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Publishing Research in Empirical Ethics: Quality, Disciplines and Expertise

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This chapter looks at some of the challenges for reporting and publishing results in empirical ethics, an emerging methodological approach to research in applied ethics. Many of these challenges have their origins in how empirical ethics is defined and where it sits in relation to other disciplines. Accordingly, we consider the relationship between bioethics and empirical ethics, situating these discussions within the debates over whether bioethics is a discipline.¹ We explore the construction of academic disciplines in general and examine questions such as, 'Is bioethics a discipline in its own right?' 'Is it a branch of philosophy?' 'Or is it a combination of several disciplines that collaborate to answer certain questions?' Following from this, we will consider what counts as expertise in bioethics, as this has a bearing on what bioethicists are seen as contributing when they undertake research in empirical ethics. These insights will then be applied to how empirical ethics should be reported. We will conclude that as empirical ethics grows, general quality and reporting standards will emerge and these will gain general acceptance as empirical ethics becomes more established.

¹ Empirical ethics is a particular methodological approach and as such is applicable to other areas of applied ethics such as business ethics.

What Is an Academic Discipline?

The word 'discipline' is commonly used to delineate a pre-ordained category of academic enterprise, almost like a Platonic form: an ideal type. For an area of inquiry to be seen as lying within a specific discipline it has to follow certain rules and procedures, draw on particular theories, and publish and disseminate in appropriate journals and forums.

Disciplinary conventions can be used as a way to draw boundaries between acceptable and unacceptable scholarship. These conventions can be used both formally, in academic journals or conference presentation requirements, or informally over coffee when discussing someone's work or job candidates: 'she is not a proper philosopher' or 'that is not proper sociology'. These 'not proper' comments are pejorative value judgements and such criticisms are often levied at bioethicists. As Lewens observes, it is often said that the problem with bioethics is, 'that most bioethicists have a limited grip on "serious philosophy"' (2004: 121) and therefore are not 'proper' philosophers.

The increasing importance in the UK of disciplinary boundaries is due partly to the advent of the research assessment exercises (RAEs), which have been organised around subject discipline panels that assess research in a particular domain.² The increasing importance of disciplinary boundaries with their own definitions of what

² In the UK, RAEs are used to rank Universities and rank is used to make inferences about the quality of the research produced by different institutions and research clusters within institutions. There is sometimes a mismatch between what the different subject panels set out in their guidance on eligibility and markers of quality and how institutions interpret this guidance. Institutions have tended to be conservative and to stick within mainstream examples of research in any particular discipline. As a consequence, bioethics is seen not to have a natural fit in any of the subject panels (Kong et al., [2011](#)).

counts as 'appropriate', 'good quality' and 'meaningful' research operates alongside a contrary force: the drive for inter-disciplinarity, defined as, 'any form of dialogue or interaction between two or more disciplines' (Moran, 2002). Inter-disciplinarity aims to break down artificial boundaries between subjects and is seen as a way of addressing the grand challenges facing humanity, such as climate change and food scarcity, something that funders, and hence universities, are keen to encourage. For example, the Research Councils UK states,

The Research Councils already support a great deal of inter-disciplinary research, which benefits from drawing together insights and approaches from a number of established research disciplines ... RCUK wishes to support an enhanced culture of interdisciplinary and multidisciplinary research in the UK and to ensuring that its peer review and funding infrastructure is supportive of such work. (RCUK, 2014)

Interdisciplinary work comes with costs: there is uncertainty over where to publish the results, there are difficulties with assessing quality and outputs do not fit into any of the standard assessment frameworks. All this can limit the understanding and appreciation of interdisciplinary research. As Marilyn Strathern commented, 'one knows one is in an interdisciplinary context if there is resistance to what one is doing' (2005: 130). All these issues are relevant to empirical ethics and we will consider them below.

If inter-disciplinarity means crossing disciplinary boundaries, this raises the question of what these boundaries are. There are many accounts of what a discipline is, and there is not space in this chapter to go into this in detail. As Krishnan (2009) states, there are different approaches to conceptualising academic disciplines that include

sociological, anthropological, philosophical, historical and management/organisational perspectives. In an attempt to determine what the essence of a discipline is, Krishan sets out the following elements:

- 'disciplines have a particular object of research (e.g. law, society, politics), though the object of research may be shared with another discipline
- 'disciplines have a body of accumulated specialist knowledge referring to their object of research, which is specific to them and not generally shared with another discipline
- 'disciplines have theories and concepts that can organise the accumulated specialist knowledge effectively
- 'disciplines use specific terminologies or a specific technical language adjusted to their research object
- 'disciplines have developed specific research methods according to their specific research requirements
- 'disciplines must have some institutional manifestation in the form of subjects taught at universities or colleges, respective academic departments and professional associations connected to it' (Krishnan, 2009: 10)

The more of these characteristics a subject can claim, the more likely it is to be seen as an academic discipline capable of producing a body of scholarship (Krishnan, 2009). The last element is crucial, as

only through institutionalisation are disciplines able to reproduce themselves A new discipline is therefore usually founded by way of creating a professorial chair devoted to it at an established university.'

(Krishnan, 2009: 11)

Pierce notes:

Although most studies fail to define the term [discipline] explicitly, they typically assume that boundaries of disciplines closely follows those of academic departments ... [their] importance in creating and maintaining disciplinary communities makes the academic department the building block from which disciplines are created. (1991: 22–23)

The history of the discipline of philosophy can be traced using this institutionalised focus, starting with the founding of a new chair and charting its subsequent development. One of the first 'philosophy' chairs was the Knightbridge Professor founded in 1683 at the University of Cambridge, originally called the Chair of Moral Theology or Casuistical Divinity, and often known as the Professor of Casuistry. In Cambridge before the early nineteenth century the only degree – or tripos – that could be studied was mathematics. A classics tripos was introduced in 1822 but was only available to graduates of the mathematics tripos. Philosophy began as part of an area of study called moral sciences (which included moral philosophy, political economy, modern history, general jurisprudence and the laws of England), which was introduced in 1848 and became a tripos in 1851 and honours in 1861. Around the middle of the nineteenth century, subjects began to become more specialised. Law created its own tripos in 1858 with history, and these split into separate triposes in 1870. Economics became a separate degree subject in 1903. What was left of the original moral sciences tripos continued till it was renamed 'philosophy' in 1970. In 1881 the Chair of Logic, Mental and Moral Philosophy, and Political Economy at University College Liverpool was founded and it became the Chair of Philosophy in 1891. Hence, philosophy in its current institutional form has only existed for slightly over 100 years. In the nineteenth

century, psychology and philosophy were not seen as separate disciplines. Theorists who are now seen as philosophers – Hume, Hobbes and Locke – produced elaborated accounts of psychology; for Mill, logic was part, or a branch, of psychology; William James is seen as an ancestor of both psychologists and philosophers. The journal *Mind*, when it was founded in 1878, published articles that nowadays would be considered to be psychology. What we now know as economics had a similar relationship with philosophy. Adam Smith is an important theorist for both modern disciplines and economics was part of the original moral science tripos in Cambridge until 1903 when, as a discipline, it moved away from the moral sciences (Alvey, 1999) and became a discipline in its own right. Now, university departments are moving away from ‘traditional’ (twentieth-century) disciplinary boundaries to being organised around areas of study to reflect the aspiration for a greater interdisciplinary focus (such as departments of health and well being).

Societal concerns, funding, teaching requirements, and location of academics (i.e. philosophers in medical schools) all combine to change the profile of academic disciplines. Disciplines can be seen as specific practices, with rules that determine which kind of statements are accepted as true or false within that particular discourse (Lyotard, 1984). Academic disciplines are socially contingent bodies with specific discursive strategies to address an area of shared concern. They are essentially ‘communities of practice’, defined as ‘groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly’ (Wenger, 2006). Disciplines are not fixed or discrete entities, but continually change and evolve. It is against this historical background that we can begin to answer the question of whether bioethics is an academic discipline in its own right, recognising that bioethics,

and now empirical ethics, are part of the changing evolution of academic subjects and disciplines.

Bioethics – Discipline or Not?

Bioethics arose out of philosophy. 'Bioethics' is characterised as the 'investigation of ethical issues arising in the life sciences ... by applying the principles of moral philosophy to these issues' (Bennett and Cribb, 2003: 10). At the 'birth of bioethics', philosophy and theology shaped the discipline with their methods and structures of abstract universal foundationalist theorising (Jonsen, 1998). Although bioethics is *informed* by other disciplines, its central methodology is philosophical. As Green observes,

[w]hile ethics and moral philosophy may sometimes represent a relatively small part of the actual work of bioethics ... the methods of ethics and philosophy remain indispensable to this domain of enquiry (1990: 182).

Arguably, bioethics has changed and evolved since its beginnings in the middle of the twentieth century. It now encompasses a more divergent view of ethics, drawing on a wider theoretical canon (such as care ethics, feminist perspectives, postmodernism) and using different approaches to solve moral problems (such as empirical methodologies) (Herrera, 2008). Under our definition we would argue that bioethics is a discipline in its own right: it is a community of scholars, with its own journals, conferences, networks and ways of approaching and debating moral problems and issues in the area of the life sciences. This community includes others from disciplines such as medical law, medicine and sociology who contribute to this specific community

of practice.³ However, for it to be ethics, it has to keep as a central element the elucidation of normative claims and corresponding analytical strategies.

Considering the development of empirical ethics through the lens of our conception of academic disciplines, we argue it is another step in the evolution of bioethics that should not be ruled out on predetermined theoretical commitments to ‘pure’ philosophical method. There is not space in this chapter to revisit why bioethics in its philosophical form might use empirical data, how this relates to moral theory and the is/ought debate, nor why we need a particular discipline or sub-set of bioethics called ‘empirical ethics’. These questions have been debated extensively elsewhere⁴ (Molewijk and Frith, 2009), but for our purposes we will take empirical ethics to be one of the *methods of inquiry* used by bioethicists to approach and explore moral issues.

Empirical ethics moves away from what might be seen as the safe and established shores of conventional philosophical methods. As we have noted, bioethicists are often accused of not being proper philosophers, but with the advent of empirical ethics we now might be subject to the charge of not being proper sociologists as well. To address what ultimately comes down to the issue of who is given the privilege of having their research recognised and valued within the academic community of bioethics and outside, we will first consider the debate over what constitutes ‘expertise’, first in relation to bioethics, and then to how one qualifies as an expert in empirical ethics.

³ It is more institutionalised in the US, with departments of bioethics, but there are centres for bioethics in the UK.

⁴ Including in this volume.

Expertise

There has been extensive debate about what constitutes moral expertise and how this relates to the role bioethicists occupy on public bodies or when offering ethical advice (for example, in a clinical setting).⁵ There is a close link between how we define moral expertise and how moral judgements are justified (Gesang, 2010), but moral expertise can also focus on the process of decision-making rather than an ability to make ‘correct’ moral judgments. When considering whether bioethicists in their role *qua* bioethicists are experts, it is important to define exactly which role of the bioethicist we are talking about. As Archard notes, with reference to ‘ethics experts’ on public bodies, ‘[t]he fact that moral philosophers sit on the bodies in question is not tantamount to the *exercisè* of the moral expertise’ (2011: 119–120). The nature of committees, he argues, is such that no one person is making the decision and usually such bodies make general policy recommendations rather than dictating specific actions. Thus, bioethicists on committees cannot be said to be making moral decisions in the way one might in one’s personal life. Nor can medical ethics consultants, certainly in the UK, who might be called in to advise on more pressing decisions, be said to be making decisions; their role is advisory and it is the health care professionals concerned who are the ones actually making the decision. Driver’s distinction between ‘three distinct forms of moral expertise’ is useful here:

the expert judger, who does a better job of arriving at true moral judgements, the expert practitioner, who acts morally well more than others, and the expert in moral analysis who has greater than normal insight into the nature of morality (in some respect). (2013: 280)

⁵ See also Edwards and Deans (2016), in this volume.

The final definition seems best to capture the moral expertise of bioethicists; they are experts in moral analysis, which enables them to identify moral issues, moral distinctions, and non-sequiturs in moral reasoning, and to locate issues within the context of ethical theory.

For Caplan, those trained in ethics have a set of traditions and theories that enable them to deliberate about and judge moral issues:

A fully developed applied ethic would afford the moral philosopher an opportunity to examine the delicate interplay that occurs among fact, social roles and prescriptive principles in reaching moral decisions.

(1982: 16)

An ethicist has expertise in both normative theories and concepts and a good understanding of the area he or she is considering. An important aspect of this role is not just accepting the moral problems as presented by, say, doctors, because

[a] knowledge of ethical theories, traditions and concepts allows the moral philosopher to see the normative aspects of ordinary events in ways that those more directly involved do not and sometimes will not.

(Caplan, 1982: 14)

Thus, the ethicist has the role of identifying and defining moral problems rather than simply offering solutions. Through the use of ethical theory one can highlight and clarify the areas of disagreement and discern underlying ethical problems and tensions. Theories and principles can be a tool for elucidating and analysing the data (Frith, 2012), just as, for example, sociologists use theories of social interaction to approach their data (Maxwell, 1996).

This view, as Singer notes, takes expertise as a *skill*:

... the moral philosopher does have some important advantages over the ordinary man. First his general training ... should make him more than ordinarily competent in argument and in the detection of invalid inferences ... his specific experience in moral philosophy gives him an understanding of moral concepts and of the logic of moral argument. The possibility of serious confusion arising if one engages in moral argument without a clear understanding of the concepts employed has been sufficiently emphasised Clarity is not an end in itself, but is an aid to sound argument. Finally there is the simple fact that the moral philosopher can, if he wants, think full-time about moral issues, whilst most other people have some occupation to pursue which interferes with such reflection. (1972: 117)

Lillehammer talks about the advantage of being able to devote sufficient time to this type of deliberation:

the role of bioethicists is vindicated by their possession of a critical and systematic mastery of ethical concepts and positions, of the presuppositions of such positions, and the relations and distinctions between them. It is in the application of this knowledge that philosophical expertise comes into its own right by encouraging a more informed level of debate in bioethics. It is not that bioethicists offer expertise that scientists, doctors, or politicians are in principle barred from acquiring on their own. It is rather that the division of intellectual labour provides the benefit of input from persons devoted to the systematic study of the

theoretical complexities embodied in ethical concepts applied in practical bioethical debate. (2004: 133)

At the heart of these skills-based accounts is that a good bioethicist is not more likely to make better moral judgments, but is likely to help others to make better moral judgements by aiding the process of decision-making.

This suggests a process account that could be constructed along the lines of the importance of employing procedural justice, akin to Daniels' (2008) accountability-for-reasonableness approach. This approach privileges process because there is unlikely to be agreement on substantive decisions. Richard Ashcroft (2008) has expressed concerns that process accounts abrogate bioethicists' responsibilities and ultimately make them redundant. Instead, he argues, bioethicists should be producing and defending substantive moral arguments, and this is the unique contribution of the bioethicist in policy forums. There are two rejoinders to this view. First, in a committee neither the bioethicist, nor any other individual, is asked to make a moral decision. Rather, it is the job of the committee to come to some collective decision. Second, as Frith has argued elsewhere (2009), a good process can lead to good substantive moral decisions – the process and end are not separate entities.

In conclusion, what determines a bioethicist's skill and usefulness is essentially the skill of argumentation, the ability to pick out key moral issues and determine ways of thinking about moral problems that might not be immediately available to the non-bioethicist. This raises the question, 'How does empirical ethics fit into bioethics expertise as we have conceptualised it?'

Empirical Ethics and Expertise

The answer to this question depends on one's conception of empirical ethics and, as argued above, *our* conception of empirical ethics keeps at its heart a broad conception of philosophical method and corresponding skills. There are different forms of empirical ethics and different ways in which the relationship between empirical data and ethical theory can be conceptualised (as demonstrated in this volume). Does empirical data leave ethical theory unaltered? Or does empirical data have some influence on the actual content and structure of ethical theory itself? To consider the different conceptions of empirical ethics and what contribution bioethicists might make to empirical work, we want briefly to give an overview of the empirical work conducted in bioethics to illuminate different forms of empirical ethics. Draper and Ives (2007) categorise⁶ different ways sociological research has been employed in ethical reasoning, and thereby provide an example of how two different disciplines might come together under the 'empirical ethics umbrella'. The three broad categories are (i) sociology *of* bioethics, (ii) sociology *for* bioethics and (iii) sociology *in* bioethics.⁷ It is possible that some studies could fall into more than one category – the categories are not mutually exclusive.

⁶ There are obvious limitations with constructing any typology of this nature. The intention is to broadly group approaches that share certain characteristics for clarification purposes.

⁷ These categories are similar to those often used in medical sociology (White, 2002).

Sociology *of* Bioethics

The sociology *of* bioethics incorporates two aspects: (1) seeing bioethics and bioethicists as objects of study and (2) examining the social context of bioethical issues or problems. Ethical issues may be studied by the methods of social science. The papers in DeVries et al.'s edition of *Sociology of Health and Illness* (2006), for example, are largely an attempt to put bioethical issues (such as the ethics of research and social policy) into a social context.⁸ A sociology *of* bioethics can engage with ethical theory to varying degrees. Bosk's (1992) study of genetic counselling in a paediatric hospital, for example, although looking at an area of great ethical concern, does not explicitly employ or consider ethical theory in its analysis. Other studies and authors critically engage with ethical theory and use their studies to demonstrate what they see as failings in the traditional bioethics. Anspach (1993), for example, in her study of decision-making in an intensive care nursery, explicitly engages with the bioethical debate over life-and-death decisions in intensive care. Alderson (1990) used her empirical findings to advance a form of the 'social science critique' of bioethics.

Sociology *for* Bioethics

The sociology *for* bioethics uses empirical research to produce data for bioethics. In practice, says Weisz, social scientists 'can provide ethicists with data, ranging from descriptions of the historical origins of current ethical debates to information about how people in different cultures and at different social levels actually behave in ethically problematic situations' (1990: 5). Empirical research could be used to identify moral

⁸ See also Haimés' work on genetic databases, discussed in Haimés and Williams (2007).

issues that need to be studied. Baruch Brody argues for this sort of role for empirical research in bioethics:

It can identify issues that actually arise and processes actually used for dealing with them, thereby suggesting where normative analysis is most needed. (1993: 218)

The models of sociology *of* and *for* bioethics largely keep the disciplinary boundaries between ethics and sociology separate. There is ethical theory on the one hand and there is sociologically gathered evidence on the other.

Sociology *in* Bioethics

The sociology *in* bioethics attempts to break down the boundaries between empirical evidence and ethical theory. It uses empirical data to directly alter and shape ethical theory:

For example, one might wish to modify the theory of patient autonomy towards the social practice of surgical decision-making in elderly men on the basis of empirical data. (Stigglebout et al., 2004: 269)

Thus, 'bioethical theorising ... is not removed from lived experience – it is based upon it.' (Draper and Ives, 2007: 325)

There are many forms of empirical ethics, each with a different emphasis depending on the disciplinary background and concerns of the research team. There is no single right way of doing empirical ethics; it depends on what the aims of the study are (Ives and Draper, 2009). It is now accepted, in the general research community, that

neither qualitative nor quantitative methods are intrinsically 'better' than the other.⁹ Rather, which paradigm you draw on depends on the research question and the key aspects of the world that one wants to investigate. We consider the same is true of empirical ethics.

Role of the Bioethicist in Empirical Ethics

To return to the question of what the philosophically orientated bioethicists can contribute to empirical ethics work, we take our favoured definition of empirical ethics as one that incorporates some form of normative, and hence philosophical, method, and integrates this with empirical data; a form of sociology *in* ethics. It could be argued that ethicists, trained in philosophy, are not the best people to carry out the research from which these data are derived. Levitt (2004), for example, argues that bioethics and sociology should remain complementary rather than seek to become more integrated. Appiah, who despite being very sympathetic to the use of empirical findings in the discussion of moral deliberation, says, 'Philosophy should be open to what it can learn from experiments; it doesn't need to set up its own laboratories.' (2008: 3)

There are two reasons we argue that bioethicists should be involved in the actual conduct of empirical studies and thereby involved in forming a distinctive type of empirical ethics inquiry based on bioethical expertise rather than just leaving it to sociologists. First, a study designed by an ethicist and therefore driven by predominately 'ethical' concerns will have a different emphasis and focus from those conducted by sociologists. This is not the only way to approach ethical issues or areas,

⁹ Although the recent decision of the BMJ not to publish qualitative research may suggest the value of such research is still being questioned (Greenhalgh et al., 2016).

but there is room for studies of this type alongside more conventionally conceived sociological ones. Second, ethicists might (and this is a more controversial claim) be better able to design studies that produce the kind of data that are of use in conducting an ethical analysis. For example, if interview data is collected by an ethicist, there will be a difference in how the conversations are focussed, the prompts used and the ideas explored that will focus more on the normative aspects of the encounter.¹⁰ Even if the claim that ethicists might be better at collecting their own data for their own purposes is disputed, our central claim is that there is room for a distinctive type of empirical ethics study: a study that uses ethical theory and principles in the collection and analysis of the data and seeks to say something about the theories and principles themselves as well as the phenomena under study (Frith, 2012). Hence, it is valuable for ethicists to carry out their own empirical studies, and in doing so they can make a distinctive contribution to the literature and create a 'community of practice' that integrates empirical evidence and moral theorising.

Quality and Reporting

We have described a particular form of empirical ethics that integrates moral theorising and empirical research and therefore creates, arguably, a 'new' form of academic inquiry. There have, however, been concerns expressed about the quality of this kind of empirical ethics, claiming it is bad philosophy, bad sociology, or a combination of both. In this section we will address these issues as they relate to our conception of empirical ethics, 'sociology *in* ethics'. Other forms of empirical ethics that do not integrate the

¹⁰ Farsides and Williams' work is a good example of this, and they elaborate on this approach in their chapter (Farsides and Williams, 2016) in this volume.

normative and the empirical may not face such reporting challenges, as they are able to report along more conventional disciplinary lines.

The debate over the quality of empirical ethics mirrors the one that has taken place over quality in qualitative research. This debate is particularly relevant here, as empirical ethics has drawn heavily on the insights provided from qualitative research. Like empirical ethics, qualitative research has had to spend a considerable amount of time justifying why it is a suitable alternative approach to quantitative techniques (Murphy et al., 1998). Hurst (2010) argues that empirical ethics has focussed for too long on more metaethical issues such as how to bridge or accommodate the fact/value distinction. This has 'clouded' the more practical methodological concerns by having the debate at a level of abstraction that is removed from quality concerns over the actual presentation and analysis of data. The concern with metaethical issues is understandable and appropriate for a new discipline/area of inquiry/community of practice where the rationale and foundations of why we are doing something need to be articulated and defended. However, it is now appropriate to move on to think about how research in this area is designed, conducted and reported and how we distinguish 'good' research in this area from that which is 'bad' or 'less good'.¹¹

Hurst argues that,

[i]deally, empirical research in bioethics should meet standards for empirical and normative validity similar to those used in the source disciplines for these methods, engaging when needed with colleagues within these disciplines, and articulate empirical and normative aspects explicitly and appropriately. (2010: 444)

¹¹ See also Singh's (2016) chapter in this volume.

This is one approach, but as empirical ethics integrates elements from these source disciplines (for example, but not exclusively, sociology and philosophy¹²), there needs to be some account of how the two are integrated in a robust way. The ‘Empirical Ethics Working Group’ from Germany (Mertz et al., 2014; Salloch et al., 2012) see this element as important, and Salloch et al. (2012) argue that good-quality empirical ethics research has to be based on an account of the conceptual relationship between the normative and the empirical. It could therefore be argued that good-quality research in empirical ethics has to incorporate rigour in both components of empirical ethics (i.e. bioethics and sociology) and then explain how the two aspects are integrated or inform each other.¹³ This seems a sensible requirement.

Reporting Empirical Ethics

Questions of quality are closely connected to issues of how to report results and publish empirical ethics research. Often, what may appear to be flaw in a study is a consequence of poor reporting and, similarly, good, polished reporting of a study can hide a multitude of sins. Reporting can be a particular challenge for interdisciplinary research, as conventions for disciplines differ. There are a few journals that explicitly welcome¹⁴ or are dedicated to empirical research in bioethics. The *American Journal of Bioethics*:

¹² Empirical ethics draws on other disciplines, i.e. psychology, but in this chapter philosophy (specifically ethics) and sociology will be used as examples of the disciplinary tension between abstract and empirical theorising.

¹³ For examples of an explanation of the method of combining the empirical and the normative, see Frith (2012), Ives (2014) and Molewijk et al. (2004), as well as the above chapters in Part II of this volume.

¹⁴ For instance, the journal *Clinical Ethics* based in the UK has a section dedicated to empirical ethics.

Empirical Ethics journal, for example, recognises that there are different reporting conventions, and in its guideline for authors, says

Many disciplines are welcome; flexibility with respect to methodological approach; structure of manuscript can fit the methodology; less strict about word/page limits; focus on integrity of methods (Miller, 2013).

The main issue for reporting empirical ethics is that this type of research does not have its own established reporting norms and has to fit in with either the norms of bioethics and philosophical-style papers or the requirements for empirical papers (such as those that require papers to be structured with background, methods, results and discussion). Adopting either approach will involve compromises in the reporting of the data.

As was argued above, if empirical ethics papers are expected to give an account of the empirical data, the ethical reasoning, and how the two are integrated, this can present difficulties both in the format required by some journals and in the restrictions on the length of journal articles. This presents a challenge for researchers to navigate and makes it hard to include all the key elements in one paper. The tight word limits imposed by some journals, for instance, may force authors to choose between elaborating on the method and discussing the distinctly ethical implications of the data reported in detail. Concentrating on the latter may obfuscate reviewers' attempts to consider the quality of the study design, whilst neglecting this aspect in favour of the former may result in other reviewers being unconvinced that the normative conclusions have been properly justified. Word limits in journals, particularly medical journals, are a problem for all health care researchers using non-quantitative methods. The increasing

use of online supplementary material by journals has meant that space issues could, potentially, be overcome. But even here, deciding what is 'supplementary' can be an issue.

So, how might these difficulties of reporting everything in one paper be addressed? We might set out two possible responses; but they are a far from ideal, and illustrate the difficulties of having to work within reporting structures designed for other disciplines.

First, the results could be divided up, reporting empirical findings according to qualitative norms in a journal friendly to qualitative methods and the normative dimensions and reflections in bioethics journals, making reference to the findings published elsewhere. What is then lost is the element of integration that justified the choice of methodology for the original study design. And, perhaps worse, this approach appears to lend weight to the 'jack of all trades, master of none' characterisation of empirical ethics researchers (Dunn et al., 2008).

Second, the scope of the findings reported could be curtailed, perhaps even reporting and discussing only a single finding in an attempt to do justice to both reporting norms and simultaneously demonstrate the value of integration. There are several dangers here too. One is that it appears to be making much of little, as the richness of the entire data set is somewhat hidden. Another is that it opens researchers either to the charge of unethical research practices, as data is collected that is not reported, or it creates an appearance of 'salami publication', as the process has to be repeated over several papers so that the full richness of the data can emerge. It is far from obvious which of these pragmatic responses is best, and neither represents how an empirical ethics project should ideally be reported.

These disciplinary-specific reporting norms are also reflected in the reviewer pools operated by journals. Bioethics journal reviewers might not want, or feel able, to judge the methods sections of an empirical ethics paper and may be critical of the normative analysis, arguing that insufficient attention has been paid to that aspect. Sociology journal reviewers may want more on the methods and be critical of the theoretical underpinnings of the paper, as they are unfamiliar with ethical theory and forms of argument.

As interdisciplinary research becomes more established, and alongside this, empirical ethics, then we hope that journals will be amenable to more varied reporting norms that can encompass different forms of research, and provide better forums for this kind of research.¹⁵

Assessing Quality

In practice, how might the quality of empirical research be assessed? It is our view that these quality issues will increasingly be addressed as the area grows and a body of good practice builds up. To draw again on the debates over the quality of qualitative research, there has been growing consideration of how to assess the quality of qualitative research (see Murphy et al., 1998; Spencer et al., 2003). This has culminated in the formulation of some broad checklists for quality assessment (CASP). A similar type of

¹⁵ Arguably, more established researchers in this area could channel efforts into attempting to change the reporting cultural and norms of traditional journals – something that may be helped by exploiting the impact advantages of interdisciplinary findings – and by, themselves, being willing to support newer and specialist journals, not just by taking up seats on editorial boards and committees but also by using them as an outlet for their own papers and thereby contributing to the virtuous cycle that will increase the citation rates for these journals.

checklist could be produced for empirical ethics, and Mertz et al. (2014) have begun to develop this. They formulate what they call a 'road map' with four criteria:

- (1) **Reflection on the relationship between empirical research and normative research questions.** This addresses how the two elements are integrated and what theoretical frameworks underpin the study.
- (2) **Relevance.** This relates to the relevance of the study, both for advancing scientific and ethical understanding and relevance to society ('impact', in UK parlance).
- (3) **Inter-disciplinary research practice.** This has some overlap with the first criterion, and is focussed on how different disciplines interact (i.e. how decisions are made on a project with sociologists and philosophers), how data is gathered and analysed and the conclusions reached.
- (4) **Research ethics and scientific ethos.** This includes such matters as informed consent, competing interests, reporting and consequences for the future.

There are certain generic criteria that any piece of research can be judged against (relevance of data to answering the research question, robustness of data analysis, how well has the research process been documented); although it would not solve debates over quality, this could provide a steer in the right direction. These criteria are a useful starting point for debate amongst the empirical ethics community and could be helpful for thinking about what to include in a journal article and how to report results. They provide a set of questions or areas to think about and, although they do not provide answers, that is not the job of quality guidelines. Therefore, checklists may only take us so far and there is still room for judgement, and hence disagreement, over what constitutes good-quality research in empirical ethics. This is not in itself a bad thing, as

all areas and disciplines debate scholarship, critique papers and aim to advance knowledge by improving on what has gone before. This is a sign, in fact, of healthy academic debate.

Conclusions

In this chapter we have argued that academic disciplines are not static, but ever-changing, evolving forms of communities of practice. Bioethics is a relative newcomer on the scene that has grown out of philosophy to become a different kind of community of practice with different ends, goals, publishing forums and norms and, arguably, can be seen as an academic discipline in its own right. Empirical ethics is a further development and, under our formulation, draws on normative analysis and integrates it with empirical research to produce a distinctive analysis of ethical questions or situations. To be an expert in bioethics is to have a set of skills to draw on to help analyse ethical issues and determine and define the key areas of contention. Empirical ethics draws on this kind of expertise and uses this in empirical research that, under our analysis, has a distinctive set of concerns and priorities and makes it a different endeavour (as a community of practice) from, for example, medical sociology.¹⁶

It is too early to say whether empirical ethics can be said to be a discipline in its own right or a methodological tool within bio- and applied ethics. As we have framed the concept of 'discipline', there is nothing that would prevent it from becoming a discipline if a sufficiently well-developed community of practice grew up and it became institutionally situated. The concerns over quality of this new type of enterprise are not surprising, and such concerns are raised about all new forms of inquiry. As empirical

¹⁶ See also McMillan's (2016) chapter in this volume.

ethics develops, quality and reporting issues will be increasingly debated and standards and processes developed and it is unrealistic to expect this to happen overnight. A major hurdle continues, however, to be the RAEs in the UK (or local equivalents) used to rank universities and their different departments. These forms of assessment tend to be conservatively played by academic institutions concerned about league tables. Greater consideration must be given to how to incorporate new forms of research endeavours, such as interdisciplinary research, in RAEs. These exercises are very important, and shape how universities focus their priorities. Therefore, how the quality and utility of empirical ethics is assessed is a crucial issue for this emerging area of academic inquiry.

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