

## *Bioethics and the Culture Wars*

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American bioethics began in the late 1960s, stimulated by a plethora of new medical technologies and biological knowledge and by a scandal-induced interest in human subject research. Although it was understood that there would be ethical debate (which had already broken out between the theologians Joseph Fletcher and Paul Ramsey), no one thought the disputes would be ideological in character, as if part of one's voting pattern as liberal or conservative, Democrat or Republican. There were arguments, often sharp, but no culture wars.

"Who should decide?" was the ubiquitous query during the 1960s and 1970s and, for many, the key bioethical question. Should it be the individual, government, professional medical groups, public opinion—or some combination of those possibilities?

For many of us, that seemed a secondary matter, not nearly as important as the substantive issues, whoever eventually made any final decisions. The questions, many of us felt, were not only regulatory in nature, but should even more importantly focus on the meaning of the biomedical developments for our self-understanding as human beings, the impact of the biomedical sciences on our conception of the family and procreation, and the disturbing (or for others) use of genetic and other knowledge to enhance our human traits. The biomedical developments could change our interpretation of the scope and role of medicine, of the meaning of health, and of the possibilities of living our lives. Bioethics should, therefore, pay most attention to the oldest of human questions, the meaning of human life and human destiny, the dignity (a term considered perfectly acceptable by all in those days) of human beings, and the ancient temptation of hubris because of the new powers put in the hands of science. At a time when fanciful prophecies about changing human nature abounded, those were understood to be obvious matters for analysis.

But how did bioethics become part of the culture wars, which began to surface in the early 1990s in a prominent way? Its roots can be traced back, I think, to those early decades of bioethics when it became obvious that it had political as well as ethical implications. But it became intensified in the 1990s as bioethics came increasingly to enter the social mainstream, coming to pick up the coloration of some larger cultural and political struggles going on in American society.

In one sense, those struggles might be said simply to refer to the long-standing tension between liberals and conservatives, a feature of most developed countries. But that tension ordinarily refers to the political sphere only. The culture wars in the American context have encompassed the usual battles

between liberals and conservatives: the place of government in public and private life, the rights of individuals, the tension between liberty and justice, the value of a welfare state, and so on. More important, perhaps, the culture wars have included struggles over the place of religion in public affairs, feminism, gay rights and nontraditional marriages, the sexual and procreative revolution, the role of scientific knowledge in shaping the meaning of life, the imperative to do research and promote technological innovation, and the pursuit of health and human enhancement through biomedical research.

Ideological sides began to be chosen, the rhetoric heated up, and those in ethics were more and more labeled liberal or conservative, as if those labels revealed some deeper insight into the real motives and agendas and deep-set biases in moral reflection, ethical advocacy beginning to overshadow ethical analysis. A useful way into this emerging story is by looking first at the problem of bioethical methodology and what I call bioethical tone.

In the early days of bioethics, there were three methodological debates. One of them centered on the question of whether bioethics (drawing on the older medical ethics) should draw its foundational ethical principles from the traditions of medicine itself, going back to Hippocrates. The response among philosophers was that bioethics should instead draw its principles from general ethics, understanding it as a field where those principles would be used to deal with bioethical problems but not to constitute an independent field. On the whole, the latter view prevailed, and the issue is no longer much discussed.

The second debate turned on the role of ethical theory. Could one even do good ethics without some underlying theory? Once it was accepted that bioethics should base itself on general ethics, there ensued many years of discussion about the leading ethical theories in moral philosophy and which would be most appropriate for ethical analysis. Initially, those theories were limited to deontology, utilitarianism, and (among a few) natural law ethics, but gradually broadened out over the years to include feminist and narrative ethics, a greater sensitivity to context and the value of the social sciences for ethics, and, in the 1990s, an interest in making use of empirical knowledge to help resolve moral dilemmas.

Although various introductory books to bioethics traditionally begin with a discussion of ethical theory, my impression is that the interest in theory has waned. Most of the leading articles and books in the field do not display the strong influence of particular theories (save for Peter Singer and a few others). At the same time the influence of philosophy is evident in the dependence on the style of reasoning associated with Anglo-American analytical philosophy, particularly in opposition to the mode of theological or phenomenological analysis. Analytic ethics tends to be reductionistic, little interested in history, social context, and tradition, seemingly aimed at stripping life bare in the name of developing good, rationalistic arguments. (As it happens, that was the tradition I was educated in, and from which I flew as fast as possible.)

The third methodological debate was whether and to what extent bioethicists should be open, outspoken, and decisively committed advocates of particular ethical positions. I stress "open, outspoken, and committed" as distinguished from simply, and with verbal restraint, coming to a moral conclusion. Advocates in whatever sphere are usually far more interested in their side winning than in a fair and generous hearing of all sides or in even-handed analysis. Advocates, moreover, tend to like reading between the lines of their opponent's

reasons, looking for the unstated beliefs and arguments driving their line of thought. The accusation that so-and-so's arguments are ostensibly secular but in truth covertly religious is now employed with some frequency, as is the accusation that the real purpose of the President's Council on Bioethics is to further the Bush political agenda and not at all to promote better ethical reasoning. Conservatives reply in kind, reducing much of bioethics to unalloyed liberalism, little more than a branch of left-wing Democratic politics. The culture wars are now on full display.

### **The Emergence of Activism and Moral Partisanship**

What brought about this change? My own guess is that a mix of ingredients made the difference. One of them was that, as bioethics moved outside an academic context into the world of public and health policy, those in bioethics were called upon for comment and assistance in shaping policy. A series of government-sponsored national commissions, each of them charged with making specific policy recommendations, pushed commission members to take stands and to make moral judgments. It soon became evident to bioethicists that government and other policymakers were mainly interested in bottom-line, vigorously articulated judgments and positions, not in elegant, nuanced, even-handed analysis.

Another ingredient was the influence of the media. From the very first days, the media took an interest in the bioethical issues, in part because some of the leading newspapers and television shows found them lively and provocative topics for a popular audience and in part because moral debates of any kind provide ready fare for media already drawn to sensational topics. What those of us in bioethics found, when increasingly called on by the media, was that they did not want even-handed analysis either. They wanted us to say where we stood on this or that issue and wanted us to articulate our stand in a nonacademic way, briefly and vividly, suitable for a good sound bite. (At least a few of our colleagues made a career out of that observation, which was dressed up as "public education.") What the media most decidedly did not want was any kind of analysis that made use of a "on the one hand" and "but on the other hand" kind of linguistic structure. Do that once or twice and you will never be asked back.

The last ingredient I would note is a kind of legacy of the political struggles of the 1960s. The present generation of leading senior bioethicists, now in their 50s and 60s, were educated during the 1960s and 1970s, the era of Vietnam, early feminism and environmentalism, the civil rights movement, a revolt against established authority, and an overthrow of many traditional values. It was an era of protests and marches, sit-ins and petitions. Most important, for those educated in the humanities, it was a time that saw a rejection of hot-house academic work, elegant but socially irrelevant, and a turn to a politically and socially engaged research and writing.

My intuition is that, as bioethics developed as a field over a couple of decades, it brought out in those educated during that earlier era a latent activism, which lent itself well to some of the other ingredients mentioned above. Ironically, as the field as a whole became more professionalized and narrowly academic, some of its leading figures became public and outspoken. The figure of Peter Singer, an Oxford-trained analytical philosopher, is a kind of

prototype in that respect: a leader in the animal welfare movement, a writer of popular books in ethics but of scholarly works as well, a holder of provocative, bluntly stated moral convictions, and a sought-after figure by the media. It was only a small step from strong advocacy to a political labeling of the various contending causes.

### **Ideology and the Culture Wars**

The mid- to late 1990s saw the incorporation of bioethics into the national culture wars that had begun some years earlier but did not immediately come to the surface in bioethics. Those wars began during the Ronald Reagan era and were fed by a resurgent conservatism that featured all-out warfare against politically liberal values and, even more, against liberal social values. The phrases “politically correct” and “knee jerk liberalism” were frequently used, a way of satirizing what the (liberal) sociologist Robert Bellah called “liberal fundamentalism.” The social critique of liberalism centered on America’s permissive abortion laws, family breakdown, permissive education, secularism, and moral relativism. Religion and the market, the family, and traditional sources of moral virtues and rules would provide the antidote to those toxins.

None of this for a time had much to do with bioethics, but that began to change as the result of a number of converging streams. Earlier, as President of The Hastings Center, I had considerable trouble persuading my philosophical colleagues that theologians and religious leaders should be represented in our meeting and research projects. Not only might they have something to contribute from their various traditions, but they also represented majority leanings of most American citizens. Acceptable rational analysis, the philosophers retorted, was not compatible with religious belief and, in any case, religion was primarily identified with the virulent religious right, a known enemy of civil rights, cultural diversity, tolerance, and scientific progress—that is, everything good, right, and true. The liberal national commissions over the years had little religious representation and, sometimes, were even criticized for inviting religious testimony at their public hearings.

I mention that bit of background because, until the late 1990s, the matter of religion was a quiet issue, muttered about here and there but rarely surfacing as anything more than inside gossip. It was, however, an important token of the fact that, by and large, bioethics had become a resolutely secular affair, and the reigning values espoused in the field were those of liberal individualism. Autonomy had become the reigning moral principle, closely followed by justice. In some instances, one could detect a convergence of the liberal value of maximizing individual choice in matters bioethical and of the libertarian commitment to the market, no less aiming to maximize choice. Political and religious conservatives were, and remain, almost entirely absent from the mainline bioethical circles.

In saying all that, I want to reject the conservative charge that bioethicists are all of a kind, a frequent conservative charge (though one nonideological journalist once asked me “why are all bioethicists in lock step on stem cell research?”). There are plenty of critics of an autonomy-driven morality in liberal bioethics these days, just as there are opponents of physician-assisted suicide, enthusiastic genetic tinkering, and the creation of embryos solely for research purposes. But it is generally true that bioethics has in recent years

taken on a liberal cast. But to have that cast is not, in and of itself, sufficient to equate it with the culture wars. From the first we knew, as Gilbert and Sullivan famously put it in a lyric, that “everyone is born a little liberal or a little conservative,” but we did not hold that against each other or affix those labels to our colleagues.

But the culture war upped the ante, giving the words *liberal* and *conservative* a strongly ideological, often nasty emotive twist, calling into question not simply the arguments on each side of a debate but also the moral character and shady, hidden agendas of the contending parties.

I believe that it was conservative commentators who began the fight, particularly in the pages of *Commentary*, *The Weekly Standard*, *The Public Interest*, and *First Things*. Leon R. Kass, someone who helped me found the Center, eventually turned against the field, all but dropping out for a number of years. The general flavor of the conservative assaults was not that of careful analysis, but free-wheeling large generalizations, describing (often with full-scale invective) the whole field of bioethics as a kind of liberal plot (healthcare division), spreading the worst kind of moral viruses. Peter Singer became a perfect token of all that is wrong. When he was appointed to a chair at Princeton, not only was he widely attacked but also the field of bioethics for producing someone like him. Much to the chagrin of many of us, he was identified as the world’s most prominent and important bioethicist and, in effect, anointed by the media and conservative commentators as our titular leader. We are, it is said, ready to kill the weak and unwanted, and we are actively and deliberately subverting the ancient ethic of medicine. The fact that most liberal bioethicists are not supporters of infanticide, that many of us are full-blooded specieists, and that few of us are hard-nosed utilitarians or fans of Peter Singer seems not to have caught their polemical eye.

At least to my embarrassment as one of the early organizers of the field, liberals have been returning some of the conservative hostility—and downright nastiness at times—with some of their own. The old, if not exactly noble moral principle that “if they say mean things about me or my kind, I should say mean things about them” seems alive and well. Internet list servers are full of fulminating bioethicists attacking conservatives, and particularly Leon R. Kass. The appointment of Kass by President Bush as Chair of the President’s Council on Bioethics was widely criticized by liberals as hostile to stem cell research and other icons of biomedical progress. The three previous national commissions, chaired by liberals, staffed by liberals, and with overwhelmingly liberal commission members received hardly any criticism at all. That was probably no accident. The American biomedical establishment is essentially liberal in its ideological bearing. It is resistant to any bans on research, eager to move scientific progress ahead (with much money at stake), assiduous in courting Congress and the public for more research funds, and fully confident about the social and economic value of its work.

Even if the liberal commissions gave that establishment some trouble on a few issues (human subject research, most notably), they were hardly prone to rock the big boat. Only when a social conservative is chosen to lead a public discussion of matters near to the establishment’s heart is notice taken; that might represent a threat. Unlike Europe, the United States does not have a green party, or for that matter any significant groups on the left who any longer raise critical, troublesome questions about medical technologies. That fact

means that the debates get pushed in either a liberal or conservative direction, with little room for nuanced maneuver.

The increasing entrance of ideology into bioethical debates forces a new look at an issue often talked about in the early years of American bioethics: What ought to be its general stance toward medical progress and technological innovation? Enthusiastic support? Neutrality? Skepticism? In the late 1960s and early 1970s, it was considered perfectly acceptable for liberals to be skeptical of science and willing to oppose research directions that might be hazardous; the same attitude could be found in bioethics. The Vietnam War had a part in stimulating that stance, bringing science to bear in determining how best to conduct the war and relying heavily on technology to reduce casualties and more efficiently kill the enemy. A fear of nuclear warfare, moreover, was still in the air.

A variety of liberal scientific groups, worried about a misuse of science and resistant to technology hype—most notably the Union of Concerned Scientists and Science for the People—developed after World War II and continued all the way to the recombinant-DNA debate in the 1970s. Although that work proceeded on a track parallel with bioethics, the general atmosphere in those years was strikingly different from the present, where everyone now seems expected to get on board the medical progress express. Critics are berated as Luddites at least and at the worst as threats to the glorious future of research (not to mention as a danger to the beleaguered, oh-so-defenseless multibillion dollar research industry).

The period of an acceptable liberal critique of science did not last for long, fading away by the end of the 1970s. By the 1980s the NIH budget was once again on the rise, gaining full bipartisan support in Congress, meeting no dissent of any kind. By the late 1990s, research enthusiasm of an almost unprecedented kind saw a successful call in Congress for a doubling of the NIH budget, achieved in 2002. Meanwhile, a similar shift was taking place in bioethics, where medical dreams and technological optimism came to replace the earlier skepticism. Where it had earlier been bioethical liberals taking the lead in raising hard, sometimes obstructive, questions about many biomedical advances, many gradually changed sides, coming to support research and to use their bioethical skills to defend it. The critics are criticized, not the reigning powers.

Although both public and scientific opinion in the United States has been solidly opposed to reproductive cloning, a number of bioethicists have used their philosophical skills to make a case for it. One could find, here and there, what I think of as the bioethics shrug: “What’s the big deal with reproductive cloning anyway?” Invariably, that case for such cloning was made in the language of reproductive rights, that of the right of parents to make a procreative choice (and any kind of choice), buttressed by, for instance, the possible benefits for infertile couples or the replacement of a lost child. A number of bioethicists began serving on ethics committees put together by biotechnological or pharmaceutical companies. Doubtless it was not expected that those committees would create any real obstacles—carefully vetted before their appointments—to what the companies wanted to do, and, for the most part, that has not happened. Meanwhile, both liberal and conservative critics have seized upon these practices as one more piece of evidence that bioethics has been coopted by the research community to legitimate its aims. “Who us?” goes the response: “We are independent ethics contractors, free to say what we want.” Of course. How could we think otherwise?

As one might guess by now, I am not happy with these developments. The inclusion of bioethics in the culture wars hardly represents moral progress for the field. But perhaps it was inevitable once bioethics came to move in the world of policy, where that war is being played out on many frontiers, of which biomedicine—particularly in its work on genetics—is now one of them. Until recently, few people much thought about bioethical issues as falling within the purview of American politics and the culture wars. Bioethics had been seen as part of the biomedical world, full of its own internal conflicts and many important health policy struggles, but comparatively free of the unpleasantness that marked the rest of America's cultural life.

No one in bioethics is likely to think that way any more. If you are a conservative, and speak freely, the liberals will go after you—and not simply to refute your ideas, but to signal to the world that you are a moral threat to medical progress, unprejudiced reason, and the great struggle for human freedom. If you are a liberal, and speak freely, the conservatives will go after you, sometimes implying but usually saying outright that you are a menace to the sanctity of life, human dignity, and the deepest of Western values. As Aristotle noted long ago, ethics is a branch of politics—and that point is being rubbed into American bioethicists. But as someone or other should have added, your politics do not necessarily reveal your character.

Yet if bioethics is to retain its vitality and be taken seriously, it will have to find a way to extricate itself from the culture wars. Its practitioners on the right and left might well begin by not committing what can be called the ideological ad hominem fallacy, that of using ideological labels as a way of discrediting both the motives and arguments of those on the other side. They will have to remember that it is possible for bioethicists to be wrong without being immoral, to mean what they say without having hidden political agendas, and for them to simply be mistaken in their arguments, which should be judged on their own merits. The reports of the National Bioethics Advisory Commission and the President's Council on Bioethics should be read as of a priori equal value, standing or falling on the value and cogency of what they say, not on their political ancestry. Bioethics harms itself if it turns into a moral crusade, either for the values of the left or the right. A healthy bioethics will be one where conservatives and liberals understand that they have a common cause, one best pursued in lively dialogue rather than as opposing armies.

The present situation is one in which there is practically no serious interchange between liberals and conservatives. They live and write in increasingly separate worlds. A healthy bioethics should expect and welcome struggles between opposing viewpoints. The issues are difficult, contentious, and complex; disagreements are bound to occur. Bioethics as a field should see a lively exposure of those disagreements. But they should take place *within* bioethics. The present situation, however, displays frequent attacks on bioethics from conservatives, but attacks written as if from the outside, by those who have withdrawn from, or never been a part of, the bioethics community—and for the most part, they have not been. And they are prone to condemn the field as a whole, not simply to disagree with those in it. For their part, liberals have invited such a response by rarely citing conservatives in the mainline writing in the field or taking the trouble to seek out conservatives for their meetings and work projects—and most recently taking up tit-for-tat responses.

Other fields and disciplines, such as political science and economics, have their liberals and conservatives, but they are in the same field—not one side in and one side out—and their reputations as fields do not notably suffer from the disagreements. It is otherwise with bioethics. The general public, and the medical and health policy world, will find it all too easy to dismiss bioethics as ideology driven, left or right politics in sheep's clothing. If we besmirch each other long enough, the public will soon conclude that we are all frauds. Although it is a subject for another article, I believe bioethics does not have a secure, solid intellectual reputation. It is still on trial, in part because Americans find the term "ethics" itself problematic, not to mention those who set themselves up as having some special insights or technical expertise.

A field that aspires to serious ethical thinking and analysis, that aims to speak to everyone, not just those of a certain ideological stripe, and that wants to be taken seriously even by those who disagree with many of those within it cannot for long flourish under the present emerging conditions. There should be one national bioethics field, not multiple fields based on party or ideological affiliations. At best it is intellectually lazy, careless in paying attention to the best of what the other side has to say, classifying those on the fringe as embodying the values of the whole group. Both liberals and conservatives have been at fault, each a bit too comfortable with his or her own party labels, too little self-critical, too prone to roam in packs, and inclined to conflate their political and bioethical identities. I hope and think we can do better.