

“Bioethics” as a New Challenge to Philosophy¹

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Abstract

The advance of medical and biological science and technology has presented us with new ethical and legal issues. Is embryonic stem cell research morally justified and legally allowed? What moral status do embryos have? Who can be a morally appropriate user of *In Vitro* fertilization? Who can use donated sperm and/or egg? What is the scope of reproductive liberty? What is the meaning of a family and that of reproduction? How far does our genetic intervention go?

Scientists, lawyers, and laymen are waiting for clear answers from philosophers. Unfortunately, philosophers have not seemed to give satisfactory answers to them. We may have various reasons. One of main reasons, however, seems to me that the above philosophical questions have not been the main research topics for philosophers since philosophy gave up metaphysical and/or religious questions. Thus, I argue that biomedical ethical issues urge philosophers to change the philosopher’s attitude of doing philosophy. Those issues make them consider and rethink our fundamental concepts of life, death, family, and values pursued by human beings.

In addition, it is easy to find conflicting ethical and philoso-

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phical answers to the above questions. Thus, it is very hard to reach consensus on the above ethical issues. This makes philosophers consider how we make a group decision over ethical issues showing conflicting but reasonable ethical answers in a plural society. This requires philosophers, especially scholars of ethics, develop a new ethics and its relevant concepts. This ethics must be able to work in a plural society where reasonable comprehensive belief systems coexist. In these respects, I argue that bioethics has to struggle with a new challenge to philosophy.

Keywords

Bioethics, Identity of Philosophy, Moral Status of an Embryo, Reproductive Technology, Genetic Engineering, Advance Directives, Euthanasia, Reasonable Disagreement

1. Introduction

The advance of medical and biological science and technology has presented us with new ethical and legal issues. Is embryonic stem cell research morally justified and legally allowed? Should we allow IVF (*In Vitro* fertilization) for a single woman or a couple of lesbian or gay? Should we allow genetic engineering for improvement? Should we allow legally voluntary active euthanasia?

Scientists, lawyers, and laymen are waiting for answers from philosophers. Unfortunately, philosophers have not seemed to give satisfactory answers to them. We may have various reasons. The difficulties in solving these problems are involved in the limitation of our knowledge, the conflict and vagueness of values, and the various often conflicting world views.

One of the main reasons seems to me, however, that the above philosophical questions have not been the main research topics for philosophers. Modern philosophers gave up metaphysical and/or religious questions. Thus, I argue that biomedical ethical issues urge philosophers to change the philosopher’s attitude of doing philosophy. Michael Sandel pointed out such features of bioethical questions in this way:

In order to grapple with the ethical implications of cloning and genetic engineering, we need to confront questions largely lost from view in the modern world – questions about the moral status of nature, and about the proper stance of human beings toward the given world. Since questions such as these verge on theology, or at least involve a certain view of the best way for human beings to live their lives, modern philosophers and political theorists tend to shrink from them. But our new powers of biotechnology make these questions unavoidable.²

Bioethical issues make philosophers rethink our fundamental concepts of life, death, family, and values pursued by human beings. In this respect, bioethics is not the mere branch of ethics, neither one of applied ethics.

I will argue that this request to philosophers makes challenge the identity of philosophy. Since the modern philosophy, the main topic of philosophy has been about epistemology. But I would like to argue that philosophical problems involved in our real everyday life have to become the main topics of philosophers.

2. Deep Philosophical Questions Relevant to Bioethical Issues

I would like to present some bioethical issues with their relevant fundamental philosophical questions as challenges to philosophy. These questions urge philosophers to change their research topics and perspectives for doing philosophy.

Moral Status of an Embryo: What Is a Human Being?

Scientists give a lot of efforts to stem cell research these days. Stem cell is considered to be a new therapy. Especially, embryonic stem cell is supposed to have a capacity of various differentiation compared to adult stem cell. But embryonic stem cell research raises a serious ethical question, “Is the destruction and use of embryos morally justified and legally allowed?” Somatic cell nuclear transfer (SCNT) stem cell research is also faced with the same question because this cell can be developed into an individual human being if it is implanted. This is the very “human cloning.” In addition, SCNT stem cell research is to make an embryo for research, not for reproduction, and then to destroy it. This

process raises an ethical problem, too. Of course, this kind of embryos is, from a medical perspective, supposed to provide medical benefits such as no immune reaction. Thus, we have to balance an expected medical merit with a value of life held by an embryo. Conservatism thinks that human life is always superior to any other values.

In order to respond to the above question, we as philosophers have to discuss what moral status embryos have. There are conflicting opinions over the moral status of an embryo.

As an argument for embryonic stem cell research, some argue for the criterion of a sentient being.³ If an embryo is not a sentient being, according to this view, we do not have to respect an embryo as a human being who deserves our moral respect. Some argue for the criterion of the establishment of an individual identity. This is so called, “the argument of 14 days” because the primitive streak as a signal of an individual identity establishment is usually shown up around 14 days after fertilization.⁴ But these arguments are no sweeping other arguments against embryonic stem cell research. Some argue for the criterion of fertilization because the life of an individual has continuity from fertilization. Some argue for the criterion of the establishment of a genetic human being.⁵ It is the scientific fact that the genetic characteristics of an embryo as a human being are determined with fertilization. Such an embryo is a human embryo. It cannot be developed into other species.

The above arguments may be developed to become more complex with the issue of abortion. But we have to recognize that scientists and laymen expect philosophers to give an answer to the philosophical question, “what moral status does an embryo has?” This question is related to the questions, “What is a human being?”, “What characteristics make an entity a human being?” and “Why is a human being morally respected and when?”

Reproductive Technology: What Is a Family?

Reproductive technology such as IVF has contributed to overcome many barriers to fertilization. But there are various persons and couples to intend to use this technology: a single woman, who does not want to be married, and a couple of lesbian or gay as well as a couple who suffers from infertility. Who can be a morally appropriate user of IVF? Who can use donated sperms and/or eggs for reproduction? These questions are closely related to the philosophical and legal questions, “What is the scope of reproductive liberty?” and “Is reproductive liberty a negative right?”

However, more fundamental questions are about the nature and meaning of a family, and the meaning of reproduction. As the rate of divorce goes high in Korea, there are lots of families a single mother or father manages. This is related to our current crisis of families. It may look ideal that children live with their biological mother and father who love each other.

I wonder, however, if new types of family divorce brings about can justify the use of IVF for a single mom or non-traditional couples. We should not ignore the interest and welfare of future children. But this raises a philosophical questions, “Is it possible to discuss the interest and welfare of a person who do not exist?” and “Is birth always better than no birth?”⁶ I wonder if the latter question makes a sense.

However, what I want to emphasize here is that this bundle of questions provokes many fundamental philosophical questions related to the meaning of marriage, a baby’s birth, and family. The above questions are metaphysical and religious in some respects. In addition, they are the key questions for our life. But they were not the main topics for philosophers, especially professors of ethics who work at universities. But bioethical issues urge philosophers to respond to these metaphysical

questions.

Genetic Engineering: What is Disease?

We guess, due to the development of genetics, that someday gene therapy will be provided. We have already observed genetically modified plants and animals. Some worry about designer’s baby while others welcome gene therapy.

The possibility of genetic engineering also raises lots of philosophical and social questions. Some worry that the current genetic engineering will open eugenics. We know the moral wrongness of Nazi’s eugenics. In *From Chance to Choice*, authors emphasize the difference between Nazi’s eugenics and future genetic interventions. They think that the main question is about justice when the era of genetic interventions comes.⁷

Eugenics may be different from therapy. If we keep strongly the difference between them, we may have a policy that genetic engineering must be allowed only for therapy. The scope of genetic engineering for therapy will depend on the scope of disease. But the clear distinction of therapy from eugenics seems to me impossible because the concept of disease is not clear. For example, being small below 150cm may be considered to be disease for someone although not for others. The question “What is disease” is not just a medical question, but a social and philosophical one.

In addition, medicine does not deal with disease alone. Most of medical practice in plastic surgery provides medical service for the customer, actually not for the patient.

Thus, we have to rethink the concept of disease and the role of medicine. Without answers to these questions, we cannot decide what the scope of medical intervention, especially genetic intervention, is.

Advance Directives: What is a Personal Identity?

In order to avoid difficulties in decision-making for the patient who is not competent, the United States adopts advance directives, usually durable power of attorney. In Korea, there is not such legal system for medical decision-making. An elder son or daughter usually plays a role of a proxy in medical decision-making for the old while parents for their child. Other relatives usually respect their decision. But this is just a cultural convention in Korea.

We will however observe lots of disagreements among family members and relatives as medical technology makes the more complicated situations. I personally want to say that it is the time to consider such a legal system in Korea.

However, we may be often faced with a deep philosophical question about personal identity when we follow advance directives. For example, suppose a patient who now suffers from dementia, and was a Jehovah's Witnesses saying the refusal of any blood transfusion as the content of advance directives. The patient looks happy now, but needs blood transfusion. Does the patient's physician have to respect the previous autonomous decision?

This question is philosophically related to the question, "Does the patient keep the same personal identity as that of the person who refused any blood transfusion?" If the patient with dementia is considered to be the same person, it is followed that we have to respect the refusal of blood transfusion, which may lead to death. But if the patient is considered to be a different person, we may not accept the refusal and keep the patient's life continued. Related to this practical problem, we have to rethink the identity problem mainly dealt with in philosophy of mind.

What makes one's personal identity kept? Which is the main factor for personal identity, one's own memory or other's recognition? If you

think the former is important, you may conclude the above patient is a different person because the patient loses his/her memory. But if you think that the latter is important, you may argue that the patient’s physician should respect his/her refusal of blood transfusion.

Voluntary Active Euthanasia: Is Death under Self-Determination?

Technology of prolonging a life gives an agony for some of the terminally ill patient. Pain and suffering are so subjective. Some of them want voluntary active euthanasia or physician-assisted suicide by means of stopping their pain and suffering. Lots of academic works have been devoted to the issues, “Should voluntary active euthanasia be morally and legally allowed?” and “Is there any moral or legal significant difference between active and passive euthanasia?” James Rachels argues that there is no meaningful significant difference between active and passive euthanasia.⁸ John D. Arras argues that we should not allow legally for voluntary active euthanasia even though there may be a case that voluntary active euthanasia is involved in is morally justified.⁹

In the debate of voluntary active euthanasia, it is easy to observe that there is a disagreement about the role of medicine and the outcomes the legal permission of voluntary active euthanasia will bring about. Especially, there is a controversy whether one may take one’s life.

The controversy on suicide is, I think, the key philosophical question related to voluntary active euthanasia as well as physician-assisted suicide. Is death under self-determination? Birth is not under self-determination. No one has been born with one’s will of birth. What about death? Some argue that we have a right to die in some cases. But others argue that we do not. Death in itself affects the family members and friends of the dead, not only the dead. In fact, the dead do not have any experience of death. They have an experience of dying. Death is the

end. But suffering after the death of the dead is only that of the bereaved family.

Generally, suicide is not justified in any religious belief systems and moral theories. However, do we have to identify suicide in general with physician-assisted suicide or voluntary active euthanasia? One often takes one's death although one may avoid it: martyrdom or self-sacrifice for nation and sometimes others. What do we have to say if a terminally ill patient whose prognosis is within 6 month for living wants to end his/her life for his/her family? Is there any moral obligation to die?¹⁰ Philosophers have to rethink the meaning of death from various perspectives.

Other Philosophical Issues

Besides the above questions, there are questions waiting for philosophers' consideration. Basic decent health care is important for fair competition in a democratic society. Thus, some tried to set a right to basic decent health care up according to Rawls's theory of justice.¹¹ However, the recognition of basic decent health care as a positive right will give a big burden to a society. Those who deny a right to health care want to recognize only the societal consideration of basic decent health care. Thus, we have to ask whether an access to basic decent health care is a right or not.

Principle of autonomy is one of the important principles in biomedical ethics, which is considered to enjoy the status of overlapping consensus with other principles, principle of beneficence, nonmaleficence, and justice.¹² However, the principle of autonomy seems to enjoy the primary one over others in western societies due to their individualistic fantasy. The idea that a person has autonomy looks an ideal concept, and attractive to especially philosophers. But reality seems

to be different from the world philosophers understand. Unlike philosopher’s ideal, our decision is so fragile and weak that it is easy to be influenced by other’s opinions. In addition, we sometimes do not know what we really want especially when we are faced with moral dilemma. Furthermore, there is no way to practically discern autonomous decision. In clinical trials, for example, the signature on the informed consent form is the only objective and practical criterion. Whether the consent is voluntary or autonomous is an internal and subjective task. Philosophers seem to have to reconsider the concept of autonomy in a pluralistic society where value pluralism and reasonable pluralism are pervasive.

3. New Philosophical Questions Relevant to Reasonable Disagreement

Biomedical issues do not only raise fundamental and everyday philosophical questions, but academic questions to philosophers. It is easy to find conflicting ethical and philosophical answers to the above bioethical questions. Thus, it is very hard to reach consensus on the above ethical issues. Especially, we may observe that disagreements are ones among reasonable persons, that is, “reasonable disagreement.” According to Rawls, the sources of reasonable disagreement are the burdens of judgments.¹³

There are lots of reasonable disagreements in answers to bioethical issues. This makes philosophers consider how we make a group decision over ethical issues showing conflicting but reasonable ethical answers in a plural society. In reality, our society constitutes and runs various kinds of ethics committee. In Korea, there are National Bioethics Review Committee and Institutional Bioethics Review Committee according to

Bioethics and Safety Act as well as Institutional Review Board for clinical trials. In Korea, IACUC (Institutional Animal Care and Use Committee) must be established according to Animal Protection Act. We have many hospital ethics committee, too. But there are few guidelines and discussion over how such a committee manages disagreements among its members.

When we recognize reasonable disagreements and need any practical solutions to current bioethical issues, we need to try reaching a compromise as a kind of consensus. If conflicting answers are not reasonable disagreements, or if we do not need any societal solutions, we do not have to find a compromise.

But, what are criteria to discern reasonable disagreements from other ones? When each party who participates in debate cannot provide any evidence to rationally persuade others, and thus when all parties still cannot reach an agreement although there are no prejudice, mistakes in reasoning, and false beliefs, we can call this disagreement reasonable disagreement. But what do we have to do if there is disagreement over the decision of reasonable disagreement on bioethical issues? Does such a disagreement in itself show it is a reasonable disagreement on bioethical issues? Some may argue that the requirement of “rational persuasion” presupposes the use of public reason. However, other may wonder if it is possible and acceptable to use public reason in a discussion over ethical problems answers to which are often fundamentally based on religious beliefs.

Such unsolved questions require philosophers, especially scholars of ethics, develop a new ethics and its relevant concepts. This ethics does not only focus on personal ethical problems, but also must work in a plural society where reasonable comprehensive belief systems coexist. Although lots of text books for bioethics deals with methodological problems such as Top-down approach, Bottom-up approach, and

coherentist’s approach, they focus on those approaches as a method of a personal reasoning. We need a methodology for group reasoning or decision-making.

In group reasoning or decision-making, one of problems is about a compromise and another about personal integrity. Is it appropriate to make a compromise over ethical issues? Does making a compromise mean breaking one’s integrity?¹⁴

In these respects, I argue that bioethics has to struggle with a new challenge to ethics that has focused only on a personal moral reasoning. In addition, the above considerations show that the enterprise of bioethics as “applied ethics” is totally wrong.¹⁵ We are faced with new ethical questions that traditional normative ethical theories have not considered before. Because there are a big gap between moral principles and a particular case, the application of principles does not work for finding an answer. Many metaphysical, empirical, and practical unanswered questions exist in such a gap.

4. The Impact of Bioethics as Interdisciplinary Studies on Other Discipline

Bioethical issues raise a question about the identity of medicine, biology, and law as well as that of philosophy. We often observe that medical technology does not always save a human life, but sometimes put a person into the situation where he/she keeps just his/her physical function without any meaningful mental activities. Some raise questions, “What is the role of medicine?”; “Is it always good to prolong a physical life?”; “What should medicine and clinicians work for?” These questions are related to the identity of medicine. Thus bioethical questions urge physicians to ask their fundamental purpose and values.

Similar questions are given to biologists. What is the goal of biology? What do biologists do research for? Especially, contemporary biological research requires tremendous public fund. The question, “What biological research is supported by public fund?” is not longer decided on the basis of just a pure academic curiosity. Our decision should be based on what social values have to be pursued.

In addition, bioethical questions challenge the identity of law. Reasonable disagreement in bioethical issues makes scholars of law rethink the role of law and the methodology of legislation. Reasonable disagreement makes the relationship between law and ethics more complex in pluralistic societies than societies in which one moral and/or religious value system dominates. The authority of law is not longer based on natural law or moral intuition of rightness and wrongness. We observe different and often conflicting moral answers to bioethical questions. Scholars of law have to ask themselves what the authority of law relevant to bioethical issues comes from.

Thus, bioethical issues have influenced the identities of various disciplines. They also require cooperation among relevant disciplines. This is the reason bioethics has to be called an interdisciplinary study beyond a branch of philosophy. Our effort to respond to bioethical issues needs a new interdisciplinary study.¹⁶

Modern philosophy has been differentiated and fragmented according to more specialized research topics. However, the advent of bioethical issues requires philosophy struggle with fundamental philosophical questions about a human being, its life and death, family, and values we pursue. This challenge to philosophy will make philosophers seriously struggle with our everyday real philosophical questions.

NOTES

1. This paper was presented at the XXII World Congress of Philosophy held in Seoul, 2008.
2. Michael J. Sandel, “Proceedings,” at Dasan Memorial Lectures in Philosophy, held by Korean Philosophical Association, September 2005.
3. Peter Singer, “Lecture 2: Changing Ethics in Life and Death Decision Making,” The Dasan Memorial Lectures 2007: Living Ethically in the Twenty-First Century. He is for embryonic stem cell research. He thinks that embryos are not sentient beings.
4. Bioethics and Safety Act in Korea accepts so-called “the argument of 14 days.” ISSCR (International Society for Stem Cell Research) guideline also follows this argument.
5. Kyungsuk Choi, “The Moral Status of Human Embryos and Concepts of Potentiality,” *Philosophy, Korean Philosophical Association* Vol.86 (2006) : 99-123.(written in Korean)
6. Some argue that being born is always better than not being born dealing with the issue of “wrongful life.”
7. Allen Buchanan et al., *From Chance to Choice: Genetics and Justice* (Cambridge University Press, 2001)
8. James Rachels, “Active and Passive Euthanasia,” *New England Journal of Medicine* 292, no.2 (1975) : 78-80.
9. John D. Arras, “Physician-Assisted Suicide: A Tragic View,” *Journal of Contemporary Health Law and Policy* 13 (1997) : 361-389.
10. John Hardwig, “Is There a Duty to Die?” *Hastings Center Report* 27, no.2 (1997) : 34-42. He raises this question. I think that many Koreans will agree with his view point.
11. President’s Commission for the Society of Ethical Problems in Medicine and Biomedical and Behavioral Research, “An Ethical Framework for Access to Health Care,” reprinted Bonnie Steinbock, John D. Arras, and Alex John London (ed.), *Ethical Issues in Modern Medicine*, 7th ed. (McGraw Hill, 2008) : 191-199.
12. Jonathan D. Moreno, *Deciding Together: Bioethics and Moral consensus* (Oxford University Press, 1995) : 61.
13. John Rawls, *Political Liberalism* (Columbia University Press, 1996) : 56-57.

14. Martin Benjamin, *Splitting the Difference: Compromise and Integrity in Ethics and Politics* (University Press of Kansas, 1990) and “The Value of Consensus,” in *Society’s Choices: Social and Ethical Decision Making in Biomedicine*, edited by Ruth Ellen Bulger, Elizabeth Meyer Bobby, and Harvey V. Fineberg (National Academy Press, 1995) : 241-260.
15. Kyungsuk Choi, “‘Bioethics Policy’ As a New Interdisciplinary Study,” *Journal of Biomedical Law & Ethics, Ewha Institute for Biomedical Law & Ethics* Vol.1. (2007) : 1-20.
16. Kyungsuk Choi, “‘Bioethics Policy’ As a New Interdisciplinary Study,” in which “Bioethics Policy” was presented as a new study with the explanation of new challenges to medicine and law.