Bioethics in the UK

How do you analyze the present situation of bioethics in the UK?

One way to answer this question would be to look at the role that that bioethics, broadly conceived, has come to play in the general public discourse. By this measure, the status of the discipline is quite high. Ethics committee approval is by now a part of the background to any research; the General Medical Council expects that the undergraduate medical curriculum contains an element of ethics teaching; and there are free radio programmes devoted to, or touching on, bioethical issues on the national media (Radio 4’s Inside the Ethics Committee being a good example). Look beneath the surface, though, we should probably add a couple of qualifications.

For example, ethics committee approval of research can verge towards the formalistic, since – for perfectly good reasons – their membership draws from scientific and social scientific input over the last few years, and it is unlikely that this will change in the near future. Another trend that we’re likely to see continuing is input from people who have no mark that one has to have met in order to call oneself a bioethicist; and this does mean that “bioethics” draws strength from the various insights provided by people whose intellectual interest rather than being “ethics” in any particularly full-blooded sense unless they do at least do that – and, in all fairness, bioethicists’ input does tend to be taken seriously by policymakers. What are the structural long-term perspectives?

Indeed, I think that there is a growing appetite for more “proper” philosophy within academia and advocacy to the extent that the latter informs and directs the former. This is another aspect of the intrinsic problem of whether a given proposal is good science in the moral sense implies taking account of whether it’s scientifically sound, the scientific soundness does sometimes eclipse other considerations. Thus research on animals is sometimes assessed purely on the basis of what the benefits to humans might be; and “benefits to humans” is sometimes interpreted quite narrowly – as narrowly as how many papers will be generated and what high-impact journals. Accordingly, good methodology and the promise of the number of papers does, unavoidably, sometimes get more weight than one might expect.
Medical school ethics teaching often does not go much beyond an emphasis on informed consent and a slightly robotic attachment to Beauchamp and Childress' "principles" – the idea that biomedical ethics is reducible to respect for autonomy, beneficence, non-maleficence, and justice, without too much attention paid to what something like justice actually requires or why autonomy almost always is treated as primus inter pares. On the other hand, we must admit that it’s perhaps unreasonable to expect medical students to become sophisticated philosophers at the same time that they are training to become doctors: they have enough to contend with as it is. So perhaps it’s better that, actually, they want to be medical ethicists or lawyers as well… or instead.

Within the academy, there is a fairly large number of universities that offer some bioethics teaching, either as a degree in its own right, or as part of an applied syllabus. Bioethics or medical ethics degrees are – with the exception of our intercalated programmes that offer degrees at UG level – overwhelmingly postgraduate and this does present the possibility that student numbers will be squeezed in the coming years as recent and projected increases in tuition fees begin to have an impact. It is reasonable to think that it is going to be increasingly difficult for universities to attract large numbers of students – and this, in turn, may mean a reduction in the number of centres of tuition in bioethics as a stand-alone subject.

In the US, bioethics as a discipline drew significantly in its early years from the social activism. My sense is that the UK was slightly different, inasmuch as it was more of a branch of philosophy at the start. However, bioethics does have a tendency to drawing from disciplines other than philosophy. One trend that has begun to appear in the last few years is an “empirical turn” – bioethics has become very hospitable to work drawing from disciplines other than philosophy. This does make much of the work even more interdisciplinary in scope.
by sociologists and anthropologists. This does cause a little tension, since the concerns of one discipline are not always the concerns of another, and people whose intellectual backgrounds are different do sometimes talk past each other. To that extent, it is claimed that there is a distinction to be drawn between philosophical bioethics and empirical bioethics. There is something to that, for sure – though it probably oughtn’t to be overplayed. After all, “philosophical” bioethics is a form of applied philosophy, so presupposes and requires at least some contact with the real world.

Still: the point stands that a persistent problem across the field of bioethics is that its major strengths – its interdisciplinary diversity – is also the seed of one of its weaknesses. There is no generally accepted understanding of what a bioethicist is, on the one hand, this means that “bioethics” draws strength from the various insights generated by philosophers, lawyers, sociologists, and the like. On the other hand, though, there’s no mark that one has to have met in order to call oneself a bioethicist; and this has the reputation of the field and, by extension, those working in it is vulnerable to rhetorical attack: it’s not always obvious to those not in the know who is and isn’t worth his salt. Worryingly, there is a slight tendency of some bioethicists to blur the line between academia and advocacy to the extent that the latter informs and directs the former, which feeds into a perception in some quarters that to be a bioethicist is to be at best a jack-of-all-trades, but a master of none; among philosophers, for example, bioethicists have the high status of, say, work in the field of mind and language, or even analytic philosophy.

This snobbiness is not – I have to admit – wholly unwarranted. But neither is it pervasive as it was in the recent past. And for reasons at which I’ll hint below, it well decrease further.

In your opinion, how will the situation likely evolve over the next five years?

As mentioned above, bioethics has become much more welcoming of empirical, social scientific input over the last few years, and it is unlikely that this will change in the near future. Another trend that we’re likely to see continuing is input from
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Indeed, I think that there is a growing appetite for more “proper” philosophy bioethics (I myself have argued that bioethics is nothing without a sound foundation in philosophy) and rather less catechistic Principlism, and much less of the kind of uncritical approaches to clinical ethics in particular that Birmingham’s Angus King has labelled “jazz poetry”. This may lead to more squabbling about not only spot and solve moral dilemmas in medicine and the biosciences, but about bioethics is to begin with (my implication that anthropological claims about ethics not bioethics in the full sense in the previous paragraphs is exactly the sort of that’d ruffle feathers). Yet I don’t think that this ought to be too big a worry – be a sign of healthy self-examination.

Public health will probably prove to be an area of growing interest. Concepts of public health are already causing some disruption to the rather conservative present style of medical-school bioethics: after all, effective public health measures (mandatory vaccination, tight regulation of tobacco sales, and so on) are in tension with the classic liberal individualism, insisting on personal sovereignty, that informs public policy, and helps shape bioethics tout court.
Another area in which we’ll see continued interest is genetics. With genetics becoming ever cheaper, ever faster, and ever more accessible, how we can regulate the dissemination of scientific insights? Nevertheless, owing to the fact that original insight is very rare and that one has to have met in order to call oneself a bioethicist; and this does mean that it is going to be increasingly difficult for universities to attract large numbers of qualified medics, nurses, and bench scientists who return to university to complete an MA or PhD in medical ethics and law. Furthermore, there’s a steady stream of qualified medics, medical school ethics teaching often does not go much beyond an emphasis on medical ethics and law once their career has got going. (At Manchester, we’ve got a bit of a habit of convincing people hitherto convinced that they wanted to be doctors actually, they want to be medical ethicists or lawyers as well… or instead).

Additionally, an increase in open-access publishing across the board will – hopefully – make it easier for bioethicists from less economically developed nations to maintain both its diversity and its intellectual rigour – but this can, and will, be done. For as long as there is a presumption against publication, on the grounds that original insight is very rare and that one has to have met in order to call oneself a bioethicist; and this does mean that it is going to be increasingly difficult for universities to attract large numbers of qualified medics, nurses, and bench scientists who return to university to complete an MA or PhD in medical ethics and law. Furthermore, there’s a steady stream of qualified medics, medical school ethics teaching often does not go much beyond an emphasis on medical ethics and law once their career has got going. (At Manchester, we’ve got a bit of a habit of convincing people hitherto convinced that they wanted to be doctors actually, they want to be medical ethicists or lawyers as well… or instead).

Finally, it’s tempting to replace predictions about the coming 5 years with a proposal of what they should (or shouldn’t) bring: I have a colleague who has suggested that there should be a five-year moratorium on papers about assisted dying, or at least a strong presumption against publication, on the grounds that original insight is very rare and tends to be eclipsed by a kind of trench warfare in which neither side does anything but reassert their prior position. I may be guilty of contributing to this situation, but I’m tempted to endorse that idea.

**What are the structural long-term perspectives?**

This is difficult to predict in anything but the broadest terms. For as long as bioscience, there will be problems that bioethicists can address. And for as long as we are occasionally a little more than disintermediated in philosophy...
policymakers may occasionally pay little more than lip-service to bioethical concerns; they do at least do that – and, in all fairness, bioethicists’ input does tend to be taken seriously. While I think it’s reasonable to expect a slight fall in student numbers over the coming years, there will still be a significant number.

Bioethics as a discipline in the UK is somewhere between 30 and 40 years old, with the discipline reaching maturity and consolidation; it needs to find a way to increase its visibility while maintaining both its diversity and its intellectual rigour – but this can, and will, be done.

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Iain Brassington is a philosopher based in the Centre for Social Ethics and Policy at the School of Law at the University of Manchester. He is director of the MA, LLM and MRes programmes in Healthcare Ethics and Law, and teaches Jurisprudence as part of Manchester’s undergraduate law curriculum. His research interests are in the ethics of genetics, reproductive technology, end-of-life issues, and moral theory; his latest book, Bioscience and the Good Life, will be published by Bloomsbury in November. He is also an editor of, and contributor to, the Journal of Medical Ethics.

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