#### There are different kinds of ethics.

The term 'bioethics' is frequently used as if it denotes a single ethical system. In fact, bioethics is simply a branch of ethics, and the term is frequently used as an imprecise label for a range of ethical theories in medicine and medical research. Thus, the title 'bioethicist' is not much more descriptive than 'religious believer'. Ethical differences between one theory of bioethics and another may be quite as dramatic as doctrinal differences between religions.

This is illustrated by the different ethical views of non-therapeutic experimentation on human embryos, freezing and cloning of human embryos, and *in vitro* fertilization. While the Catholic Church's *Instruction on Bioethics* proscribes all of these procedures, and some non-Catholic and even nonreligious bioethicists agree with this judgement, others disagree.

An astute practitioner, confronted with what is said to be a bioethics norm, will probe further to seek the root of the norm, alert to spurious arguments.

#### Science cannot mediate ethical claims.

False claims of superiority are sometimes made by bioethicists who assert that their conclusions are incontrovertible because they are 'scientific'. Closer examination of these claims reveals considerable confusion about the boundaries between science and belief, a confusion often evident in discussions involving the beginning of life.

For example, science establishes that a genetically distinct human individual begins to exist at fertilization. But science cannot establish that this individual is a human *person*; that is a philosophical question, and science is not competent to decide philosophical questions.

Similarly, science cannot determine what moral obligations are called forth by the existence of a human individual. Its correct and limited role is to provide factual data which philosophers and ethicists incorporate into their deliberations.

#### Secular ethics are based on belief.

Some bioethicists claim that they offer a 'neutral' ethical vision because their approach is based on 'secular principles', not religious belief. This argument trades on the erroneous notion that what is secular is unencumbered by metaphysical or moral presuppositions. On the contrary: all ethical systems - including secular ethics - establish moral norms by asserting that some actions are right and others wrong.

To discuss the ethics of euthanasia, for example, is to ask whether euthanasia is right or wrong. This question cannot be decided without defining right and wrong, or dismissing the very concept as irrelevant or erroneous.

In fact, secularists are believers, and their ethical systems are based on their beliefs. They believe that human dignity exists, that all men are equal, that human life is worthy of respect, etc. These are first principles that must be accepted 'on faith', not facts established by scientific study.

#### Anthropology counts.

Consider two different statements:

(a) man is a creature whose purpose for existence depends upon his ability to think, choose and communicate;

b) man is a creature for whom intellect, choice and communication are *attributes* of existence, but do not establish his purpose for existence.

Statements (a) and (b) express non-religious

*belief*, not empirically verified *fact*. Such beliefs - usually implicit rather than explicit - direct the course of ethical discussion.

Bioethicists working from (a) would have little objection to substituting persistently unconscious human subjects for animals in experimental research. Those who accept (b) would be more inclined to object. Finally, bioethicists who do not believe in 'purpose' beyond filling an ecological niche would dismiss the discussion as wrong-headed.

Reasoning from different beliefs about what man is and what is good for him leads to different notions of right and wrong, and ultimately to different ethical conclusions.

#### **Establishment bioethics.**

Problems for ethical minorities arise when one version of bioethics becomes predominant, and its practitioners attain positions of influence and power in government, academic and professional circles. In practical matters, establishment ethicists are prone to dismiss the approach of any ethical system that does not conform to the predominant 'consensus'. However, their 'consensus building' includes only those participants willing to accept the establishment's fundamental presuppositions. The result is simply the majority opinion of like-minded individuals, not a genuine ethical synthesis reflecting common ground with those who think differently.

Typically, establishment bioethicists do not explain this when consulted by public or professional bodies about ethical questions. Indeed, they may fail to acknowledge even the existence of other ethical systems. This may be the result of ignorance, since many people identified as 'ethicists' (especially members of professional ethics committees) have had only rudimentary instruction in ethics.

## Establishment intolerance.

The hegemony of establishment bioethics too often generates intolerance of those who live by other ethical standards. Such intolerance leads to demands that people participate in procedures or services they find morally abhorrent, and to talk of excluding ethical minorities from education and employment even in countries that preach loudly about human rights and accommodation of diverse beliefs.

Indeed, insistence upon uniformity - not accommodation - appears to be the primary policy of those in power, and establishment bioethicists are prone to call upon state and professional authorities to enforce the ethical uniformity they are unable to secure by persuasive argument.

And when challenged to demonstrate the superiority of the ethical system they want to impose upon dissenters, to justify its faith-assumptions and its anthropology, these authorities are - frequently - silent. Instead of dialogue, one is met with strategy: stonewalling, the assertion of legal authority, and the raw exercise of power.

This is "the establishment": good people, by and large, faithful to the reigning orthodoxy, sincere in their dogmatism, but unable or unwilling to articulate the hidden faith they seek to impose on others. Other pamphlets available from the Project website:

# **Talking About Ethics:**

- The Problem of Complicity
- Conscientious Objection: Resisting Ethical Aggression in Medicine

## **Issues of Conscience**

- Referral: A False Compromise
- Clearing Rhetorical Minefields: Abortifacient vs. Contraceptive

# **Protection of Conscience Laws**

• Questions and Answers

# TALKING ABOUT ETHICS

# **Establishment Bioethics**

This pamphlet is drawn from an essay on the Project website. The full text of the essay and this pamphlet may be downloaded and copied for distribution.

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