REVIEW ESSAY

Empirical Bioethics: Theoretical and Practical Perspectives, Jonathan Ives, Michael Dunn and Alan Cribb (eds) (2016) Cambridge University Press, Cambridge, xiii +274pp., £93, hardback, ISBN: 9781107078475

Introduction

In 1968, the philosopher Martin Heidegger noted:

> Thinking does not bring knowledge as do the sciences. Thinking does not produce usable practical wisdom. Thinking does not solve the riddles of the universe. Thinking does not endow us directly with the power to act. (Heidegger, 1968, p.159)

It is this apparent limitation in the usefulness of thinking that is one motive for developing empirical bioethics as an innovative approach to addressing philosophical problems in healthcare. Equally, there are less prosaic motivations for innovation in the field, such as the need to explain to funders precisely what their money is being used for by bioethics researchers. This new collection, broadly speaking, addresses both of these motivations.

It is not always clear how far bioethics can move beyond abstract philosophy. Moreover, research that is purely composed of thought may be seen as frivolous to many research funders. Researchers working in bioethics thus face two, potentially existential, challenges. First, they must describe bioethical inquiry in a way that is more sophisticated than simply ‘thinking hard in a special way’ (Hedgecoe, 2002, p.138). Second, they must explain how bioethical enquiry can be of relevance to the messiness of the real world, while maintaining its philosophical grounding. One innovative solution to both these problems is to harness the social sciences in some way to investigate the world and make bioethics less abstract. This has been called ‘empirical bioethics’.

Within this collection, empirical bioethics is taken to imply ways the empirical methods used in the social sciences can practically and justifiably integrate with bioethical inquiry. In other words, it addresses the question of how can we make philosophy and social science enquiry a unified endeavour. Potentially this raises challenges, because many philosophers consider that there are serious obstacles to mixing statements about how the world is (facts) with statements about the wrongness or rightness of different states of affairs (values). The volume of literature that has dealt with the hows and whys of integrating social science and philosophy, at least in their application to bioethics, is fairly slim. At least at face value, developing this area seems a worthwhile object of this new collection.

Before I set out the structure and contents of the book any further, I must declare my own interests. Jon Ives, the lead editor of the collection, is a senior colleague, as are Richard Huxtable and Zuzana Deans, both contributors to the volume. It is likely that my personal loyalties will incline me to take a charitable view of any failings I encounter, which is an imperfect situation for a reviewer. To compensate for this, I have engaged with the collection both critically and in some depth, so readers can make their own appraisal of the content.

Jon Ives, Michael Dunn and Alan Cribb’s collection contains 14 chapters written by 19 contributors. As I have outlined, it concerns itself primarily itself with the question of how empirical bioethics could and should operate as a methodology in itself. This focus requires efforts to focus on distinguishing empirical bioethics from the social sciences. Since it is easier to assert this distinction in theoretical rather than practical terms, this arguably skews the focus of the book. At most, four of the 14 chapters offer detailed worked examples of particular methods. For those wanting practical instructions on how to ‘do’ empirical bioethics, there remains a deficit of literature containing robust and approachable descriptions of how to integrate empirical data and normative ethics, despite this collection. The reasons for this bias toward theory are touched on in the conclusion.

The editors’ preface begins by offering a definition of empirical bioethics based on three criteria any or all of which distinguish a programme of normative research as empirical bioethics: what are termed a ‘veridical’, a ‘realist’ and a ‘pragmatic’ condition. The first represents the need for the problem being investigated to be a real problem in practice, rather than a philosophical riddle that has no practical importance or effect. The second is that research takes steps to understand the lived reality of the problem at hand. The final is that the ethical answers research offers should aim at practical realizability rather than perfection.

Empirical ethics theory

The nominally theoretical half of the book (in chapters 1–7) rests on several, overlapping, themes. Of these, two chapters consider the relationship of ethics to policy, while the fact–value distinction and the relationship between social sciences and bioethics is considered in some way by all of them. Because of the relationship, it is worth considering these discussions in the round.

The fact–value distinction is first discussed in the opening chapter of the book, co-authored by the editors. The distinction arises from analytic philosophy, the school of philosophy that arose from the work of Wittgenstein, Frege and Russell in the early twentieth century. The lack of logical justification for drawing moral conclusions from ethical reasoning was first noted by the eighteenth-century empiricist David Hume, who argued that it was not logical to move from a statement that something is the case (a statement of fact) to a conclusion that something else ought to be the case (a statement of value). For example, the statement ‘continued intensive care for Giles cannot cure him, therefore we ought to stop giving Giles intensive care’ fails in this respect. The premise (lack of cure) cannot logically imply that treatment necessarily should stop (e.g., Giles could value his continued life even if he could not be cured).

The editors observe that, while some will feel that the fact–value distinction can be set aside as merely a logical problem, many take it as a problem that requires distinct approaches to overcome. These involve researchers acknowledging both the existence of values in their own conclusions, and either the equivalence or indeed the superiority of the ethical judgements of study participants who are responding to ethical problems within a context with which they are deeply familiar. Which, if any, approach is more valid, raises fundamental questions about the nature of bioethics. Is it essentially a philosophical endeavour? Or is it fundamentally interdisciplinary? If philosophical, it should not be quick to dismiss strong philosophical arguments. If interdisciplinary, it may be valid to question even such deeply-held philosophical ideas as the fact–value distinction. Yet, this runs the risk that disciplinary identity is used simply as a flag of convenience, leading to a loss of rigour and focus that will leave bioethics fundamentally incoherent.

The potential for empirical bioethics simply to become social science done badly is considered further in chapter 5. Here Ilina Singh asks what constitutes a good use of social science methods in ethical enquiry. Singh, a psychologist who works in philosophy, argues that there is already a good deal of mediocre practice in the social sciences. She argues that unsophisticated approaches to social science research may be imported into empirical bioethics, especially if philosophers have a superficial interest in empirical bioethics techniques and undertake only basic training.

Singh’s discussion begins by addressing the different uses empirical techniques could be put to in bioethics. One much cited typology by Raymond de Vries (2004) traces the use of empirical methods in bioethics from those descriptive inquiries that conduct a sociology *of* bioethics to those that use sociology to consider the healthcare contexts within bioethical inquiries themselves. Singh feels that this typology skirts over too much of that which makes the social sciences useful to bioethics, and this in turn erects barriers to correctly specifying our research questions.

For example, descriptive ethics, where the ethical viewpoints of populations are simply described without further analysis, is arguably looked down upon in empirical bioethics as insufficiently philosophical. Yet descriptions of this sort can tell us much about how and why dominant ethical theories are applied, adapted or discarded in microcosms of practice.

Singh worries that empirical bioethics, due to these philosophical and other disciplinary conventions, may have a tendency to get stuck in a narrow range of research techniques, and thus offer a perspective that is constrained by these techniques. Familiarity with the rich qualitative data often used to explore practice may create a tendency to consider the only data of use to empirical bioethics to be social science data. Yet, Singh argues, data from the hard sciences is also useful to normative inquiry; for example, the insights drawn from experimental moral psychology will strongly affect interpretations of the social context in which decisions are made. Her conclusion is that empirical bioethics researchers should keep an open mind about their methods, and that empirical bioethics researchers would benefit from greater emphasis on methodological training.

While few would promulgate the idea that empirical ethics can involve philosophers undertaking empirical research as keen amateurs, it is certainly the case that philosophy may sometimes, as a speculative discipline, make speculative empirical claims that are later disproven. For example, Aristotle's claim that women have fewer teeth than men, or Peter Singer's argument that babies have no sense of future events. While this is often offered as a reason that philosophers should do empirical ethics, the routine use of speculation as a disciplinary style may also suggest the contrary: philosophical conventions may, in fact, be severe impediments to philosophers undertaking scientific studies. Yet, rather than detract from studies, the whole idea of empirical ethics is that philosophers may offer some added value. Foremost, this is based on the view that philosophers may be better equipped than other disciplines to navigate the complex problems of the fact–value distinction.

The fact–value distinction returns in the second chapter, by John McMillan. McMillan defends the theoretical basis of projects that seek to bridge the fact–value distinction from prominent sceptical arguments. McMillan's detailed review of these arguments first argues that sharply dichotomizing facts and values ignores the fact that values have a key role in human deliberation of legitimate action. Secondly, he argues that the distinction is vulnerable to a pragmatist argument that facts and values are intermingled in almost any concept of middling complexity. McMillian's first argument takes aim at the non-descriptivist arguments about the fact–value distinction propounded by R.M. Hare. These hold that value claims are distinct from factual claims, because value claims evaluate and cannot be tested, while factual claims describe in ways that are empirically testable. Because no value claim can be derived or tested empirically, value systems are putatively equal. Such argument has underwritten claims in medical ethics that we must seek to accommodate all value systems. In McMillan's view, such claims are misguided as they fail to distinguish acceptable and unacceptable values, such as value systems that result in harm to others (e.g., racism and paedophilia). McMillan names Bill Fulford's (2004) influential values-based medicine as an exemplar of this approach. McMillan argues that values-based medicine claims that all values are legitimate. To do so, he makes much of Fulford's lack of clear distinction of legitimate from illegitimate values. In this respect at least, McMillan at first appears to be tilting at a straw man – the very nature of values-based medicine is to favour a non-prescriptive approach to value legitimacy, and thus eschew offering a list of 'legitimate' values. Indeed, since Fulford overtly indicates that legitimate values are his focus, a more forgiving reading of Fulford will still leave the door open for certain value systems to be beyond the pale. Nevertheless, concepts such as 'legitimate' are themselves replete with value judgements, and McMillan presses home his claim that a division between legitimate and illegitimate is not compatible with Fulford's avowed non-descriptivist standpoint.

McMillan's second argument reviews the work of pragmatist Hilary Putnam, who argues that Hume's distinction between mechanically demonstrable facts and non-objective values is, in fact, less hard and fast than it might first appear. Putnam observes that what he terms 'thick' ethical concepts, such as cruelty, make both evaluative and factually descriptive claims: we can claim a punishment is cruel in a way that merely describes the process of punishment meted out, or in a sense that encompasses a judgement that cruel punishment is ethically wrong. We might, therefore, doubt that we can usefully dichotomize facts and values. To some extent, such claims are anticipated by non-descriptivists, who do not argue that concepts are irreconcilably either factual or value-based, but accept that they may be used in both ways at different times and circumstances. Nevertheless, the very slipperiness of facts and values may make it difficult in any usual circumstances to determine what is intended as a fact and what is intended as a value in normal conversation, and this may make attempts at drawing a distinction practically meaningless, even if a distinction can be drawn in theory.

All this is well and good, but if the fact–value distinction is practically meaningless, not only may philosophers be redundant, but empirical bioethics itself. This is precisely the argument made by the medical sociologist Adam Hedgecoe, who suggests that good sociology can accomplish everything empirical bioethics can. McMillan considers this claim in the final part of his chapter, asserting that bioethicists pay attention to normative argument in distinctive ways that sociologists do not, although he does little to provide evidence for such a claim. Because he is advancing an empirical claim about medical sociology that cannot be readily evaluated, this suggests McMillan is on somewhat weaker ground. It might be true that sociology enjoys a reputation of being in thrall to the world it uncovers, and thus inattentive to wider normative claims. However, it seems reasonable to argue in response that sociology merely has to do better in this respect, and can do so without crossing a sharp disciplinary boundary in a way that McMillan asserts. Indeed, in defending against Hedgecoe's claims, McMillan seems unintentionally to defend the (often weak) distinctions that underwrite the creation of silos in academia. Empirical bioethics, being an academic newcomer, is vulnerable to such academic line drawing. Good academic inquiry rarely stays within such limits.

The relationship between the social sciences and bioethics is broached again in the chapter by Mark Sheehan. Sheehan asks whether ethical values are real, immutable and discoverable (for instance, by rational thought), which Sheehan describes as 'ethical objectivism', or whether ethical values do not refer to real properties, and are thus ephemeral and non-absolute – what Sheehan calls 'ethical relativism'. To explain the distinction and its apparent bearing on empirical bioethics, Sheehan offers an example. Suppose that we believe there is an ethical value of privacy, but discover through a solid body of empirical evidence that most people are not concerned about their privacy when they use social media. If we are satisfied there are no factors to make us doubt the evidence, are we safe to conclude that online privacy is not an ethical concern? Ethical relativists would say yes because they hold that there is no fundamental polarity of right and wrong. Ethical objectivists would hold the opposite view.

Sheehan suggests this argument is existentially important to empirical bioethics because it determines how we should respond to empirical information about what people think and do. If we accept an objectivist standpoint, ethicists have a distinctive contribution to make to empirical studies by judging whether what people think is ethically valid according to fundamental and immutable ethical values. If we are ethical relativists, all we need do is judge whether we have described what people think accurately. In this case, there is no reason to do anything other than vanilla social science. As Sheehan notes, there may be significant problems with purely non-judgemental description, since it allows preferences to be equated with what is right. While those living in liberal societies nowadays tend to equate democracy with rightness, history is full of examples, from slavery to human sacrifice, where majority preferences seem wanting. So what should we do when the majority preference disagrees with what we judge philosophically to be ethically right? Sheehan suggests we can moderate our accounts of objectivism to acknowledge disagreement without undermining our convictions by compromising them. He argues that the most effective strategy in this case is to devote enough time to exploring opposing positions to appreciate what motivates them. This, he suggests, is analogous to the empirical bioethics process where reasons are systematically examined and judged to be justified or not. As such, Sheehan considers that empirical bioethics can avoid recourse to relativism – a recourse that, we might impute, claims from social science alone are at a greater risk of following.

If this imputation is correct, there is a somewhat shaky empirical claim behind Sheehan's argument that social scientists are necessarily ethical relativists. This is questionable since social scientists include a fair proportion of activists and politically and morally committed individuals, who certainly do not always act as though ethical debates are of secondary importance to majority opinion. Indeed, what comes through strongly from both McMillan and Sheehan's chapters is that empirical ethics may present deeply discomfiting challenges to which academic philosophers in bioethics are instinctively defensive. Whether this is straightforwardly to do with defending against a sort of disciplinary landgrab by the social sciences, or for some other reason, this requires further unpacking. The clearest answers are found in chapter 7, where Alan Cribb and John Owens offer further consideration of the fact–value distinction.

Cribb and Owens maintain that disagreement about the importance of the fact–value distinction is inseparable from the conflict between descriptive social science and abstract philosophical traditions within bioethics. Their contention is that these traditions, far from being naturally in opposition, take legitimately different approaches to different questions. Cribb and Owens argue that empirical bioethics, by bringing transparency to the aims and methods used in each research tradition, can play a role in bridging purported divisions. Social scientists approaching their topic from traditions like Marxism or feminism will do so by offering abstract normative arguments. Meanwhile, many moral philosophical traditions require strong descriptive components; for example, consequentialists need to have a strong empirical grip on all the likely consequences, while virtue ethicists make claims underwritten in human psychology. Such a relationship could still imply an inherent hierarchy where descriptive studies merely furnish the facts for important normative work. Cribb and Owens dismiss these concerns because they ignore the role of descriptive study in theory building. Certainly, examples such as theoretical developments in virtue ethics arising from the challenges of experimental psychologists (see Miller, 2013; Doris, 2002) suggest that descriptive study and abstract theory can be one of complementary, critical equals.

The social sciences have traditionally been closely related to what is broadly described as the 'continental' philosophical tradition of Hegel, Heidegger and Derrida. Cribb and Owens observe that this makes the 'analytic' philosophical – with its stark distinction between fact and value – appear to be the outlier in empirical bioethics. Yet they argue that the analytic traditions of rigour and transparency in normative claims may have a valuable role to play in empirical bioethics. This is because both the social sciences and continental philosophy are explicitly concerned with social oppression, and thus dislike the oppressive connotations inherent in suggesting that some accounts of the world are more valuable than others. Cribb and Owen also see the seeds of transparency in the attention paid to reflexivity over their implicit value orientations within continental philosophy and the social sciences. Their contention, then, is that the apparently fraught relationship between the descriptive and the abstract disciplines which contribute to empirical bioethics actually masks a wealth of methodological expertise that can contribute to increasingly rich, rigorous and dynamic approaches to doing empirical bioethics. Such an assessment is plausible, although optimistic: squaring the circle between the continental and analytic traditions may be easier said than done when these traditions have fundamentally different standpoints about the fact–value distinction.

The space within the collection devoted to these topics reflects their importance and controversiality in empirical bioethics. The remaining two theoretical chapters are pertinent to a third important question: what is, and should be, the influence of bioethics on policy? It is clear that this potential for influence exists, since bioethicists are sometimes called on to sit on policy-setting committees (e.g., the UK's human fertility and embryology authority and the medicines and healthcare products regulatory agency both have one or more bioethicists). The basis on which bioethicists can be considered 'experts' is considered by Kyle Edwards and Zuzana Deans. A few philosophers have claimed that their skillset may give them something akin to expertise in answering ethical questions. Yet, according to Edwards and Deans, such arguments rely on the incorrect premise that the involvement of bioethicists in policy-setting can be justified only on the basis of their skills in ethics. Edwards and Deans argue that there are a range of other skills besides being familiar with ethical argument, such as the ability to spot, clarify and disambiguate arguments. Yet, even if bioethicists have the right skills, it is not clear that they have legitimate authority to exercise these skills in policy-setting.

One argument Edwards and Deans consider compelling in this respect is that bioethical issues may suffer from too little or too much attention from the public. In the former case, bioethical issues may be low down the list of issues that voters consider when they elect their political representatives. There is thus often little democratic mandate on ethical issues even if particular parliamentarians have strong views on an issue, allowing poorly considered policy to be created because of public inattention. At the opposite extreme, some issues may attract strong views from a majority of the public, but have impact only on minorities, whose fundamental rights may be harmed. In both circumstances there is a case for allowing those who are acquainted with all sides of the argument to have a hand in policy formulation. The problem with this position, however, is that it seems to undermine democratic values in all cases, rather than just the examples Edwards and Deans give. The authors try to avoid this by drawing a distinction between technical aspects of a decision and ethical aspects, considering arguments for public reason from both John Rawls and Jürgen Habermas. Rawls and Habermas's approaches here – respectively 'reflective equilibrium' and 'discourse theory' – place certain important principles outside the ambit of public deliberation (Rawls) or advocate a process-driven approach which includes the public in all questions (Habermas). The role of the philosopher in these approaches is either as reasoner who makes reference to public reason (Rawls), or as author of better processes of public deliberation (Habermas). Edwards and Deans draw parallels between these approaches and approaches to empirical ethics. In 'deliberative' approaches, bioethicists will consider the views of the public, but reach their own conclusions. In a 'consultative' approach, the bioethicist will allow the public to reach its own conclusion, restricting the philosophical role to informing the public and ensuring all relevant views are given consideration.

Having established that bioethicists have a legitimate role, the authors conclude that there is a role for empirical bioethics in the policymaking arena. By exposing the soundness of ethical arguments to public discussion, empirical bioethics research can either bring into question or demonstrate the validity of ethical reasoning. Thus, by having a knowledge of the methods and results of empirical bioethics research, bioethicists trained in empirical techniques attend to the value of the knowledge they bring to the policymaking sphere, and to important arguments for the justification of policy that is derived therefrom.

The prominence of philosophers and social scientists in the discussions thus far may obscure the fact that many other disciplines are active in bioethics, including clinicians, theologians and lawyers. The chapter by Richard Huxtable considers the interdisciplinarity of empirical bioethics, particularly addressing the relationship of bioethics to law (by which is meant primarily systems of common law used in the UK, the US and beyond). This chapter offers further insight on the Edwards and Deans discussion of the connection between bioethics and policy. Huxtable begins by asking what the nature of bioethics is: a discipline in itself or simply a field of inquiry where numerous disciplines conduct their (quite different) work? While tending toward the latter, he offers three suggestions that might demarcate the potential for disciplinary line drawing. The first is that bioethics should be able to differentiate ethical from non-ethical questions, and is thus separate from more solidly empirical disciplines. The second is that bioethics is focused on practical problems, and thus separate from more academic strands of philosophy. The third is that bioethics has no formal power in influencing practice, and is thus separate from law.

A perceptive reader will see that the first two suggestions raise now familiar questions of the differentiation of facts and values, and of bioethics from social science, that I will not return to here. The third claim, that bioethics has little formal power, remains of interest here. The putative powerlessness of bioethics, while signalling a crucial difference from formal lawgiving, belies the closeness of the two endeavours. As Huxtable explains, despite some schools of thought viewing the law as unconnected to ethics, bioethical thinking has had an uncommonly large influence on medical law, where values such as autonomy have gained a prominent role. Indeed, Huxtable signals similarities between the methods of (common) law and bioethics, arguing that case-based methods of common law have apparent parallels with some empirical bioethics methods. In Huxtable's opinion, legal methods are nevertheless too vague about why certain ethical choices are adopted while others are rejected. The implication is that progress in empirical bioethics may offer the law methodological tools to better order its proceedings.

Empirical ethics in practice

As I outlined at the outset of this review, the second half of the book considers practical perspectives of empirical bioethics. The seven chapters in this section are introduced with a further chapter by the editors, who use three interlinked epistemological standpoints to identify how empirical bioethics should be practically undertaken. The first of these is whether the findings of a study should be based on coherence with wider theory, or on public consensus. These approaches have been described, in terms we first saw in Edwards and Deans's chapter, as, respectively, 'consultative' or 'dialogical'. The consultative approach sees rationality and consistency as pre-eminent, while the dialogical approach looks for public agreement. The second standpoint is on the type of analytic process that should be undertaken – this will involve deciding on the priority of the judgements of the researcher, the theory that is to be applied and the conclusions of stakeholders. To some extent the analytic approach will follow earlier choices about coherence or consensus: the consultative approach tends to see the involvement of participants as a tool in the armoury of a researcher that helps them think about the problem, but does not furnish the answer, which must lie in rational deliberation. The dialogical approach sees what the participants themselves think has an equal or greater weight than that of the researcher; indeed, in some descriptions of dialogical methodologies, the researcher is only there to marshal arguments and make sure they are considered by participants in a structured way. The third standpoint is whether the ethical conclusions sought by the study are to be of a general nature, or tied to a specific and limited application. Once again, the need for general conclusions may imply the more theory-heavy style favoured in consultative approaches, while more local applications may imply a closer engagement with stakeholders from practice, thus favouring the dialogical. The authors offer the following advice to novice researchers choosing a methodology: ask whether the methodology is clearly accounted for, designed and its inherent theoretical commitments amendable? I suggest that in reality, satisfactory answers to such questions are often available only after the event, and in many cases choosing a method may be a much less considered affair. More useful, perhaps, given the difficulties that can accompany publishing and publicizing bioethical research, is how to present bioethical research to the outside world once it is complete. The authors shy away from endorsing a comprehensive and prescriptive set of design criteria, beyond approving a reflexive approach. It seems correct that reflexivity should be emphasized – putting the ethical reasoning of participants under the microscope in an empirical bioethics study may produce duress if incorrectly handled. Moreover, the emphasis on reflection also draws in the detailed reflections of experienced empirical bioethicists on the difficulties of conducting research of this nature.

There follow four chapters that are worked examples of particular empirical bioethics methods. That by Elleke Landeweer, Bert Molewijk and Guy Widdershoven showcases 'dialogical empirical bioethics', a method that arises from hermeneutic philosophy. Hermeneutics views human experience as a process of interpretation. Ethics research using this method works with stakeholders with common experience of an ethical problem, and tries to develop shared interpretations of ethical cases, with the research question, stakeholders, analysis and conclusion all developed within practice. Rather than ending in consensus, the emphasis of this approach is on developing, through listening to and learning from one another, shared appreciation of other viewpoints. The method makes an assumption that those closest to practice know what is ethically relevant, rather than drawing on a monolithic theory to furnish this information. The role of the researcher is both to facilitate the dialogue and ethical reflections of the participants, and also to educate them. The latter is particularly important because the participants may suggest a research question that involves particular presuppositions to which the researcher may need to draw their attention. Nevertheless, the process envisages the practical equality between the participants and researchers, who, while they may offer opinions if invited, are never raised above the level of the other discussants.

Landeweer, Molewijk and Widdershoven offer a specific worked example of the method from a project on three psychiatric wards to reduce use of coercion and restraint in first admission to a psychiatric ward. Focus groups met regularly, the nurses involved filled out weekly logbooks and took part in interviews. The wards developed strategies using these methods, which included less arbitrary policies about secluding patients and breaking down the barriers between staff and patients by using the nurse's office less. However, such changes involved, in at least one case, sustained work to identify the reasons for reluctance to implement changes. Inasmuch as this implies a process that iterates among discussion, analysis and action, there is common ground with the other methods outlined. Although the way this iteration took place is somewhat hazy, there is nevertheless useful detail here for anyone wanting to follow such a method in practice.

The chapter by Ghislaine J.M.W. Van Thiel and Johannes J.M. Van Delden takes a similar approach by providing a worked example of 'reflective equilibrium', which we were introduced to by Edwards and Deans as "probably the most widely discussed method of empirical bioethics." The method is used to analyse a well-known bioethical controversy, the Ashley X case, where a severely disabled child was medically and surgically treated to prevent her physical maturation so that her parents could more easily care for her. The authors subcategorize their method as 'normative empirical' reflective equilibrium. This subdivision highlights an important, but troubling, trend in empirical bioethics: researchers not infrequently tinker with the nomenclature of established methods. While we might see parallels in the subdivision of a genus among various genera in species classification, the motivation for similar subdivision in research methodology is not similarly clear. It may be an attempt to increase precision and transparency by indicating alterations to the method. One might question how much clarifying detail needs to be added to an existing method to warrant the naming of a new subspecies of that method. The fact that a systematic review of empirical bioethics methodologies by Davies *et al.* (2015) noted 32 distinct methodologies in 33 sources suggests that highlighting distinguishing details excessively may paradoxically reduce the clarity of the field by implying stronger distinctions between methods than actually exist.

This gripe aside, the version of reflective equilibrium presented here gathers public ethical intuitions by analysis of 3,000 messages on three internet forums, conducts an analysis of background beliefs (theories of health and medical goals) and the ethical principles of autonomy, beneficence, nonmaleficence and dignity, and attempts to construct a justifiable equilibrium, based on weighting the coherence of different elements (decided on the basis of their inference relations) by iterating between them. 'Coherence' of course, might be standardly defined in science as the degree a theory contributes to a wider and developing body of theoretical knowledge. The attempt to clarify what this means in ethics is brave, but the idea of measuring coherence on the basis of inference relations risks determining one incalculable measure by referring to another. Despite these reservations, the authors at each stage provide enough descriptive material to make their use of the method transparent, and their chapter provides food for thought for any researcher seeking to operationalize this popular (at least in empirical bioethics terms) method.

The consultative/dialogical dichotomy raised by the editors in the introduction to the practical methods section raises a question that will be familiar to students of political philosophy: should decisions be guided by the virtues of the decider, or by some representative sense of direct democratic deliberation? The chapter by Scott Kim considers the latter approach. Kim's case study adopts democratic deliberation to consider the use of proxy consent in dementia research. In convening members of the public to take part, central considerations were: who should participate, how they should be informed, and how their deliberations could be made sufficiently thorough and reflective. There was a central need for a population from which generalizable findings might emanate. Kim contrasts this process to convening a committee where attention might be given to the equal representation of special interest groups and campaigns, a strategy that was avoided since it would reduce generalizability. A pool of participants was therefore recruited using random telephone dialling within a delimited area. The pool was divided into three discrete groups, each of which took part in one of three studies, made up of two surveys and a day-long plenary deliberation session. How the group was informed was also a challenge. The topic presented immediate difficulties since standards of proxy consent for research involved applying specialist knowledge that was not well known to the public nor widely discussed in public discourse. Kim's study investigated what counts as adequately informing the three groups by providing varying levels of information, with the plenary group receiving both video introduction to the topic and carefully reviewed presentations on the topic from a variety of expert informants. Finally, the engagement process itself was organized in a way designed to reduce undue bias and increase reflexivity. Changes were made within groups to reduce polarization, and facilitators following standardized approaches to organizing small group deliberations ensured discussion was undertaken equitably within the groups. What is clear from Kim's chapter is that, given the degree of organization, the main obstacles to these sorts of deliberations are the cost and complexity of implementation. While impressive, the chapter highlights the demands of applying democratic mores if researchers are serious about putting them into practice.

Jackie Leach Scully uses a feminist perspective (which she terms 'feminist empirical bioethics') to inform a critical approach to bioethical inquiry. Unlike the preceding authors, Scully does not offer a distinctive methodology, but instead identifies a series of common commitments that are found in feminist approaches to empirical bioethics. Scully's chapter is a readable and informative account of theory, but operates at a high level and feels slightly out of place beside the more programmatic accounts of practical perspectives of Kim, or Van Theil and Van Delden. In this sense it complements the theoretical chapters rather better, and it is read besides these that it shines most brightly.

For Scully, feminism entails commitments to questioning certain assumptions that may be neglected in other theoretical frameworks. These questions focus on gender and dominant power structures, the partisan nature of facts and the exclusion of those marginalized by power from the dominant narrative. Feminists working in bioethics must therefore be attentive to the way the gendered structure of the clinical environment shapes bioethical thinking and observations of that environment. These common gender assumptions underpin narratives based on the selection and presentation of particular facts to the extent that the 'facts' that underpin practice are predisposed to particular power structures. Since what counts as neutral is itself the product of a biased set of values and commitments, the very idea of philosophical neutrality must be abandoned. Instead, feminists will deliberately seek and listen to the insights of those who are marginalized by existing power structures, adhering to a naturalistic tradition that values and respects individual insights and experiences. Feminist empirical bioethics, therefore, contains a common set of features that differentiates it from mainstream bioethics: it pays attention to power structures beyond the conventional bioethics focus on power struggles between doctors and patients to include those operating at political and cultural levels; it accepts that people are socially connected and rejects individualistic liberalism as the sole lens through which ethical problems can be viewed; it considers that experience is embodied; in other words, who we are affects the way others treat us in social relationships and so empirical study must investigate how experiences feel. This attention to embodiment means that the individual experiences of minorities at the fringes of society (which may not match broad-brush accounts of those minorities) are a central focus.

The chapter by Bobbie Farsides and Clare Williams returns to a more programmatic line, offering a detailed portrait of a group method of research with practitioners within their workplaces. The authors focus on interdisciplinarity in their method by convening ethics discussion groups under the guidance of a philosopher-facilitator. The groups are convened late in the process of research, by which time one-to-one interviews have already taken place and been analysed. Through a process of gentle counterargument by the facilitator, groups at each workplace explore the early findings of these interviews, allowing participants to reflect jointly on these findings. The inquisitional process of facilitation creates an extra layer of research data that allows the researchers to gain further understanding and clarification of their findings, to check the values that are being expressed and query instances of apparent incoherence between choices and values. Farsides and Williams also claim that the group dialogue has numerous positive effects on the participants, their workplaces and practice. It allows them to share knowledge and insights that may have been taken for granted, helping to draw out the wider workplace culture and group values by exploring the analysis of the interviews. It also allows an interaction between potentially closed individual perspectives and the public, shared perspectives of the group. This *frisson* between group and personal understandings also helps the groups decide what the ethical issues are, based on their own perspectives and knowledge of the workplace, rather than having these identified by researchers. Inspiring this dialogue also helps to counter the inhibiting effect of group hierarchies, ultimately improving inter-group understanding and cohesion. While the idea of a philosopher inquisitor is not unusual in empirical bioethics methods (Ives and Draper, 2009), as presented here, ethics discussion groups provide a clear blueprint for bioethics work that is adjoined to other research, which need not have an overt bioethics focus. Expounding the technique presents a straightforward programme to introduce bioethics into other research streams, advancing interdisciplinarity within the research community as well as between bioethicists and clinicians.

The final chapter of the volume, by Lucy Frith and Heather Draper, stays with the theme of interdisciplinarity, albeit focusing on a radically different question. The chapter considers the potential pitfalls of publishing empirical bioethics research, a topic in which the interdisciplinarity of empirical bioethics is sorely tested. By its nature, empirical bioethics should be interdisciplinary, given the marriage between social sciences and philosophy at its centre. Yet there is much that pushes against this marriage. At least in a UK context, being a discipline is the key to research that earns the host university recognition in the central research funding process. Ultimately, bioethics will always be on precarious ground in British universities unless it gains disciplinary status; indeed, without naming and shaming, numerous centres have contracted significantly over the past decade. Yet this existential issue for British bioethics suggests a need to erect disciplinary silos that threatens empirical bioethical interdisciplinarity.

Interdisciplinarity brings not only these institutional problems, but also problems with research and publication. Frith and Draper consider that it is a false dichotomy to ask which discipline – social science or philosophy – should take precedence in empirical bioethics research. Researchers may still question their own expertise and ability to undertake empirical bioethics projects. This is especially the case where they are more familiar with one discipline than another. When they are ready to publish, researchers may struggle to find journals which will allow the fullest exposition of their research and method. For their part, reviewers may struggle to assess the quality – or indeed the purpose – of papers whose methodology they only partly understand. The result of this is potential salami slicing of research for publication, undermining the power of interdisciplinary research to transcend stale understandings. Frith and Draper argue that many of these questions have been explicitly addressed in qualitative research by devising robust methods of quality assessment, and this is a lead that empirical bioethics must follow. This assessment may be overly charitable to social science, where the effectiveness of quality assessment continues to excite debate (Majid and Vanstone, 2018). Nevertheless, the authors are correct that the mere existence of metrics of this sort can inspire confidence in journal editors and reviewers faced with unfamiliar methods. Somewhat cynically, we might observe that such steps may be existentially necessary for empirical bioethics to play the academic game, whatever their genuine worth.

Conclusion

Whether this collection is a success rather depends on both its intent and eventual use. The authors' preface suggests the intent was to clarify an emerging area. The most likely readers of this book, novice researchers seeking guidance on whether and how they should undertake empirical work in bioethics, will find abundant and (generally) accessible discussion of the theoretical justification of such an undertaking. Here the Cribb and Owens chapter stands out as a clear and accessible account, but many of the other theoretical chapters (and I include Scully's account of feminist empirical bioethics here) also provide important background. For novices seeking accounts of how they should actually *do* empirical bioethics, there are relatively fewer worked examples, and this reflects a broader bias towards theoretical considerations in the wider literature. The chapters by Kim and by Farsides and Williams are the most inspirational, but all are useful reading. This notwithstanding, accounts of how specific facts and values are reconciled remain stubbornly opaque, and paradoxically this opacity seems most intense where authors offer the most sustained explanations. These two chapters appear successful because we can easily visualize the way facts and values occur, and are reconciled, in human dialogues and debates. If it is correct that facts and values are fluid, a method for tracing this fluidity remains elusive. The chapters that seek precision are arguably less successful because these precise lines simply cannot be drawn. This is not to pick on these methods in particular, but rather to emphasize that, more generally, there is always a degree of opacity about the way humans make judgements. When it comes to explaining judgements of coherence, of credibility or of quality in the process of research, all attempts at detail seem, perhaps inevitably, to flounder on precisely this. This difficulty perhaps explains the wider tendency to theorize rather than offer practical methods.

The practical nature of empirical ethics, of course, does not suggest that it is a topic unworthy of attempts to unpack it as a phenomenological undertaking. Yet, the focus on theoretical justifications means it is easy to overlook the basic value of using empirical bioethics methods. I started this review by saying that thinking on its own may lack obvious usefulness, but it is also worth noting that thinking alone implies a retreat into solipsism, and empirical bioethics seems an obvious remedy to the prevalence of such approaches in philosophy. We are social beings, and our thoughts grow most readily in the presence of some other mind to receive them, critique them and frame them in a broader context. If this is a core function of empirical bioethics, we must be wary of attempting to sketch the methodology in such a way that it interferes with the natural dynamic of the exchange of ideas. Empirical bioethics is fundamentally a practical endeavour and the temptation endlessly to justify theory and methods runs risks of getting wrapped up in rather erudite debate of analytic philosophy, erecting unhelpful disciplinary silos between philosophy and social science, and constructing methodological fig leaves to make bioethics fit a scientific paradigm. If the fundamental inspiration for empirical bioethics is to make thinking more useful, we might be mindful of John Dewey's acid test of a useful philosophy as an activity that 'ceases to be a device for dealing with the problems of philosophers and becomes a method, cultivated by philosophers for dealing with the problems of men' (Dewey, 1917, p.46). Rather than criticisms of this well-written collection, these are clearly broader questions about the form and purpose of empirical bioethics as an innovative methodology. By furthering our insights into these hazards, this collection demonstrates both comprehensiveness and usefulness to those wishing to further their knowledge of this exciting methodological territory.

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Giles Birchley
Centre for Ethics in Medicine, University of Bristol, UK
giles.birchley@bristol.ac.uk