

BOOK REVIEW



Pragmatic Bioethics
Edited by Glenn McGee

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The term “pragmatic” or “pragmatism” is often used in place of “practical” or “expedient” in modern parlance. However, pragmatism is a distinct and rich school of philosophy that has informed many empirical and non-empirical areas of theory and practice, including ethics. Far from a quick fix or self-serving methodology to ethical decision-making, the application of pragmatic philosophy to bioethics is a welcome and refreshing change.

Glenn McGee, a professor at the University of Pennsylvania Center for Bioethics, has collected eighteen papers from physicians and philosophers who employ a pragmatic approach to bioethics. The book is divided into three parts: a) the pragmatic method in bioethics, b) current debates and American philosophers, and c) pragmatism and specific issues in bioethics. As an edited volume that brings together various scholars writing from traditional and contemporary pragmatic approaches to bioethics, it is not immediately obvious what a pragmatic approach to bioethics may entail in the clinic, laboratory, or in setting public policy. However, McGee believes that these collected articles “speak to the coherence of a single pragmatic core of methodical emphases and theoretical claims” (p. xv).

Most people involved in medicine are probably familiar with a principle-based approach to ethical decision-making (*i.e.* the principles of autonomy, beneficence, non-maleficence, and justice). This approach is sometimes referred to the “Georgetown mantra” for the institution (Georgetown University) of one of the approach’s founders and the way in which it has often been blindly applied by individuals

haphazardly to ethical dilemmas. Individuals may also be familiar with a case-based approach (*i.e.* casuistry) to bioethics in which paradigm cases are used to frame future ethical decisions. However, pragmatic bioethics seeks to provide an account which succeeds these attempts and replace them with a new theory of bioethics that can provide a robust approach to help navigate through the troubled waters of emerging ethical issues in medicine. McGee’s project is a difficult one – the elucidation of a new approach to decision-making in bioethics has to be practical enough for physicians, nurses and other allied health care professionals to employ in practice; however, it also has to be theoretically sound enough to ensure philosophical justification. Striking the difficult balance between an over simplistic approach and an approach that is too theory-laden in bioethics is surely a great endeavour.

Just what is it about a pragmatic approach to bioethics that is new or beneficial? To answer that question, it is helpful to turn to its methodological core. “For pragmatism ethics is a matter of satisfying the complex demands of multiple individuals and groups in a contingent and changing world. There is no metaphysical dividing line between facts and values in pragmatic philosophy.”(p. xiii). It is an approach which views inquiry (whether it be medical, scientific, or moral inquiry) as a social enterprise which takes place in the context of a community. The validation of a scientific hypothesis, the enactment of legislation for or against a particular medical intervention, or ethical standards of the permissibility of a medical intervention are states of affairs which take place within a community of inquirers trying to achieve the best beliefs, where “best” denotes beliefs that fit with evidence, argumentation and knowledge. It is a method – what the founder of pragmatism, C.S. Peirce, calls the “scientific method” – which puts a great deal of emphasis on the notion of consensus. It is not the achievement of convergence of scientific or moral opinion that makes our beliefs or actions true or good in themselves, but that the adoption of the scientific method usually results in a consensus of opinion because the community seeks the same ends (namely the true and the good). The notion of the scientific method for individuals in medicine and allied health professions will probably enjoy and identify a great deal with what pragmatism is attempting to offer and the context in which it frames ethical decision-making.

Additionally, the pragmatic approach to bioethics takes what political philosopher John Rawls calls the “fact of reasonable pluralism” seriously. In a society with various divergent religious doctrines and conceptions of the good, the ability to justify our considered moral beliefs and actions to others who do not share the same doctrines and conceptions is essential for a new theory in bioethics. The instantiation of four principles or a paradigm case without substantive justification to the entire community, regardless of individual commitments or conceptions, is no longer sufficient in the current ethical climate.

In the first part of the book, we find multiple ways a pragmatic bioethics may be incorporated in medicine. In the chapter entitled “Clinical Pragmatism: A Method of Moral Problem Solving”, authors Joseph Fins, Matthew Bacchetta and Franklin Miller use the case of a man with Parkinson’s disease to illustrate a pragmatic method to ethical decision-making in the clinic. In the chapter entitled “The Bioethics Committee: A Consensus-Recommendation Model”, Kelly Parker illustrates a consensus-based model of ethical decision-making in research ethics board or clinical ethics committees in hospitals. In subsequent chapters, we find authors who focus on specific topics and debates in bioethics such as genetic enhancement of families, mental illness, alternative medicine, the patient-physician relationship, and health care reform. Those seeking a longer examination of the pragmatic method in bioethics may want to look at McGee’s previous book, *The Perfect Baby: A Pragmatic Approach to Genetics* (1).

Interestingly, four of the eighteen chapters deal with issues surrounding death - from topics such as the determination of death to dying old as a social problem. The pragmatic approach also does a nice job of acknowledging the private and public nature of bioethical decision-making. For the last few decades

there has been a heavy emphasis on public policy considerations in bioethics (e.g. Should we allow physician assisted suicide? How should we allocate scarce medical resources?) and not enough on the private ethical considerations (e.g. What is the best way for me to die? What kind of risk am I willing to assume when participating in research?). Not only is it essential for physicians and researchers to be able to reflect on the ethical implications of their work, but patients and research subjects also need a framework in which to arrive at moral decisions. The simple application of ethical principles or paradigm cases appears too thin and insufficient to deal with the multifarious ethical issues in medicine. Bigger questions about how cloning will affect our identity or whether health is a commodity to be bought or sold require a more substantive approach that a pragmatic bioethicist just may provide.

Although the diversity of positions and options from those working in a pragmatic vein can at times provide a varied roadmap of how to resolve ethical matters, it really should not be seen as a weakness. The numerous and diverse aspects of the ethical dilemmas faced in the clinic or in setting public policy is too complicated to square away in simplistic principles, cases or algorithms for action. For those who may have found other bioethical approaches as too theoretical or even too unsophisticated, you might want to take a look at *Pragmatic Bioethics* – it just may be the happy medium that makes sense of the vast spectrum of present and future moral issues in medicine, science and research.

Adrian M. Viens

Department of Philosophy, University of Toronto

REFERENCE

- 1 McGee G. *The Perfect Baby: A Pragmatic Approach to Genetics*. CITY: Rowan and Littlefield; 1997