



Ives, J. C. S. (2016). Methods and myopia? some praise, and problem and a plea. *Hastings Center Report*, 46(5), 46-47. <https://doi.org/10.1002/hast.620>

Peer reviewed version

Link to published version (if available):

[10.1002/hast.620](https://doi.org/10.1002/hast.620)

[Link to publication record in Explore Bristol Research](#)

PDF-document

University of Bristol - Explore Bristol Research

General rights

This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available:
<http://www.bristol.ac.uk/pure/about/ebr-terms>

Methods and Myopia? Some Praise, and Problem and a Plea

J Ives

In their paper, Mathews et al aim to “begin an important discussion” about how to measure success in Bioethics, and in doing so they set out a typology of bioethics research and scholarship with the arguably correct assumption that we cannot evaluate success in Bioethics without first understanding what its goals are.

The authors make a sound case for the need to pay attention to measures of success in Bioethics, noting the substantial pressures on researchers from funders and research institutions to “demonstrate and forecast the value and impact” of research. It does seem likely that ‘success’ is likely to hinge on successful translation into practice. As Cribb noted in 2010:

“this idea somehow sustains a great deal of work in applied ethics, including medical ethics. That is, while there are some scholars in applied ethics who would wish to stress that their focus is specifically on ethical theory, and while there are perhaps very few applied ethicists who would see practical prescription as intrinsic to their role, nonetheless the broader ‘business’ or ‘profession’ of applied ethics is widely underpinned, both economically and rhetorically, by a presumption that ethical scholarship can somehow or other be cashed out in practice.”¹

Certainly this rings true in the UK. The Research Excellence Framework (REF)² - the national exercise to measure the quality of research in UK universities - assumes that ‘Impact’ can be measured and is an important signifier of quality. This highlights further the importance of having some idea of how to model and evaluate successful translation of Bioethics scholarship and research. Given this I am genuinely supportive of the exercise, but want to add a critical voice in the form of three considerations that I feel ought to be attended to before the work progresses further.

1. A problematic typology

The typology proposed to categorise Bioethics research and scholarship carves Bioethics up in two ways. First, it says Bioethics research and scholarship can ask either descriptive or prescriptive questions. Second, it says that both descriptive and prescriptive questions can be answered in three ways: conceptually, by consensus or engagement, or empirically (but notes that descriptive projects only identify and describe issues rather than attempt to resolve them normatively).

There are, to my mind, a few problems with this typology, which I will attempt to elucidate briefly and succinctly. The suggestion that it is possible to separate neatly these kinds of research activity is highly problematic. There is a burgeoning literature on ‘Empirical Bioethics’ methodologies that blend empirical and conceptual work³⁻⁵, and the typology offered appears to ignore this. Whilst that

literature is diverse, there is certainly little support for the notion that, for example, a prescriptive question can be answered empirically with no corresponding conceptual work. Similarly, that literature is critical of the idea that purely conceptual work can have valuable translational impact. Indeed, one of the key drivers for these methodological innovations is the idea that 'Empirical Bioethics' is oriented towards practice and impact in a way that theoretical/conceptual ethics cannot be. The typology proposed by Mathews et al. fails to acknowledge this kind of work. Consequently the typology, perhaps unintentionally, at worst excludes work using these kinds of methodologies from being 'Bioethics', and at best renders simplistic, and mute, a very complex methodological development.

Connected to the issue above is that whilst the authors of the typology have separated consensus and engagement methods from empirical methods, the literature I refer to above considers engagement and consensus methods to be examples of empirical work. Indeed it is hard to see how consensus or engagement can be undertaken in any way that is not empirical⁶⁻⁷, and so treating them as discrete methods is problematic.

2: A missing aim of Bioethics scholarship and research

A relatively minor criticism, perhaps, but in discussing the goals of bioethics scholarship and research the authors identify a series of proximate project-level and broader domain-level goals that are couched distinctly in terms of research projects and conceptual development. In doing so, other important and legitimate goals of bioethics scholarship, such as education, facilitating public debate and raising public awareness are ignored. It is important, I suggest, for on-going work of this kind to consider educational and public engagement as goals of bioethics scholarship in their own right, and how success might be measured in that sphere. There are postgraduate (and undergraduate) programmes in Bioethics in Universities all over the world, as well other less formal educational and public engagement forums. At Centre for Medical Ethics at the University of Bristol, UK, my colleagues and I engage in a wide range of public engagement activities⁸⁻⁹ that are certainly not captured by the typology proposed. They ask neither prescriptive nor descriptive questions, and do not have proximate or domain-level goals; but are nonetheless an integral part of our bioethics scholarship. These activities do not aim to "identify, frame, and solve problems in medicine, public health and the biosciences". Rather, they aim to educate, raise awareness, and facilitate and stimulate thought. In failing to include these kinds of activities, the paper from Mathews et al excludes from Bioethics scholarship activities that we, and likely many others, see as being integral to our professional roles.

3. A general and dangerous myopia?

My final point is a very general one, and risks coming across as more caustic than I would want it to – but it still needs making. Considering the points made above, the

paper, and the undertaking, may be guilty of what Campbell¹⁰ described in 2000 as a 'myopia' in American Bioethics'; which in this case means that the development of the typology and the suggested on-going work seems to focus exclusively on American practice, but does not limit itself to talking about 'American' Bioethics. The neatly differentiated methodological typology, for example, might reflect the way bioethics is practiced in the US, but appears to ignore the methodologically complex innovations that are increasingly prominent in European Bioethics. The reason I suggest that it is dangerous speaks to the reach of American Bioethics and its potential power to set agendas internationally that could have consequences for the way bioethics is understood, and therefore evaluated, in other jurisdictions. This is, of course, going to be problematic for many of those practicing bioethics outside of the US. If 'Bioethics' is defined by US practice only, and bioethics is nonetheless practised worldwide, there is a risk of alienation, schism and fracturing of the field.

4. Conclusion – an appeal

I applaud the aims of this project, and what Matthews et al are attempting is no small undertaking. The very explicit attempt to include a wide range of disciplines, approaches and types of question, and to not be exclusive, speaks to the kind of Bioethics that I personally want to see. I do, however, want to make an appeal. A project such as this needs to be very clear about what is doing and for whom – and there seem to be two options:

(1) Such work can be explicitly focussed on American Bioethics, but must acknowledge that it will consequently be limited in scope and reach, or

(2) Such work can engage with Bioethics more generally and have wider reach, but only if it involves a wider range of Bioethics stakeholders and is attendant to a wider range of Bioethics practices and literatures.

I would favour the latter, and would therefore urge Mathews et al to continue this work, but avoid the risk of myopia by engaging with the international Bioethics community as the work progresses.

References

1. A Cribb, "Translational ethics? The theory-practice gap in medical ethics". *Journal of Medical Ethics* 36 (2010): 207-210, at 207
2. Higher education Funding Council for England "REF impact"
<http://www.hefce.ac.uk/rsrch/REFimpact/>. Accessed 27th July 2016, 0752 GMT.
3. P Borry, P Schotsmans P, K Deirickx. 2005. "The birth of the Empirical Turn in Bioethics". *Bioethics* 1, no.1 (2005): 49-71
4. R Davies, J Ives, M Dunn. "A Systematic Review of Empirical Bioethics Methodologies". *BMC Medical Ethics* 16 (2015)
5. J Ives, M Dunn, A Cribb. "Empirical Bioethics: Practical and Theoretical Perspectives" (Cambridge University Press, in press 2016)
6. S Kim, I Wall, A Stanczyk, R De Vries. "Assessing the public's views in research ethics controversies: deliberative democracy and bioethics as natural allies" *Journal of Empirical Research on Human Research Ethics* 4, no. 4 (2009): 3–16.
7. G Widdershoven, T Abma, B Molewijk. "Empirical ethics as dialogical practice" *Bioethics* 23 no. (2009):236–248.
8. "Death: Is it your right to chose?".
<https://www.bristolmuseums.org.uk/blog/exhibitions/death-is-it-your-right-to-choose/>. Accessed 27th July 2016, 12:00 GMT.
9. "GW4 Dying well – How do end-of-life decisions happen?"
<https://gw4dyingwell.wordpress.com/projects/gw4-accelerator/>. Accessed 27th July 2016, 11:59 GMT.
10. A. V. Campbell. "'My country 'tis of thee" - The Myopia of American Bioethics" *Medicine, Health Care and Philosophy* 3, no. 2 (2000): 195-198.