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Bioethics as a Plural Noun:

Competing Understandings of Morality in Health Care*

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I. Global Bioethics Critically Examined

At the outset, let me make clear my goals in this presentation: I want first and foremost to develop a critical account of the possibilities for a global bioethics. By a global bioethics I mean a moral understanding of proper conduct in health care and with respect to the biomedical sciences that can be shared across societies and cultures. My conclusion is that there is very little we do and can share. In this paper I will argue that a global bioethics rightly understood should be a fabric within which individuals and communities may peaceably pursue their own thick understandings of human flourishing and bioethics. My point of departure will be an argument to show that we share with all persons the recognition of moral agents as the source of secular moral authority. It is this source of authority that binds moral strangers across the world in contracts, consensual agreements, and market transactions, as well as within limited democracies, despite their diverse moral understandings and the conflicting views separating the moral communities to which they belong.

We can regard this sparse fabric grounded in mutual consent as morally compelling only if we ask a very particular question: how can we as moral strangers, as persons separated by different thick views of proper conduct and human flourishing, nevertheless derive common moral authority for at least limited

collaboration? By thick views I mean ones that endorse a particular ranking of cardinal human values and concerns. Many persons may not ask this question. With them we will not be able to share a common moral discourse. If nothing else, the events of September 11 show that there are real differences among communities of discourse regarding moral issues and that many persons are not interested in posing this special, secular question regarding the possibilities for common, peaceable cooperation.

Insofar as a global ethics and therefore bioethics can be articulated, it will provide a sparse framework within which various communities with different moral commitments can frame one society. From this perspective, one will not only be critical of attempts globally to establish a single, thick, worldwide ethic, but also of the confusion of society with community. It will not be possible to assume that the societies of large-scale states can function with secular moral authority as one community. In fact to the contrary, large-scale societies by default must provide place for numerous moral communities peaceably to pursue divergent moral understandings. Given the bounds of moral authority characterizing limited democracies, they have no secular warrant to do otherwise.

Two prefatory warnings are in order. First, the position I am developing regarding the unavoidable moral plurality of secular bioethics and the limits of the secular moral authority of societies and states does not entail a moral relativism. It does not deny that there is a content-rich moral truth. It rather denies that we can in terms of secular, sound, rational argument know when we know that truth. What is at stake is not a metaphysical skepticism regarding moral truth, but a very

limited skepticism regarding secular, moral epistemology. At this point, one should note that one must be careful to know when one knows rightly in regard to moral claims. Moral claims should be held to a higher standard, all things being equal, than scientific claims. After all, the peculiarity of moral arguments, unlike scientific arguments, is that they are invoked to warrant coercive state force. Generally, scientific arguments do not warrant the use of force against epistemologically deviant scientists and their laboratories. Second, the reader should know that, although I will give an account of the collapse of Western Christian culture, I am myself a believing Christian, indeed an Orthodox Christian.

II. Missing the Middle Ages

The sparse possibility for a global secular morality grounded in permission may seem to many to be far too impoverished. This sense of impoverishment, I will argue, arises from expecting secular moral reflection to deliver something like that which was once provided out of the Western Christian religious, metaphysical, and moral vision. To make out this claim, I will need to provide a brief account of the fundamental change in our culture that has finally set aside the expectations of the Western Christian Middle Ages through establishing a robust, post-Christian, secular culture. It is only in terms of this change and development that one can understand the possibilities for a global bioethics, as well as recognize why and how one must take moral diversity seriously. In our morally diverse, culturally plural world, I make reference to this Western Christian background, for this Western Christian background was de facto, indeed de jure, the framework undergirding the

culture of Western Europe. This culture, through Western European imperial, technological, and market success, came to frame background global cultural expectations, as countries across the globe accepted legal systems drawn out of Western European origins. This Western Christian moral and metaphysical framework could speak in the name of God, Who created all and sustains all. Thus, it could assume that there is a deep harmony between the justification and motivation of morality and between the right and the good. The moral point of view was then taken to be materially equivalent to the point of view of the Creator/Sustainer God.

From this perspective, morality could be enunciated in a divine tone, or at least a pseudo-divine voice. The centrality of these metaphysical assumptions, grounded in the Western Christian moral and metaphysical synthesis, was clear to Kant, who, for example, required an as-if affirmation of God and immortality in order to secure a rational coherence and grounding for his account of moral obligation. As Kant put it, "God and a future life are two postulates which, according to the principles of pure reason, are inseparable from the obligation which that same reason imposes upon us."¹ These two postulates allowed Kant to act as if happiness would always be in proportion to worthiness, thus securing a rational wholeness for morality. He hoped in this fashion to establish a coincidence between the motivation and the justification of the moral life. After all, prudential rationality can be at odds with moral rationality.² Kant sought as well to guarantee a harmony between the right and the good.

Unnoticed by Kant, he also imported moral content. Until the middle of the last century, most Western European moral theorists applied the content of their Christian sentiments to their accounts of appropriate medical conduct.³ Although often stated in secular terms, Christian views of sexuality, reproduction, birth, suffering, dying, and death guided health care policy and morality. For example, as one reads through Immanuel Kant, one finds in his proscriptions of masturbation⁴ and the sale of human parts,⁵ not to mention suicide,⁶ the moral sentiments of Western Christianity now lodged within the supposed dictates of secular reason. Despite the nominal secularization of many Western European polities, it remained the case that abortion, physician-assisted suicide, and euthanasia were generally proscribed. It is as if modernity attempted to embrace Christian moral assumptions, albeit without Christ. The clerical garb was removed from Western moral reason, but the substance remained.

Despite its secular character, the Enlightenment for the most part sought from reason to draw out moral conclusions similar to those of its Christian past. In this way, it hoped to provide a universal moral vision where Western Christianity's religious vision had remained parochial. Had this hope been vindicated, then (1) the content of moral rationality would have been grounded in secular moral rationality, (2) the authority of public policy could have been derived from secular moral rationality (i.e., not from Christian moral intuitions or the symbolic place of Christian moral sovereigns, such as was the status of Queen Elizabeth II, at least as she began her reign, as leader of the Commonwealth and head of the Church of England), and (3) all persons would have implicitly been members of one moral

community, insofar as they are rational moral agents, their moral differences to the contrary notwithstanding. Had this Enlightenment hope been vindicated, then bioethics would have been one in substance and authority, grounded in a canonical understanding of moral rationality. One would have been able to secure a content-rich, global bioethics.

This Enlightenment aspiration went aground on a multiplicity of moral visions, along with the inability to choose among them by sound rational argument. Secular morality itself turned out to be plural: there are as many competing secular moral understandings as major religions. Any choice of one morality over another presupposes that one already possesses in the background the canonical, normative morality. The nature of this morality is, of course, that which is at stake. For example, if one wishes to choose among policies in terms of which will have the best consequences, one must be able to compare consequences. However, to compare consequences, one must already know how to rank outcomes as well as specify God's discount rate for time. Simply ranking cardinal human values such as liberty, equality, prosperity, and security will lead to endorsing quite different thick moralities and ways of human flourishing. If one is a preference utilitarian, one must know how to compare impassioned versus rational preferences. Worse yet, if one wishes to correct preferences, one must already have a consequence-independent position from which to make such corrections.

One cannot escape this difficulty by appealing to a notion of moral rationality. For example, one cannot proceed to choose what a disinterested chooser or contractor would affirm, without supplying that decision-maker or contractor with

one among many competing moral senses. One needs already to know which thin theory of the good or moral sense should guide the hypothetical decision-maker, the hypothetical contractor, or structure the character of moral rationality. Nor will it do simply to appeal to intuitions, for different communities will favor different kinds of moral intuitions, not to mention sustain their own wide reflective equilibria between principles and intuitions. So-called pragmatic appeals to that which works will not help, either. One must have independent criteria to judge success or failure.

In short, it has not been possible by sound rational argument to establish a canonical, normative, secular, moral point of view. The reason for this failure lies in the circumstance that one must first agree regarding the fundamental moral premises and rules of evidence upon which one should rely.⁷ As a result, one is confronted with a plurality of moral visions. One is confronted with quite different understandings of human flourishing, which carry with them divergent accounts of human sexuality, reproduction, suffering, dying, and death, having incompatible implications regarding the acceptability of reproduction outside of the marriage of a man and a woman, and the appropriateness of prenatal screening and abortion, as well as the acceptability of physician-assisted suicide and euthanasia. At issue as well are different understandings of how to compare the importance of addressing morbidity and mortality risks, as well as the significance of equality in access to health care. In order to establish any particular secular moral view as canonical, one must already have agreed to background fundamental premises and rules of moral inference. That is to say, one must beg the question, argue in a circle, or engage in an infinite regress.

An honest exploration of the possibilities for a secular bioethics thus discloses that ethics and bioethics are irremediably plural. One is returned to the polytheism out of which Western moral reflection developed. My examination of the possibilities for a global bioethics, indeed my critical reflection on the possibility of a secular bioethics itself, draws unavoidable consequences from recognizing the results of the secularization of the West and the inescapable character of moral diversity. A frank appraisal of our metaphysical, moral state of affairs must lead us to conclude that either a global bioethics is impossible or that it is at best a limited procedural framework that does not ground any particular ranking of cardinal human values.

III. Contemporary Bioethical Discourse: A Frank Appraisal

To advance this conclusion, I will now turn to the characteristics of contemporary bioethical discourse, which I will summarize around four points. First, the disagreements appear interminable. The discussions go on and on without an end in sight. They do not have the characteristic of empirical scientific debates, which appear to lead to the cognitive establishment of a particular account of reality. Instead, one finds different accounts of moral and bioethical reality confronting each other. When one invokes the principles of Beauchamp and Childress,⁸ for example, one finds that across disparate moral visions they reveal points of disagreement rather than points of agreement. One need only think of how an appeal to the principle of justice by a socialist and by a free marketer will help to crystallize points of dispute rather than points of concurrence. In short, the de facto character of bioethical discourse is not one of a community that shares a common

paradigm of moral reality, but rather one in which competing secular and religious bioethical understandings of moral reality conflict, one with the other.

Second, as Alasdair MacIntyre has observed, it is not just that these disagreements are profound, often impassioned, and interminable; there does not appear in principle to be a basis for a resolution through sound rational argument.⁹ The general failure of foundationalism in moral theory thus has a special expression in bioethics. As already observed, in the absence of common moral premises and rules of evidence, bioethical debates can only be forced to take on the appearance of a resolution or conclusion through sound rational argument at the price of begging the question, arguing in a circle, or engaging in infinite regress.

Third, in the face of persistent and in principle interminable debates about matters of great moral substance, the invocation of intuitions plays a central role in attempts to resolve moral controversies. Although it should be clear that in order for moral intuitions to carry authority they require a background moral context or set of commitments to establish them as normative, they are nevertheless invoked as in themselves guiding. This is the case even though, over human history, there have been numerous and discordant intuitions, many of which many persons would now find to be morally opprobrious. Nevertheless, there is an appeal made to intuitions in order to deliver conclusions. However, as just indicated, one intuition or wide reflective equilibrium can be met with a contrary intuition or wide reflective equilibrium. Each moral community will have its own sense of what is morally appropriate. Differences in intuitions disclose differences in moral frameworks.

Finally, as Alasdair MacIntyre has also observed, these intuitions often represent relics from a cultural context that once supplied the metaphysical framework for their meaning but that has subsequently been abandoned, leaving no support for their significance.¹⁰ This results in intuitions without framing justifications: such intuitions appear as taboos. For instance, there are often intuitions advanced regarding the moral inappropriateness of surrogate motherhood for hire, although these intuitions tend to be indefensible apart from the Christian moral framework that once was acknowledged as forbidding sexual and reproductive activity outside of the marriage of one man and one woman.

IV. Bioethics after Christianity

The de facto character of bioethical discourse is not one that would give much confidence in claims on behalf of the general justifiability of a particular, global bioethics. Indeed, given the manifest plurality, if not chaos, of discordant moral visions characterizing bioethical discourse, how is it that many act as if there were in bioethics a normative consensus either in fact or achievable? Such a normative consensus or background moral understanding would be needed in order to establish a thick global bioethics. For example, in order to take seriously the proliferation of claims regarding positive human rights, one would need a canonical moral vision that would have a greater moral standing than simply being one secular view among others on the model of the various religious moral views whose claims to state-imposed establishment we have come by and large to reject. Which is to say, why would one not seek ways to live peaceably with the diversity of secular

moral visions as one now seeks ways to live peaceably with diverse religious moral visions, eschewing the state's imposition of any particular religious morality?

Answers to these puzzles are best found by locating our current moral reflection in our history of moral reflection. First and foremost, it is important to recognize that a great deal of the chaos is a function of the radical changes in cultural presuppositions that have occurred in the 20th century and that are still under way. We are at the end of one age and at the beginning of another. The age of Christendom is finally over and a new, frankly post-Christian, secular age is dawning. This locates us in a point of rupture in our culture as dramatic as the end of the Western Middle Ages and the emergence of modernity.¹¹ Despite the Renaissance, the Enlightenment, the French Revolution, and the October Revolution, Western culture, which from the 16th century on became the dominant world culture, remained until recently a predominantly Christian culture, albeit dressed in somewhat secular garb. Even when ecclesial and clerical power were progressively marginalized through the Enlightenment,¹² through Napoleon's forced secularization of central Europe,¹³ and through his imposition of a new European legal framework, the moral suppositions underlying Western social policy and law remained nevertheless Christian.

Matters are now changing profoundly. The moral discourse that has guided the West since the time of St. Constantine the Great has gone into disarray. The cardinal belief of Western Christian culture has been lost; namely, belief in a personal, omniscient, omnipotent, just Creator and Sustainer God, Who guarantees the content of a unique moral point of view and the harmony of the right and the

good, as well as the harmony of prudential and moral rationality, has collapsed. This collapse has been placed under the rubric of the death of God. This death of God for Western culture was recognized by the young Hegel,¹⁴ who attempted to resurrect God as a philosophical idea. It took Friedrich Nietzsche to acknowledge both that this expedient would not succeed, and how difficult it would be to face the implications of this cultural rupture. As Nietzsche recognized, “The greatest recent event – that ‘God is dead’, that belief in the Christian God has become unworthy of belief – this event has begun already to cast its shadows over Europe.”¹⁵

It is difficult to overestimate the significance of this cultural rupture. The Christian worldview had brought with it a foundational metaphysics and theodicy within which moral and other issues could be lodged and within which moral controversies could be definitively resolved. Everything was placed within its grand narrative. All of history was seen to have a purpose, stretching from creation through redemption to the Second Coming. Human suffering and striving gained their significance within this cosmic narrative. As Gianni Vattimo has noted, with the abandonment of this metaphysical and moral framework, history, including evolution, goes from nowhere to nowhere. “By depriving progress of a final destination, secularization dissolves the very notion of progress itself, as happens in nineteenth- and twentieth-century culture.”¹⁶ This dissolution of direction in history is particularly challenging as one contemplates the circumstance that germline genetic engineering will give humans the ability to direct their own evolution without any binding sense of the proper direction to which they should guide that evolution. Again, as Vattimo observes, “The death of God, which is at once the culmination

and conclusion of metaphysics, is also the crisis of humanism.”¹⁷ The implications for morality are equally profound. As Elizabeth Anscombe has observed, with the collapse of the Western Christian metaphysical worldview our very understanding of morality has changed. “It is as if the notion ‘criminal’ were to remain when criminal law and criminal courts had been abolished and forgotten.”¹⁸

We are left at the threshold of the 21st century with a plurality of secular and religious moral views. Deaf to a common, canonical understanding of God’s wishes, we cannot in large-scale societies, in ways justifiable to all their members, draw authority for a view of bioethics or an account of health care policy and law from the wishes of God. The same difficulty faces the project of drawing such warrants from one among the many secular accounts of moral rationality. If one cannot draw authority from God or moral rationality, one by default is left with drawing that authority from the consent of those who wish to collaborate. Imagine that all in the world were to die, save those in this audience. Imagine as well that we wished to fashion a res publica, along with health care policy and law. We very likely disagree profoundly about God and His wishes, not to mention the canonical moral vision that should authorize state action, including health policy and law. We could then draw the authority for our common actions not from the wishes of God or moral rationality, but from our common agreement. This is the source of authority for limited democracies. The permission, agreement, or consent of the governed is central, not because it is valuable, but because it is the default source for the collaboration of moral strangers in the face of a plurality of secular and religious moral vision.

In the light of this expedient, one can appreciate why limited democracies, free markets, contracts, and agreements have become central to contemporary secular morality without making any claim that this is good or right. One is instead simply identifying a possibility for common moral authority in the face of intractable moral diversity. One discovers that persons can be the source of authority for procedures to create common moral understandings. However, outside of these agreed-to creations and the limits of using persons only with their agreement, there is nothing more that one can say. In particular, one cannot judge as to when permission, once given, is the result of exploitation, false consciousness, or inappropriate imbalances of power. All that one can exclude is coercion by persons against persons, for this involves the use of another person without his leave. One is left with a sparse point of departure, for one is separated by competing views of the good and of human flourishing.

If one wants more, one will need to join a particular moral community and accept with consenting others a particular thick understanding of the good, justice, and human flourishing. There is no reason to believe that such communities will be geographically isolated. Instead, one is likely to find such communities dispersed across the world. In terms of issues of bioethics and health care policy, one can thus envisage various non-geographically located communities of common understanding both within states and across states. Here one might imagine such systems as Vaticare serving Roman Catholics, Islamicare serving Mohammedans, or Atheistcare serving atheists of particular persuasions. Such communities could tax themselves through the use of state authority, on the analogy of German Roman

Catholics and Protestants who use the secular government to collect taxes for the provision of religious services. The result would be a particular, thick set of welfare and even civil rights associated with communities with particular commitments. One might even imagine certain localized criminal law, which for instance might impose the death penalty for anyone caught performing an abortion on Vaticare premises. The long and short of it is that not only may one not establish at law a global bioethics, but one may not establish with a general secular moral warrant a national bioethics for large-scale societies. I do not argue for the state of affairs I endorse because I hold it to be good, only that I hold it to be the only position for which there will be a general secular moral warrant.

V. Why the Impassioned Search for Consensus

Given the persistent diversity of secular moral understandings, one might ask why this obvious truth is not widely acknowledged and accepted. Again, an answer is likely to be found only in the history of the background assumptions framing our contemporary culture. Western culture grew out of a Western Christian supposition that religious belief and the morality it supported should be established uniformly across a national territory. Indeed, in the shadow of the Western Christian Middle Ages there has been a presumption that large-scale societies should be understood on the model of an Aristotelian polis in which all concur regarding a particular understanding of moral flourishing.¹⁹ In addition, the High Middle Ages found Thomas Aquinas²⁰ and others endorsing the death penalty for unrepentant heretics. The acceptance of robust moral pluralism within society was inconceivable within

this paradigm. The model for society, as well as for moral rationality, is one in which right reason leads by sound argument to the establishment of one notion of appropriate moral conduct, the rejection of which is heretical and irrational. Of course, in our day such heresy would be to reject claims regarding positive human rights such as those to equal health care, the best of health care, unaltered genomes, and the interdiction of markets in human organs.

In addition, one must observe that, since many have no traditional moral community of which they are members, they find the sparse procedural morality that can bind moral strangers together to be insufficient. If one lives within a robust moral community, one may not have this perception. Thus, Amish, Hassidic Jews, and Quakers can live together within their own moral communities, celebrating that they are protected by the sparse fabric of a libertarian cosmopolitan moral vision. A thin global ethics, along with its thin global bioethics, will be just enough. But if one wants more and that more is a liberal cosmopolitan vision with its particular view of the importance of liberty, equality, and human flourishing, one will hope nevertheless to transcend religious and ideological differences by reference to a thin, substantive, liberal cosmopolitan moral vision.²¹ As already noted, this vision cannot be secured through sound rational argument. Nevertheless, consensus is invoked²² and a common moral rationality pursued, as if its realization were in sight. It is as if those engaged in this desperate endeavor were remarking concerning the ruins of the Enlightenment's attempt to secure a secular surrogate for the Western Christian moral and metaphysical view: please don't tell me that things are as bad as they seem.

The denial of manifest moral diversity and the hunger for a global, content-rich, moral consensus, as well as the role they play in bioethics, can also be accounted for in terms of how these liberal cosmopolitan aspirations led to the remarkable success and salience of bioethics. Bioethics has become a worldwide phenomenon, in great measure an ideological movement. It is accepted as an academic field and moral trade across the world. From Australia to the United States, from Argentina to the People's Republic of China, from Japan to France, bioethics is established as a socially recognized cluster of practices, to which appeal is made for guidance in public policy and law. All of this has taken place in little over three decades.²³ Looking to the history of the field, one must ask: how could this dramatic development have occurred so broadly and with such effect?²⁴ What cultural forces compelled its acceptance? To answer these questions, I will now turn in particular to why bioethics became important in our contemporary culture as an attempt to secure a surrogate for the moral coherence it was in the process of losing with the collapse of the Christian moral and metaphysical synthesis.

VI. Why Bioethics? The Search for a Secular Theology and Secular Priests

It is at the threshold of this rupture in culture that the field of bioethics broke upon the latter part of the 20th century. It entered to fill a vacuum. As already observed, established sources of religious guidance were marginalized by the secularization of culture. This phenomenon was compounded by the deconstruction of traditional authority figures, bringing into question the authority of the medical profession, as well as the medical ethics that guided it. In particular, the reliance of

the profession on internal values when articulating its medical ethics was brought into question by the concern to direct medicine by reference to values affirmed by persons in general.²⁵ This need to direct medicine and the biomedical sciences appeared especially pressing as health care became (1) more effective, (2) more expensive, and (3) productive of seemingly new moral questions engendered by technological advance. Humans had never had as much power or so little agreement about how to use it. A new source for moral direction was desperately needed. Bioethics emerged with the promise of being able to provide such guidance. As medicine became established as a major social practice, consuming a significant portion of the gross domestic product of developed countries, there was an interest in finding a moral perspective from which to guide this practice. Given the assumption that concrete health care policy should be society-wide in its governance, something like bioethics was needed in order to provide moral authority and guidance in the framing of that policy and law.

Bioethics emerged in the 20th century as both a scholarly field and a moral trade. As a field of intellectual investigation, bioethics has been accepted in the Academy, bringing with it scholars engaged in research and publication. Encyclopedias and journals appeared, providing the usual appurtenances of an area of scholarly study and teaching. Despite the broad interest in the medical humanities in the 1960's, bioethics secured the position as the scholarly endeavor to guide health care policy. Even when some of its members may have lacked academic backgrounds in philosophy, they have departed themselves as philosophers. That is, they engaged in (1) the conceptual analysis of issues, (2) the

assessment of arguments, and (3) the elaboration of geographies of different moral positions using approaches analogous to the endeavors of philosophers. They also acted as (4) moral philosophers engaged in normative ethics: they advanced considerations on behalf of particular, substantive, moral understandings or visions.

Bioethics has emerged not just as an academic profession; it is also a moral trade. People are hired not merely to provide bioethical instruction, but moral direction.²⁶ It is not simply that these individuals have been employed to analyze concepts, assess the soundness of arguments, and provide geographies of possible positions. They have also been engaged (5) to supply moral direction. In some sense, this is not new. Philosophers have always been willing to advance their substantive moral views as guides for individual, communal, and political direction. The novum is that bioethicists have in some limited circumstances, at least, been recognized as in authority to give moral direction. They have assumed a position along with physicians and lawyers as individuals able to give expert guidance regarding health care policy choices at both the micro- and macro-level.²⁷

Again, the difficulty lies in the plurality of moral visions. As a result of the plurality of moral visions, the selection of bioethical experts becomes a serious policy and political matter. The advice one secures depends on the experts one chooses. Thus, it is to no one's surprise that President George W. Bush has appointed a set of bioethics advisers for his Council on Bioethics quite different from those that would have been selected by Bill Clinton. The naming of bioethical experts is a matter of ideological struggle: one seeks the moral experts who will

anoint the policies one wishes to establish and see enacted in the law.²⁸ Indeed, it is for this reason that fundamental moral differences in bioethics tend to be obscured. Bioethical committees, commissions, and councils are appointed not in order to sustain philosophical debate and analysis, but in order to endorse policy. Were one to appoint to such councils and committees persons with truly diverse moral views, one would have endless discussion and no recommendations. Instead, persons with similar ideological commitments are usually appointed, who then learn that, despite theoretically different ways of construing those commitments, they can nevertheless act in consort.

VII. Honestly Facing Moral Diversity in Bioethics

How would the field of bioethics and the engagement of bioethicists be changed by honestly taking into account the diversity of moral visions that informs health care policy? First, one could openly acknowledge that secular bioethicists are as diverse as religious bioethicists. In addition, one could better categorize and appreciate their diversity. Second, one could make societal space for communities informed by different moral visions to pursue those visions peaceably. Here I invoke again my image of competing health care systems shaped by different moral understandings. Communities could realize such systems through taxing procedures such as those that support German religious services or through various voucher systems augmented by additional payments. Different secular health care systems could then incorporate divergent views of how to use or not use prenatal diagnosis, stem cells, and physician-assisted suicide, not to mention the provision

of minimal basic versus better basic health care. Different investments could be made in providing for the amelioration of morbidity versus mortality risks. Different understandings could be pursued with respect to the allocation of resources for care, should one develop Alzheimer's or other forms of senile dementia. There is no reason to believe that all will agree in these matters, nor is there any warrant to constrain a uniformity of approach.

When one considers the further diversities that would come from allowing such health care systems as Vaticare, Islamicare, and Confuciancare to take shape, one can envisage a world in which different moral appreciations could be explored and compared in a society cognizant of the limits of its secular moral authority and the reality of moral diversity. Given the limitations of secular moral authority and the actual diversity of human moral commitments, this vision that makes space for individual and communal moral diversity should be the one to shape bioethics and health care policy. Secular states have no authority to interdict such communal realizations of diverse views of human flourishing. Moreover, from a secular point of view, one could understand these diverse approaches to health care as moral experiments that could be heuristic for mankind generally. An authentic global bioethics is one that makes space for a diversity of moral visions.

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¹ Immanuel Kant, Kant's Critique of Pure Reason, trans. Norman Kemp Smith (New York: St. Martin's Press, 1964), p. 639, A811=B839.

² For example, it will be impossible in general secular terms to show conclusively why one should allow oneself, all of one's family, and one's friends to be tortured terribly if this could be avoided by the painless death of an innocent person under circumstances in which this event would never be detected.

³ Peter Singer offers an example of a philosopher who has stepped beyond this traditional source of moral content.

⁴ Immanuel Kant, The Metaphysical Principles of Virtue VI.424-425.

⁵ Ibid., VI.423.

⁶ In a number of places, Kant provides various arguments against suicide. See, for example, Immanuel Kant, The Foundations of the Metaphysics of Morals IV.429 and Metaphysical Principles of Virtue, IV.422-423.

⁷ I have examined this issue at further length in H. T. Engelhardt, Jr., and Arthur L. Caplan, "Patterns of Controversy and Closure: The Interplay of Knowledge, Values, and Political Forces," in Scientific Controversies, eds. H. T. Englehardt, Jr., and Arthur L. Caplan (New York: Cambridge University Press, 1987), pp. 1-23.

⁸ Tom L. Beauchamp and James F. Childress, Principles of Biomedical Ethics (New York: Oxford University Press, 1979).

⁹ Alasdair MacIntyre, After Virtue (Notre Dame, IN: University of Notre Dame Press, 1981), p. 6.

¹⁰ Ibid., p. 105.

¹¹ Stephen A. Erickson, The (Coming) Age of Thresholding (Dordrecht: Kluwer, 1999).

¹² J. B. Schneewind, The Invention of Autonomy (New York: Cambridge University Press, 1998).

¹³ A fundamental shift in cultural attitudes took place in central Europe as a result of the Reichsdeputationshauptschluss (24 August 1802), which led in 1803 to confiscation of the large holdings of the Roman Catholic church, effectively transferring welfare and educational responsibilities from the church to the state. "Der Reichsdeputationshauptschluss," in Quellen zum Verfassungsorganismus des heiligen römischen Reiches deutscher Nation, ed. H. H. Hofmann (Darmstadt: Wissenschaftliche Buchgesellschaft, 1976), pp. 329-358.

¹⁴ G.W.F. Hegel, Faith & Knowledge, trans. Walter Cerf and H.S. Harris (Albany: State University of New York Press, 1977), p. 190.

¹⁵ Friedrich Nietzsche, Die fröhliche Wissenschaft (Munich: Carl Hanser Verlag, 1960), vol. 2, p. 205, § 343 (my translation).

¹⁶ Gianni Vattimo, The End of Modernity, trans. Jon R. Snyder (Baltimore, MD: Johns Hopkins University Press, 1991), p. 8.

¹⁷ *Ibid.*, p. 33.

¹⁸ G. E. M. Anscombe, "Modern Moral Philosophy," Philosophy 33 (January, 1958), 6.

¹⁹ "A state, then, only begins to exist when it has attained a population sufficient for a good life in the political community: it may indeed, if it somewhat exceeds this number, be a greater state. But, as I was saying, there must be a limit. What the limit should be will be easily ascertained by experience. For both governors and governed have duties to perform; the special functions of a governor are to command and to judge." Aristotle, Politics 7.4.1325b8-14, in The Complete Works of Aristotle, ed. Jonathan Barnes (Princeton, NJ: Princeton University Press, 1984), vol. 2, p. 2105.

²⁰ "I answer that with regard to heretics ... on their own side there is the sin, whereby they deserve not only to be separated from the Church by excommunication, but also to be severed from the world by death. For it is a much graver matter to corrupt the faith which quickens the soul, than to forge money, which supports temporal life. Wherefore if forgers of money and other evildoers are forthwith condemned to death by the secular authority, much more reason is there for heretics, as soon as they are convicted of heresy, to be not only excommunicated but even put to death." Summa Theologica of St. Thomas Aquinas (Westminster, MD: Christian Classics, 1948), vol. 3, p. 1220; 2-2, Q. 11, art. 3.

²¹ H. T. Engelhardt, Jr., The Foundations of Christian Bioethics (Lisse, Netherlands: Swets & Zeitlinger, 2000), chap. 3.

²² Kurt Bayertz (ed.), The Concept of Moral Consensus (Dordrecht: Kluwer, 1994); Henk ten Have and Hans-Martin Sass, Consensus Formation in Healthcare Ethics (Dordrecht: Kluwer, 1998).

²³ The term bioethics appears to have been coined by Van Rensselaer Potter in "Bioethics, the Science of Survival," Perspectives in Biology and Medicine 14 (1970), 127-53; "Biocybernetics and Survival," Zygon 5 (1970), 229-46; and Bioethics, Bridge to the Future (Englewood Cliffs, NJ: Prentice-Hall, 1971). It should be noted that the meaning he gave to the term, a kind of Weltanschauung and lifestyle compatible with survival of the human species through an environment-friendly set of dispositions, was not the meaning that came to identify the new field. Bioethics as we use it today may have been independently coined by André Hellegers or indeed by Sargent Shriver, the founder of the Peace Corps. Personal communication to H. Tristram Engelhardt, Jr., in a letter dated January 26, 2001. See, also, Warren

Reich, "The Word 'Bioethics': Its Birth and the Legacies of Those who Shaped its Meaning," Kennedy Institute of Ethics Journal 4 (1994), 319-336.

²⁴ For three studies of the development of bioethics, see Francesc Abel i Fabre, Bioética: orígenes, presente y futuro (Madrid: Fundación MAPFRE Medicina, 2001); Albert R. Jonsen, The Birth of Bioethics (New York: Oxford University Press, 1998); M. L. Tina Stevens, Bioethics in America (Baltimore, MD: Johns Hopkins University Press, 2000).

²⁵ H. T. Engelhardt, Jr., "The Deprofessionalization of Medicine in the United States: From Guild to Managed Care," Occasional Paper Series No. 9, City University of Hong Kong, August, 2001, pp. 1-13.

²⁶ Bioethicists have even come to be accepted in courts of law as experts able to opine on that which is morally appropriate to do, even when such deportment is not defined by law.

²⁷ For an overview of these phenomena, see H. Tristram Engelhardt, Jr., "The Ordination of Bioethicists as Secular Moral Experts," Social Philosophy & Policy 19 (Summer 2002), in press.

²⁸ For an overview of the role of bioethicists in courts of law, see Kevin Wm. Wildes, S.J., "Healthy Skepticism: The Emperor has Very Few Clothes," Journal of Medicine and Philosophy 22 (August, 1997), 365-371; and Kenneth Kipnis, "Confessions of an Expert Ethics Witness," Journal of Medicine and Philosophy 22 (August, 1997), 325-343.