secondly, if we incorporate David Hollenbach's notion of "Indigenous Pluralism" into our dialogical process itself we may be able to allow for a degree of interpretive differences and still work toward an overall general consensus regarding particular issues. "Indigenous Pluralism" states that religious traditions must look within their own paradigms of thought for ways of respecting the interpretive differences of other traditions (Hollenbach 1998). While this is a novel concept, we need not alter our methodological model in order to incorporate this notion into our framework. Prima facie indigenous pluralism seems to be compatible with pragmatic perspectivism. We can request that the various tradition's present in the dialogue look for indigenous concepts of respecting pluralism itself, at least in regards to a particular issue and given certain agreed upon parameters. Hence, a concept, such as "hermeneutical diversity,"

could potentially serve as a subsequent “bridge concept”. Thus, we may be able to move toward the establishment of subsidiary principles or clauses which would allow for such hermeneutical differences from within the structure of the agreed upon guidelines. In this way a degree of interpretive difference could be allowed and supported by the various perspectives and may be justified not by a foreign mode of reasoning but from within the parameters of each interlocutor’s own epistemic context.

Chapter 4
Pragmatic Perspectivism Applied

To illustrate how pragmatic perspectivism would look in practice, I would like to examine a number of cases in which consensus on a bioethical issue was a primary goal and in which tensions emerged as a result of moral and religious difference and diversity. Afterwards I will demonstrate how if applied to such cases and utilized in these scenarios, pragmatic perspectivism has the potential to both ameliorate some of the existing tensions and to facilitate the attainment of the goals of such processes.

Real World Bioethics:
From Politics to Clinics

Case 1: *Religious Voices in the Public Arena*

Firstly, I would like to reintroduce a case raised earlier in Chapter 1, namely the case of the National Bioethics Advisory Commission's attempt to incorporate religious perspectives into its deliberation of the issues of stem cell research and cloning which Fox and Messikomer cite and discuss in their article "The Presence and Influence of Religion in American Bioethics." On February 24, 1997 the NBAC had 90 days to issue its conclusive report on the legality and ethicality of cloning in general. In regards to its report on stem cell research, "The NBAC convened a special meeting on 7 May 1999 of 11 'prominent scholars of religious ethics' to hear 'their traditions' views' about moral and religious questions that this type of research raises'" (NBAC 1999, p.99; Messikomer

et al. 2001, 501). Before discussing the case in any detail, Messikomer et al note, "The NBAC has no religionist among its 18 commissioners" (Messikomer et al 2001, 499).

Discussing the format of the meetings and the intentions of the Commission, Messikomer et al state,

> The NBAC's hearings on cloning and on stem cell research included testimony by invited speakers from five major religious traditions: Protestant, Roman Catholic, Jewish, Islamic, and for stem cell research, Eastern Orthodox. The NBAC also commissioned a review and analysis of *Religious Perspective on Cloning* by Courtney Campbell, a religious studies scholar and bioethicist….[T]he Commission "believed" that it was "especially important"—even "crucial"—that it "inform itself about the range, content, and rationale of various ethical positions" regarding cloning and human stem cell research that derived from "a variety of religious traditions"…. The NBAC sought "to determine whether these various religious traditions, despite their distinctive sources of authority and argumentation, reach[ed] similar conclusions," with the aspiration of finding a "convergence of views across [them]" (NBAC 1997, p.7; Messikomer et al 2001, 501).

However, it must be noted that NBAC still maintained a concern for the separation of Church and State which is expressed in the report's statement, "…in a pluralistic society particular religious view cannot be determinative for public policy decisions that bind everyone" (NBAC 1997, p.7; Messikomer et al 2001, 502).

From the outset there are two problematic features of the NBAC's hearings, which together may be summarized as a problem with both the aims of its intention and its means of achieving such ends. The first problem is with its methodology and the other is with its aims in general. Rather than inviting the "religionists", so to speak, to join their discussions as contributors to the dialogue and equal partners in the discursive process itself, they were invited to give "testimony". "Testimony" involves a speaking-at or a speaking-to rather than a speaking-with. This testimonial method fails to actually include these individuals in the conversation and hence excludes their perspectives from

the actual deliberative process itself. Rather, these perspectives are objectified in the sense that they become static objects of reflection by the commissioners and hence are not part of the communal reflective processes which are taking place.

Secondly, there is a major problem with the intentions of the commission, which in large part gives rise to the problematic nature of its method. The Commission sought to *inform itself about such perspectives* rather than attempting to *actually engage such perspectives*. In addition, the Commission itself aspired to find a convergence of views amongst these various religious perspectives, yet did so without having the representatives of those perspectives fully engaged as interlocutors. Having the religionists as interlocutors would have been more fruitful in that they would be able to clarify misconceptions and would be better equipped to determine where a particular concept espoused by another was either akin or compatible to a concept present in one's own paradigm of thought. Without a full-fledge inter-faith and interdisciplinary dialogue, consensus will be extremely difficult to achieve because dialogue encourages mutual recognition of the similarities and differences and compatibility and incompatibility of concepts and aims amongst paradigms.

Conversely, in a testimonial and informative context, like that which occurred in the NBAC, the analysis and examination is highly superficial and one-dimensional. It is superficial insofar as all the commission has to work with is freestanding conceptual elements of each tradition which it then attempts to compare rather than witnessing the interaction of worldviews and being a part of the relational process themselves. It is one-dimensional insofar as it is only the commissioners who attempt to detect and compare concepts. Given that the commission itself is secular it is highly likely that a

predominantly secular hermeneutic, or mode of interpretation, was placed upon the information acquired. This is a disadvantage when one is trying to find a convergence of perspectives. Insofar as the religionists may be able to interpret the concepts of others in such a manner as to illuminate modes of compatibility between their concepts and those of others, which may otherwise have been overlooked, such a multi-perspectival interpretive schema and mode of discursive interaction is crucial to the pragmatic perspectivist methodology.

Further, the one-dimensionality present in the case of the NBAC is inherent in the structure of the hearing itself, for it involved a group of observers (the commission), situated as a subject viewing a set of facts or phenomena, which in turn are situated as objects. Conversely, pragmatic perspectivism situates all parties involved in a dynamic and discursive process that entails multi-dimensional subject to subject relations and the consideration of many distinct interpretive stances, both of which the NBAC hearings lacked. It is not a surprise then that what Messikomer et al reports is that not much progress was made. Messikomer et al state,

> Virtually the only insights that the NBAC seems to have derived and utilized from the religious testimony it heard regarding the prospect of human cloning were equivocal at best. They were summarized in the recommendation section of the cloning report in the following way: "Religious positions on human cloning are pluralistic in their premises, modes of argument and conclusions. Nevertheless, several major themes are prominent in Jewish, Roman Catholic, Protestant, and Islamic positions, including responsible human dominion over nature, human dignity and destiny, procreation, and family life…." (NBAC 1997, pp. 103-104)….Conceptually and empirically, the inconclusive conclusions about religious perspectives on cloning at which the NBAC arrived fell far short of identifying common grounds for reaching the "convergence of religious view" to which they had aspired. (Messikomer et al 2001, 503)

If pragmatic perspectivism were applied to the above situation involving religionists and the NBAC, both the commissioners and religionists would have had an equal voice in the matter in that all parties would have been situated as interlocutors in a greater dialogue revolving around a single question, in this case "Is the cloning of a human individual an ethically permissible act?" Despite a motley assortment of responses comprised of "yes", "no", and "sometimes, depending on the situation," the dialogue would not come to a halt. Rather, the question as to why each party gave the response they did would be probed further in an attempt to discover some commonly shared concepts, be they directly related to cloning per se or not.

Take for example the concept of "human dignity," which the Commission itself found to be of common concern. This may then be employed as a "bridge concept," so we could move to questions such as "what does human dignity entail," "why is human dignity important to you," and "in what manner do you see cloning as either compatible or incompatible with your conception of human dignity?" Now, such questions would not be presented all at once but rather one by one with ample time given for deliberation and discussion to be had as to promote a mutual recognition of the modes of reasoning employed by each person. That which would be given attention is not only the distinct interpretations of human nature which the participants espoused but also the distinct comparative interpretations of each interlocutor as well. Having a number of perspectives present in the comparative process is as important as having many perspectives present their views on a given topic. Different interpretive lenses may not only be a cause of disagreement but may be able to provide new insights as to where commonalities exist and where conceptual bridges may be formed. Different interpreters

may perceive different conceptual links amongst the various perspectives and hence, may increase the chances of arriving at consensus.

We can not expect consensus to be achieved after a body of 'impartial' observes examines the brief testimonies of a few individuals over a relatively short period of time. If the aim is consensus or conceptual convergence, which indeed it was in the case of the NBAC, an on-going process of dialogue, in which no single mode of reasoning is given authority or privilege, must be initiated. Otherwise, all we are presented with is a failed attempt at coming to terms with pluralism that is unable to produce substantive resolutions to the problems of religio-moral diversity.

Case 2: *Religious Belief in the Clinic*

Now, in regards to the problems and issues which arise in a clinical setting, pragmatic perspectivism recognizes that many of the moral dilemmas and ethical disagreements which occur in clinical settings are a product of the clash between divergent moral systems and worldviews. Thus, universal principles and rationalistic modes of moral deliberation may not always be the best means of ameliorating the tensions in such cases for they themselves are representative of a single moral paradigm and mode of reasoning. By attempting to create policies, guidelines, and standards which are more adequately representative of society's moral diversity, pragmatic perspectivism aims to minimize, though it may not always resolve, the potential conflicts in particular cases through a top down approach. This approach attempts to provide flexible starting points for moral deliberation which are themselves begotten through a bottom-up dialogical exchange amongst diverse perspectives. Moreover, it is intended to serve as a

framework which may help ensure and facilitate an atmosphere of openness to diverse religious points of view in particular clinical situations.

In *Clinical Pragmatism and Difference*, Joseph Fins presents a case involving a religious objection to brain death and goes on to demonstrate how clinical pragmatism was used to ameliorate some of the tensions that arose. Before discussing the details of the case however, Fins notes that he practices medicine in New York, a state where concessions are made in regards to religious objections to brain death and an area of the country which attempts to accommodate divergent religious beliefs. Fins states,

> The New York State Department of Health developed a policy on brain death. It requires that hospitals establish a 'procedure for the reasonable individual's religious or moral objection to the determination as expressed by the individual, or by the next of kin or other person closest to the individual.' Although New York law deviates from the Uniform determination of Death Act accepted in 48 states, the law in New Jersey is even more expansive with respect to the accommodation of religious objections to brain death determinations. (Fins 1998, 70-71)

Fins proceeds to report that a Hassidic Jewish family's two-year-old son Jacob had a brain tumor, for which he underwent chemotherapy. Subsequently, Jacob developed a herniation in his brain. The herniation progressed, which led doctors to suspect that he might be brain dead. In order to determine brain death, two apnea tests are required. The first one was performed and the child showed no signs of spontaneous breathing. However, before the second apnea test was performed the boy's mother objected to such a test on religious grounds. As Hasidic Jews the woman and her family did not accept brain death as a demarcation of death. At this point Fins notes that the boy had not been declared to be legally brain dead yet due to the lack of a second confirmatory apnea test. Fins reports that in order to better comprehend the patient's

perspective, he himself began to consider the ambiguity of brain death and began to familiarize himself with the patient's religious and cultural traditions. He proposes that this be done either through self-study or through the incorporation of another member of the patient's religious group, who is knowledgeable about such matters, into the dialogue (Fins 1998, 70-72).

Subsequently, Fins and the family held a series of meetings. Fins states, "In those meetings we sought to identify the range of moral considerations that might be common to our secular approach and their religiously informed view of the child's situation…" (Fins 1998, 73). As the meetings continued they realized that defining death and the question as to the status of the boy were not resolvable. Hence, they proceeded to reframe the problem, Fins writes, "We asked how the Jewish law would interpret the conflicting mandates to preserve life and not prolong the dying process. Instead of struggling over a definition of brain death, we engaged the observant family, on their own terms…" (Fins 1998, 73). Ultimately, the family agreed to withdraw some of the elements of the ICU support and the boy died as a result of cardiopulmonary arrest (Fins 1998, 72-73).

At this point one may observe that the methodology of pragmatic perspectivism resembles that of clinical pragmatism. The main difference, however, is that whereas clinical pragmatism is a methodology for achieving consensus between individual patients and individual doctors, as illustrated by the aforementioned case, pragmatic perspectivism proposes a methodology for creating the ethical guidelines and policies which are to be upheld by the clinic itself. Despite a number of theoretical differences, if it were to be amended and applied to particular clinical situations pragmatic perspectivism would indeed resemble what Joseph Fins has dubbed "Clinical

Pragmatism" when put into practice. However, it must be made clear that this is not the primary intention or purpose of pragmatic perspectivism. In addition, this should not be taken as an endorsement of the outcomes of and decisions made in this particular case. Rather, this is merely an exploration of an actual case in which religious differences presented a problem for bioethical decision-making and in which a form of pragmatic dialogue was implemented as a means of resolving the problem.

One may ask, "why not simply amend clinical pragmatism so that it may be applied on the policy level and in regards to the guiding principles themselves?" In response, while clinical pragmatism is well-suited for the task it has set out to accomplish -- namely, to ameliorate tensions and prevent conflicts that arise in individual cases -- it is not well-suited to achieve the goals of pragmatic perspectivism; although the two may work in tandem as supplementary approaches.

Firstly, by its very nature, clinical pragmatism is concerned with individual cases and is strictly a case by case methodological approach. It applies the medical diagnostic framework of differential diagnosis to individual moral cases. Fins states,

> Clinical pragmatism uses an inductive method of problem solving that is analogous to differential diagnosis. In the process of differential diagnosis clinicians translate the details of a specific patient's history and physical examination into a range of plausible and generalizible diagnoses that will allow therapeutic interventions. Analogously, clinical pragmatism operates through a shared process of investigation, planning, decision-making, and action in which all the stakeholders concerned with the moral problem collaborate to create an ethically appropriate consensus. (Fins 1998, 69)

Secondly, it seems too idealistic to presuppose that every doctor will be both willing and able to undergo thorough self-study of the patient's tradition or that a member of that patient's faith who is knowledgeable about his tradition's views on brain death or

other bioethical issues will always be available. Hence, this is where pragmatic perspectivism endorses having a number of different perspectives present on the actual ethics board of the hospital itself. Yet, this need not necessarily entail that an Orthodox Jewish theologian be a member of every hospital's ethics committee. Rather it suggests that someone who is knowledgeable of Orthodox Jewish perspectives, and also people familiar with other religious perspectives for that matter, be members of such a committee or that the committee is at least willing to consult with such individuals. Additionally, it seems that the need for and usefulness of a highly pluralistic ethics committee would be greater for hospitals located in more diverse areas. Subsequently, it may be the case that in more religiously and culturally homogenous areas it might be unnecessary for hospitals to have such diverse ethics committees.

Moreover, even where pluralistic ethics committees would be beneficial, I am not claiming that in each particular scenario members of every tradition need to be involved in the decision-making process. Rather, it is meant to ensure that the committee has had familiarity with a number of perspectives prior to the actual clinical dilemma and that openness to distinct perspectives is maintained. Moreover, it is meant to help ensure that religious beliefs are taken seriously in clinical situations.

Lastly, clinical pragmatism presupposes the existence of generalized ethical diagnoses, so to speak, and seeks situational consensus on these pre-established ethical principles. In addition, it presupposes that the policies of the region and/or hospital in which this method is to be practiced are conducive with the principles and values of the methodology itself. Conversely, pragmatic perspectivism seeks to create more pluralistic guidelines. Pragmatic perspectivism is meant to serve as a means of creating the very

ethical generalizations, guidelines, policies and pluralistic atmosphere which clinical pragmatism seems to presuppose.

While this is not an attempt to synthesize pragmatic perspectivism and clinical pragmatism nor is it necessarily an endorsement of clinical pragmatism, it is being suggested that pragmatic perspectivism and clinical pragmatism may be complementary methodologies. By creating more pluralistic generalized guidelines, pragmatic perspectivism may give clinical pragmatism a set of ethical diagnoses which are better suited for the religiously diverse situations it encounters and serves as a method for creating the groundwork needed to facilitate the clinical pragmatic method. In this way, the two methods may be able to work in tandem with another as to create a medical ethical system which is well-rounded in its pluralistic approach.

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As the above cases have demonstrated, pragmatic perspectivism may be a viable means of creating a pluralistic bioethics. Its feasibility resides in the fact that it is neither a normative theory, in the traditional sense of postulating absolute truths or espousing legalistic ethical prescriptions, nor is it merely a critique of the current state of bioethics or other bioethical theories. It does not deny the insights and benefits of the various normative theories which are currently being employed and does not attempt to dismiss or discard those theories or the progress which they have enabled the field to achieve. Rather, it is intended to be a practically applicable yet theoretically sound method of confronting the moral diversity and ethical disagreement that has emerged in bioethics as a result of the religious and cultural pluralism that pervades our society. Pragmatic

perspectivism presents us with a new method of engaging and incorporating the views of the otherwise disparate and opposing perspectives held by those coming from a wide range of circumstances, including academics, policy-makers, clinicians, and members of various religions.

Chapter 5
Summary & Conclusions

Scientific and medical technologies and advancements have had a tremendous impact on our lives on a variety of levels. The benefits of many of these advancements is unquestionable however, biomedical technology's rapid progress has raised a plethora new ethically challenging questions and moral dilemmas. In addition to providing humanity with new life-saving capabilities and procedures which have opened up new possibilities of doing good for others these advancements have forced us to question our conceptions of life itself and have created practices whose ethical status is uncertain. Consequently, the interdisciplinary field of bioethics has emerged in an attempt to resolve some these new ethical dilemmas, to answer some of these difficult and pressing questions, and ultimately to protect society from the potential harms of biomedical innovations.

However, the ethical challenges and moral dilemmas which the biomedical sciences have presented us with have warranted a multitude of responses coming from all quarters of our social landscape. Aside from responding directly to ethical questions posed by science, bioethics faces another challenge: those speaking from highly distinct points of view, including legal, medical and clinical, theological and religious, philosophical, and anthropological and sociological perspectives wish to have their voices heard and are all vying for a place within the bioethical arena. As a result, bioethicists struggle to make sense of these varied and disparate voices in their attempts to give adequate responses to the biomedical issues themselves.

Having paid special attention to religious pluralism, the issue of confronting this moral diversity within a bioethical context has been the topic of our discussion. We have explored the viability of forging a pluralistic bioethics in which this panoply of distinct voices may not only be heard but also respected and ultimately represented in the process of forging policies and principles that are to serve as the guidelines of this new field and which are meant to protect the different members of our diverse society.

While religio-moral pluralism is indeed a greater social problem extending beyond the bioethical context, the moral diversity and religious pluralism which pervades bioethics is rather unique in that, unlike the socio-political arena, many bioethical questions and problems move beyond the purely moral and social realms. These bioethical problems do not merely touch upon, but directly raise and engage a wide variety of metaphysical and ontological questions and concerns. Recognizing this fact, bioethics has long sought the input of those commentators whose expertise could aid in the resolution of the various conceptual conundrums that appear time and time again in this field of inquiry. Hence, as we have seen, philosophers and theologians secured their place in the field from the outset.

However, with the goal of universal applicability, bioethics has understandably secularized itself. Holding secular and rational principles begotten from analytic modes of philosophical thought, and inevitably being highly reliant upon the input of those in the medical and legal professions, bioethicists have tended to marginalize religious voices in regards to both public policies and the principles which are meant to guide our actions and decision-making. Now, while philosophy is definitely well equipped to deal with the difficult ethical, metaphysical, and ontological issues which biomedical advancements

have called into question, it is often towards religion that many people turn for answers to such questions. Hence, as we have seen throughout the course of this study, there have recently been a series of critiques launched against the more traditional modes of bioethical deliberation, all of which call attention to and have attempted to provide solutions for bioethics' inherent problem of pluralism and the ethical disagreements that have emerged.

The primary problem that we have been grappling with is what Daniel Callahan has referred to as the problem of "universalism vs. particularism." During the course of this study we have encountered a number of theories and methodological suggestions, all of which ultimately address this issue. However it has been argued that many of these methodological attempts to create a more pluralistic bioethics have proved inadequate when it comes to addressing the complexity of religious beliefs and moral paradigms which guide many people's decision-making processes in biomedical ethical contexts. While all of these methods, including those of the social scientists, contractarians, and pragmatists, have their merits, it has been suggested that they may not provide the best means of creating a truly pluralistic bioethical framework and hence, may not be our best options when attempting to deal with the problem of religious pluralism.

While respectful of the uniqueness of different religious traditions and calling for the recognition and incorporation of distinct modes of moral reasoning in the bioethical framework, ethnographic bioethics lacks the normative structure needed to carry out such a task. Providing a method that avoids universal truth claims and promotes discourse and consensus, contract theory is still highly reliant upon overly-rationalistic modes of ethical inquiry, a limited and static notion of agreement, a specific conception of the human self,

and a particular notion of reasonability which gives rise to an overtly exclusionary attitude toward a number of religious beliefs. Putting forth a dialogical model of inquiry that avoids universalism or the discovery of absolute truth, and which encourages an on-going conception of dialogue and an attitude of inclusiveness, the various forms of pragmatism are overly reliant upon scientific methodology, neglect the importance of the metaphysical, and emphasize change in such a manner that they open the door to a number of potentially exclusionary and disrespectful consequences for religious traditions.

Attempting to avoid the pitfalls of the aforementioned theories, while attempting to retain their respective benefits I have attempted to forge a methodology that can walk the fine line between universalism and particularism and which may serve as the foundation of a bioethics for a secular yet religiously pluralistic society. Bearing the name pragmatic perspectivism this method aims to provide bioethics with a dialogical model of inquiry in which multiple perspectives are represented and in which discourse is not merely reduced to a conveyance of information. Rather, in this context dialogue is meant to transcend a particular mode of reasoning as to fully engage the perspective of the other. This method promotes both consensus and understanding with the realization that agreement is not always possible and that difference is inescapable and need not be dissolved or eradicated. Pragmatic perspectivism is being suggested as a means of creating principles, policies, and guidelines that are adequately representative of the distinct voices and perspectives which constitute our pluralistic polity. In its endeavor to do so, this method avoids the quest for absolute truths yet recognizes the practical need for guiding norms and principles. Having demonstrated its potential to overcome or

possibly avoid the pitfalls of other methods for dealing with pluralism and having illustrated its applicability to a number of cases I have maintained that, as a conceptual framework and methodology, pragmatic perspectivism is a possible means of confronting religious pluralism and moral diversity in bioethics.

Due to the novelty, complexity, and metaphysical nature of many bioethical issues, we must have a mutli-perspectival quest for solutions and to the best of our ability, attempt to accommodate a plurality of religious beliefs and philosophical positions. What is truly at stake are indeed matters of life and death and questions of the nature of our existence itself. It is my hope that this methodology will foster constructive inter-disciplinary and inter-faith dialogue on a range of highly complex and pressing biomedical ethical issues and will enable the creation of a more pluralistic bioethics.

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