

EDITORIAL

# BIOETHICS BY DEFINITION

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What is bioethics? Or, more specifically, what exactly do you study in bioethics or a bioethics program? Does bioethics include X (whatever the latest news item or hot button topic happens to be)? Whether from prospective students or small talk with new acquaintances, I encounter some variation of these questions on a regular basis. When I first started working in bioethics in the late 2000s, bioethics was not nearly as established in the public consciousness. There were of course individuals, usually in the scientific and medical professions, who were aware of bioethics, but the everyday person usually had no idea what the term meant. Indeed, it was for this reason that several of us regularly worked on “elevator pitches” during my time at The Center for Bioethics & Human Dignity (CBHD). So as to be more accessible, we would often refer to the Center’s work as the ethics of medicine, science, and technology while avoiding as much as possible use of the words “bioethics” and “bioethicist.”

Over the past two decades bioethics has become more familiar, but with that we encountered another challenge: mission creep. Just as awareness of the term grew more common along with interest among prospective students, so too did the scope of things that were covered by bioethics and what was assumed to be covered by the term. Expectations of both internal and external stakeholders pushed for those of us engaged in bioethics to speak to an ever-expanding set of issues and topics. To be sure, bioethics as a field of inquiry itself had grown to encompass more than just clinical/medical ethics, genetic ethics, and research ethics to include the quickly evolving arenas of biotechnology and emerging technology among others—a point that I have reflected on elsewhere under the rubric of Bioethics 2.0 and the technological turn.<sup>1</sup> However, bioethics as a term and interdisciplinary (and for that matter interprofessional) field of study was beginning to feel more like the applied ethics version of the Borg, absorbing every other subspecialty and category of ethics.

It is by now well established that whoever wins the war on terminology has a sizeable rhetorical advantage in the public square. Equally important as the terms themselves is how we define the terms. As I find myself frequently reminding students, one of the fundamental tasks in any good paper is to carefully define your terms and deploy them consistently. Clear definitions assist us in tightening our argumentation, revealing flaws of logic that occur when we conflate divergent concepts and equivocate. Clear definitions also occasionally help to unmask certain assumptions imported into one’s usage of a term.

Part of the broader challenge here is that defining bioethics is itself a contested task. To illustrate this to my first-semester bioethics students, we examine an array of definitions from prominent bioethics scholars, institutions, and publications and then discuss their similarities

Michael J. Sleasman, “Bioethics by Definition,” *Ethics & Medicine* 37, no. 2–3 (2021): 69–72

and differences. There is nothing particularly novel about this as a pedagogical device, but an efficient means to demonstrate the key take away. As the students inevitably identify, such definitions often appear to say more about the source than they do to clarify precisely what is accepted as inside and outside the boundaries of bioethical discourse. Some of the definitions relegate bioethics to a mere evolution of medical ethics, constrained entirely to the domain of biomedicine. Other definitions fixate on specific topical examples, while yet another group focuses on the field as a dialogue between several disciplines and professions around certain applied arenas with no rightful discourse of its own.

Rather than trying to discern if there is contemporary consensus of meaning, another approach to define a term is to try to locate the earliest usage or original meaning. Fortunately, unlike more traditional academic disciplines, the field of bioethical inquiry is relatively young within the academy. Despite first appearing in the work of Fritz Jahr (a German Protestant pastor and philosopher in 1927),<sup>2</sup> most credit the inaugural use of the term to the work of American biochemist and oncologist Van Rensselaer Potter in 1970.<sup>3</sup> Potter advocated for a broad perspective—a “global bioethics”—that explored a more expansive relationship with nature and science. Should this be the preferred understanding? If so, why has environmental bioethics played such a relatively minor role in bioethical inquiry until the most recent decade of discourse?

What becomes clear to the students is that bioethics is a rather flexible, umbrella-like concept covering a wide spectrum of loosely related ethical issues. These issues have emerged alongside an explosion of scientific and technological discoveries relevant primarily to the life and medical sciences, but with ever broadening domains of applications. From traditional explorations of medical ethics as exemplified in the patient-physician relationship and the wealth of the Hippocratic tradition to the contemporary emergence and fragmentation of cutting-edge subdisciplines (such as genethics, neuroethics, nanoethics, roboethics, mashups like reprogenetic ethics, and the list goes on), the expanse of bioethics has grown to include just about everything under the proverbial sun in the life and medical sciences as well as in material sciences and a number of emerging tech sectors.

Thus, several observations emerge from an attempt to define bioethics. The first is the need to determine whether there is properly a field of inquiry designated as bioethics or whether what one refers to as bioethics is itself an interdisciplinary dialogue at the cross-section of philosophy, law, medicine, science, and technology, among a number of other potential disciplinary interlocutors. Within the camp of those who might define bioethics as a field of inquiry unto itself is its status as a subset of applied ethics. Simply stated, applied ethics can be understood as the practical application of philosophical considerations in ethical inquiry to problems in everyday life, with particular emphasis on understanding practices and guiding actions.

A second observation is that there has been an intriguing tension in bioethics in its historic relationship with medical ethics. Clearly, bioethics emerges as a relatively recent concept within the modern history of the technological explosion in medical ethics and controversies in medical research. This much is agreed upon by all. Pointing to this medical context, some

describe a gradual transition from medical ethics—emphasizing the Hippocratic tradition and the covenantal professionalism of the physician—to the broader concerns of bioethics—often interpreted as a devaluation of the profession into a contractualist, provider-of-services model for medicine and healthcare. Others, however, see a much stronger shift given the early concerns of human subject research and forward-looking technologies like genetic engineering, alongside the social upheaval and public policy concerns that moved the physical location of bioethical deliberation from the clinical bedside to legislatures, courts, and governmental agencies. Individuals in this camp distinguish between the professional ethics of medicine (the domain of medical ethics) and the broader ethical engagement of biomedicine and biotechnology (the domain of bioethics).

A final observation that has become abundantly clear is a significant omission in the ever-evolving self-understanding of the field of inquiry referred to as bioethics. Foundational concepts and the fundamental nature of scientific and technological discoveries have by and large gone unexamined. While the public square context of contemporary bioethics demands consensus-based understanding for core terminology, such consensus-based understanding often skims over relatively vacuous placeholder terminology. One thinks, for instance, of justice as one of the four principles universally agreed upon as a central consideration within bioethics, though a precise understanding of what is meant by such a weighty term is widely contested within academic discourse. Clearly the case within mainstream bioethics given its pluralistic context (especially if one accepts the notion of moral strangers), this observation is no less true within Christian bioethics as well. Notable exceptions do exist, but, unfortunately, they are few and far between. Our bioethical reflection holds more than a few philosophically and theologically ambiguous placeholders that inform our “educated” analyses.

Furthermore, in the rush to keep up with the ever-quickening pace of scientific and technological innovations, we have become decreasingly adept at substantive analysis not just of the implications of such developments and innovations but of the nature of such technologies themselves. In the complex world of technological immersion, we must become better at analyses that move beyond a mere good vs. bad oversimplification, even while recognizing the importance of knowing when to declare something as morally inappropriate or to proscribe against something. In our attempts to define bioethics we need to look not just at the implications of biomedicine and biotechnology for our individual and common humanity but also at the natures of biomedicine and the various biotechnologies themselves, as well as to what it means to be human and remain human in our medtech age. That is why I am grateful for the ongoing existence of this journal as a venue dedicated to the exploration of these weighty, first-order matters even as we explore the bioethical considerations at the forefront of medicine, science, and technology.

In this combined Summer/Fall issue, we begin with a guest commentary from Jacob Robert Morris, MD, that reaffirms the Christian Hippocratic legacy in medicine as a counter to growing acceptance of physician-assisted suicide and medical aid in dying. Next, we feature another entry in the Grey Matters series with an essay by William P. Cheshire, Jr., MD, that explores first principles for medical AI. This essay is jointly published with *Triple Helix*, the magazine

of the Christian Medical Fellowship of the British Isles (UK and Ireland). Due to the combined issue format, we have two installments of the Clinical Ethics Dilemma column edited by Ferdinand D. Yates, Jr., MD, offering revised analysis of cases by the late Robert D. Orr, MD. The first case examines religious refusal of care by a teenager, while the second examines the appropriateness of court involvement in the case of a family request to withdraw a patient from hospital care against medical advice.

Next, we feature four original articles. The first, by Dennis Sansom, PhD, examines empathy fatigue, the pandemic, and ethical motivations. The second article, by Stephen Williams, PhD, explores the concept of human flourishing and the virtue of contentment in the context of biotechnology and human futures. In our third article, Cynthia Nash, MD, examines mitochondrial replacement therapy in light of the embryo and community. Finally, our fourth article, by Everlyne Nyaboke Ombati, MSc, MA, provides a Kenyan perspective on the ethics of the global allocation of COVID-19 vaccinations. We close the issue with several book reviews.

## REFERENCES

1. See Michael Sleasman, "Bioethics Past, Present, and Future: Important Signposts in Human Dignity," in *Beyond Suffering: A Christian View on Disability Ministry Study Guide*, ed. Joni Eareckson Tada, Steve Bundy, and Pat Verbal (Agora Hills, CA: Joni & Friends, 2011), [https://assets-global.website-files.com/6214f9b9fbd93629bf8300be/62f68d11d66cd1e324f742ae\\_BY-S15a\\_Sleasman.pdf](https://assets-global.website-files.com/6214f9b9fbd93629bf8300be/62f68d11d66cd1e324f742ae_BY-S15a_Sleasman.pdf); Michael Sleasman, "Bioethics" in *Evangelical Dictionary of Theology*, ed. Daniel Treier and Walter Elwell (Grand Rapids, MI: Baker Academic, 2017), 131–33.
2. Original article: Fritz Jahr, "Bio-Ethik: Eine Umschau über die ethischen Beziehungen des Menschen zu Tier und Pflanze," *Kosmos: Handweiser für Naturfreunde* 24, no. 1 (1927): 2–4. For a discussion of Jahr's vision of the bioethical imperative, see Hans-Martin Sass, "Fritz Jahr's 1927 Concept of Bioethics," *Kennedy Institute of Ethics Journal* 17, no. 4 (2007): 279–95, <https://doi.org/10.1353/ken.2008.0006>.
3. Van Rensselear Potter, "Bioethics: The Science of Survival," *Perspectives in Biology and Medicine* 14 (1970): 120–53. See also Henk AMJ ten Have, "Potter's Notion of Bioethics," *Kennedy Institute of Ethics Journal* 22, no. 1 (2012): 59–82, <https://doi.org/10.1353/ken.2012.0003>. Warren Reich points to a more complicated "bilocated birth" of bioethics in the early 1970s divided between Van Rensselear Potter and André Hellegers and the Georgetown University model of bioethics. See Warren Thomas Reich, "The Word 'Bioethics': The Struggle over Its Earliest Meanings," *Kennedy Institute of Ethics Journal* 5, no. 1 (1995): 19–34, <https://doi.org/10.1353/ken.0.0143>; and Warren Thomas Reich, "The Word 'Bioethics': Its Birth and the Legacies of Those Who Shaped It," *Kennedy Institute of Ethics Journal* 4, no. 4 (1994): 319–35, <https://doi.org/10.1353/ken.0.0126>.

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