

July 20, 2015

Public Commentary
Presidential Commission for the Study of Bioethical Issues
Suite C-100
1425 New York Ave., N.W.
Washington, DC 20005

To Whom It May Concern:

On behalf of The Center for Bioethics & Human Dignity (CBHD), thank you for the opportunity to submit this comment on deliberation and bioethics education. We are particularly interested in the first three bullet points regarding 1) the role of deliberation and deliberative methods to engage the public and inform debate in bioethics; 2) approaches to integrating public dialogue into the bioethics conversation; and 3) goals of bioethics education and the competencies and skills bioethics education seeks to foster.

The focus of deliberative democracy on engaging open public dialogue to reach consensus, rather than decision-making via vote tallies, offers much to the bioethics conversation, which, of course, is inherently interdisciplinary. Deliberation invites multiple professional perspectives, such as medicine, law, the natural sciences, and engineering. Each of these can help deepen understanding in the public debate. They inform awareness of what, for example, the proposed technological innovation, medical process, or regulatory framework entails and what its potential effects might be. Deliberation and therefore dialogue enhance empirical, factual understanding.

Bioethical dialogue requires more than descriptive competence. Perspectives that enhance normative competence are also fundamental. Deliberative methods would naturally include discussion of moral implications of the subject in question, lest the “ethics” aspect of “bioethics” be neglected or even worse ignored. Inasmuch as bioethics is at its roots a form of applied ethics, it involves more than policy considerations. In this respect, the moral or normative perspectives involved are most closely aligned with comprehensive philosophical and/or theological commitments that involve substantive engagement with metaphysical or worldview considerations. The particular point CBHD wishes to underline is the grounds for welcoming these deeper metaphysical, axiological, and/or theological commitments in public deliberation, rather than merely glossing over substantive disagreements in an effort to cultivate a sort of generalized public morality, let alone excluding them as irrelevant distractions to the practical work of policy deliberation.

The debate over the role of religious values in the public square, and the grounds of their expression, is neither new nor settled. We assume for purposes of this comment, that neither religious values nor religious motivations are excluded from public deliberation in bioethics. It seems that the more pertinent point is the “ground rules” for *how* those values are expressed. For instance, should religious reasons be expressed from the perspective of the speaker, or must they

be expressed according to the sensitivities of the listener? Should normative claims be excluded from public deliberation merely because they reflect religious commitments?

The contribution of theological perspectives to bioethics is tied to its development. According to one reading of the history of bioethics, “the original literature in the field [of medical ethics] was largely written by theologically trained and religiously affiliated persons,” and both Roman Catholic and Protestant theologians made significant contributions to emerging bioethics (Jonsen 1998, 57). Today peer-reviewed journals, academic colloquia, and research centers such as CBHD exist to foster distinctly religious perspectives in bioethics. These voices have much to contribute to deliberation about bioethics both within specific religious communities and the public dialogue at large. Inclusion of religious, and specifically theological, perspectives underlines the interdisciplinarity of bioethics; exclusion calls that into question.

Furthermore, there is not a uniform “theological perspective” on bioethical issues. As a Christian bioethics research center CBHD engages scholars within the broad Judeo-Christian Hippocratic tradition (Roman Catholic, Orthodox, Mainline Protestant, Evangelical, and Jewish), who differ on matters such as single payer health care, principlism in bioethics, and technology and privacy. Charitable and collegial conversations among these scholars enhance attending to the multiple ethical dimensions of issues, in the context of deepening both orthodoxy and orthopraxis in respecting human dignity, human flourishing, and the common good.

Some theological perspectives on bioethics are more easily “translated” for the public arena, or related to secular views, as suggested by Habermas (2006). Some speakers may be more confident and competent in doing the suggested translational work. The setting where public engagement and informed debate occurs is also relevant to the guidelines or assumptions about how deliberation is conducted. The Center for Bioethics & Human Dignity, for example, holds a variety of events such as our annual conferences that are open to the public. Plenary speakers and workshop leaders present on a variety of bioethical issues, and their perspectives may be philosophical, scientific, medical/clinical, technological, legal, or explicitly theological. Other activities such as consultations that are hosted by the Center seek to develop guidelines or resolution of areas of agreement and disagreement, or even to explore alternative frames for understanding emerging topics. Such interdisciplinary gatherings also involve perspectives across the spectrum of Judeo-Christian scholarship and do so with the explicit intent not to ignore metaphysical and axiological considerations which are deemed to be fundamental to the dialogue at hand.

Ideally, deliberative methods would specify inclusion of metaphysical considerations along with religious or theological perspectives, particularly if the matter under discussion impacts people with religious commitments, e.g., mandatory vaccination policies, consent for pediatric research, or community consent for medical research. Debate in bioethics can help religiously motivated people understand other religious perspectives, as well as secular perspectives, creating space for observing shared values (which may be expressed in different ways), in an exercise of “complementary learning processes” (Habermas 2006, 4). Moral pluralism is desirable in discourse (Gutmann and Thompson 1990). Where deliberation is *public*, and not necessarily *political*, moral pluralism seems especially appropriate.

When deliberation intersects with the political sphere, reasons that are expressed in secular terms may be more persuasive to a larger number of people. And reasons that are ultimately given for the political action will be expressed in secular terms. However, that should not exclude substantive metaphysical and axiological considerations or the viewpoints of those whose motivation is intrinsically religious, and which cannot be adequately communicated in neutral terms. For many people, perspectives on death and motivations to care for the dying belong to this category.

It should also be noted that deliberative methods may be employed to exclude, rather than include. A pointed example involves individuals engaged in bioethical discourse who express conclusions about human dignity and its entailments in strictly secular terms, but who may still be (and have been) accused of attempting to “smuggle in” religious, and specifically Christian, ideas. For a Christian, “respect for persons” and “human dignity” are other ways to express the intrinsic value of every human being because of the belief that humans are created in the image of God. However, human dignity may be developed on other grounds. In this case, the importance of dignity as a concept in bioethics should not be discarded as useless merely because of theological parallels.

Deliberative methods need to be solicitous of the minority viewpoint, lest consensus be achieved more by groupthink than by deep understanding and charitable consideration. The impetus for advances in bioethics has on occasion been the minority viewpoint. (Henry K. Beecher was broadly criticized by the medical establishment for his critique of ethical violations by researchers, but his public statements eventually triggered federal regulations for human subjects research.)

Bioethical deliberation and education should seek to acknowledge the existence of disputes over metaphysical and axiological commitments, and work not to exclude religious voices from public deliberation, but rather should seek constructive ways to include religious perspectives in dialogue so as to foster mutual understanding and substantive consideration of the concerns raised by these fundamental commitments underlying normative determinations.

We appreciate the opportunity to participate in the deliberations of the Presidential Commission for the Study of Bioethical Issues via this comment letter.

Sincerely,

Paige Comstock Cunningham, JD
Executive Director

Michael J. Sleasman, PhD
Managing Director and Research Scholar

References:

Gutmann, Amy, and Derek Thompson. 1990. Moral conflict and political consensus. *Ethics* 101 (1): 64–88.

Habermas, Jurgen. 2006. Religion in the public square. *European Journal of Philosophy* 14 (1):1-25.

Jonsen, Albert. 1998. *The birth of bioethics*. (New York: Oxford University Press).

Smith, William. 2004. Democracy, deliberation and disobedience. *Res Publica* 10: 353–377.