

## **DIMENSIONS OF BIOETHICS, THE RELEVANCE OF 'CONTEXT' AND THE 'PRAGMATIST TURN'**

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**ABSTRACT:** In this paper, I will focus on the theoretical and methodological dimensions of bioethics and bioethical problems. Mainly, I will review theories, principles, rules, and methods of bioethics, and show the relevance of "context" in recent bioethical studies. Bioethical plights are diverse in terms of their appearance, and they are also complex to address them effectively. The reason can be related to the socio-cultural and economic factors or 'contexts' where the issue arises and the multifaceted nature of bioethical problems, which encompasses ethical issues in life sciences, medicine, technology, environment, and the life of human beings. Hence, considering the nature of bioethical problems, we may argue that bioethical problems require diverse and contextual moral reactions and responses. In this paper, I will give a systematic appraisal of the recently introduced context-sensitive methodologies, theories, and principles of bioethics in the 'global' "South" and "East" and argue in defense of the relevance of context-based bioethical research and bioethical deliberations. Justifications, deliberations and moral actions are contingent, dynamic and context-sensitive because judgments and decisions concerning specific bioethical problems are socio-culturally embedded and institutional. Thus, in the final part of the paper, I will assert that a pragmatist-empirical turn in bioethics is relevant both in the theoretical-conceptual study of bioethics and decision making concerning specific bioethical dilemmas under a particular context.

**Keywords:** Bioethics, Bioethical Theories, Context-Ethics, Pragmatist Bioethics

### **1. Introduction**

Bioethics is an interdisciplinary field which exhibits a complex and contested relationship to philosophical theory due to contributors' perspectivism and 'reliance upon high-flying ethical theory,' and skepticism of the applied nature of bioethics (Arras, 2016). Micah Hester argues, in part as a backlash, and in part as a continuous activity, bioethics has gone through a transformation during the past decades. Dominated in the 1980s principlism and other moral theories in philosophy, bioethics has turned to other perspectives and new approaches to

address moral problems in medicine and bioethics. For example, narrative ethics, casuistry, and the ethics of care (among others) each have made headway into the field (Hester, 2003).

Bioethics is commonly viewed as an interdisciplinary field of inquiry that has emerged as an ethical enterprise in the second half of the twentieth century. The increasing diversity and complexity of ethical quandaries related to advance in natural science and technology and the new challenges to specific priorities and practices in medicine and life sciences have led for the traditional medical ethics to expand its horizon to bioethics which includes issues related to animal ethics and environmental ethics (Peppard, 2005; Düwell, 2012). The involvement of physicians, philosophers, lawyers, theologians, and others on the cusp of interdisciplinary dialogue to the issues emerging out of medicine in the context of science and society is also the reason regarding the emergence of bioethics as a field of study (Düwell, 2012).

Irrespective of considerable consensuses on its historical origin, contributors in the field provide different and often conflictual definitions and conceptions to bioethics, especially on its methods, theories, and area of concern. Marcus Düwell agrees with the contested terrain of bioethics. He maintains that the academic bioethics has an interdisciplinary character and that there is no agreement on what exactly bioethics is in the first place (Düwell, 2012). The absence of consensus on bioethics can also be related to the very fact that different ethicists and researchers on bioethics approach bioethical problems with different methods, theories, principles, rules, and a different logic of bioethical decision-making and justifications. Thus, we can find multiple conceptions of bioethics, different methodologies, and principles that contributors in the field have provided to do bioethical research, and making decisions on particular moral problems in a societal and institutional context.

In this paper, I will give a systematic review of these different theoretical and methodological dimensions of bioethics and bioethical problems. Mainly, I will discuss

the horizon of bioethics, and review some of the theories, principles, rules, and methods of bioethics with an emphasis on recently introduced context-sensitive theories and principles of bioethics in the 'global' South and East. Finally, I will suggest that the pragmatist turn towards bioethical investigations and deliberations are relevant both for the conceptual study of theories and to make morally "acceptable" decisions concerning specific bioethical dilemmas.

## 2. Bioethical Issues and the Horizon of Bioethics

Studies in bioethics categorize bioethical issues and dilemmas as "traditional" and "modern" problems of concern in ethics. The traditional issues of bioethics are inherited from the traditional issues of medical ethics; whereas, the modern bioethical issues are related to advance in natural sciences and technologies. The traditional bioethical issues include biomedical problems concerning the beginning and end of life, notably, issues such as abortion, euthanasia, and limiting the therapeutic life treatments and physician-patient relationships at micro-level healthcare systems and institutions. On the other hand, contemporary issues in bioethics include issues related to research on human beings, clinical trials, human genetics, and moral problems linked with misconducts on research on human beings in general. Also, ethical problems related to reproductive technology, organ transplantations, and healthcare resource allocations issues are emerging problems of bioethics in the recent past (Chillón & Marcos, 2019; Martins, 2018; Düwell, 2012).

The horizon of bioethics is not limited only to medical issues; instead, it includes provocative problems of environmental ethics and technology (Düwell, 2012; Peppard, 2005). Bioethical issues are complex, and the field of bioethics is robust and multidisciplinary in terms of its concern and approach of study. Thus, issues associated with rapid developments in natural sciences and technology and their undesirable consequence on the environment and human beings survival, such as nuclear

waste, water, and air pollution, clearing of the forest, large scale livestock farming as well as particular technological innovations like cloning and gene technology are also the focus of bioethical investigations. Furthermore, problems that stem from a concrete situation are concerns of the twenty-first-century bioethics (e. g. HIV/AIDS, genetically manipulated food, the boom in biomedical arsenals, human embryonic stem-cell researches and tropical and pandemic diseases (Pace, 2010; Peppard, 2005). In general, we can claim that current bioethical issues arise out of ethical problems of healthcare, life science, and biotechnologies.

Contemporary bioethical issues are, to some extent, cross-cultural and global in their scope of becoming the concern for the public and the academic scholarship. The moral concern of a specific region or society will become the concern of others, and later it will be a global problem of all of the world. This cross-cultural nature of bioethical problems can be related to the interactions between and within different cultures and civilizations, which is caused by the increasing interconnectedness of different cultures through globalization and metropolitanism. Despite the cross-cultural nature of bioethical issues, the degree of seriousness of bioethical quandaries differs from region to region, nation to nation, and society to society. These differences depend on the socio-economic, cultural elements, and technological levels and contexts. For instance, issues such as euthanasia, surrogate motherhood, organ transplantation, gene therapy, transhumanism, and other biomedical arsenals and other emerging problems dominate the concern of Western bioethics. However, these problems are pretty far to be concerned with "main problems" in the developing countries that have poor resources. However, issues of scarcity and sacrifices in healthcare, cross-cultural researches in healthcare and clinical trials, tropical and pandemic diseases, antibiotic resistance bacteria (among others) are more germane in developing countries (Olweny, 1994; Igoumenidis & Zyga, 2011; De Vries et al., 2011; Chen, 2019). Thus, we may argue that any efficient investigations, deliberations, and re-

sponses to bioethical problems must consider the local and global contexts and dynamics where the problem arises. Consequently, this may also lead us to think of the context-sensitive nature of theories and principles of bioethics as well as specific rules and codes of conduct for ethical deliberations and decisions.

### **3. Methods, Theoretical Dimensions, Principles, and Rules in Mainstream Bioethics**

Ethicists identify various reasons for the concern on methods, theories, and rules of bioethics, bioethical deliberations, and decisions. As Beauchamp and Childress claim, one of the reasons is that theories use to determine how it is best to guide human actions. This concern mainly signifies the consideration of how well a bioethical theory, concept, framework, or perspective guides actions, as well as the congruence with moral experience (Beauchamp & Childress, 2001; Childress, 2007). The concern of investigating and solving empirically pressing moral dilemmas under a relevant social context is also another reason for bioethicists' focus on the methods and theories (Dunn & Ives, 2009; Wangmo & Provoost, 2017). There are two kinds of categories about principal methodological approaches of these days of bioethical research and deliberations, namely, normative philosophical approaches and empirical approaches. The normative approaches of bioethics include consequentialist theory, deontological theory, pluralistic principlism, case-based methods, virtue ethics, ethics of care, communitarian perspectives, critical feminist perspectives, and rule-based theories (Childress, 2007).

On the other hand, the empirical approaches to bioethics are the result of contributors increasing sensitivity to contexts in bioethical researches and decision making. Hester and Wolf describe this empirical turn as a pragmatist shift in the study of bioethics (Wolf, 1994; Hester, 2003). Susan Wolf argues, "... bioethics and health law have always been "applied" or practical. But in shifting their respective approaches increasingly away from something principle or rule-driven to something

more inductivist and empirical, their approach to the practical becomes pragmatist" (Wolf, 1994).

The dominant theoretical perspective in this principle-based normative approach is principlism. It has got its name after Clouser & Gert's (1990) critique of a principle-based approach of bioethics introduced by Beauchamp and Childress in 1979 (Childress, 2007). Principlism is a theory developed after the Belmont Report in 1976, which in the report, the group of experts came up with three principles that guide behavioral and biomedical researches involving human subjects. Later, Beauchamp and Childress helped consolidate the principlism theory. They included three principles of the Belmont Report: respect for the person (autonomy), beneficence, and justice by adding the fourth principle of nonmaleficence (Beauchamp & Childress, 2001). As Childress describes it, principlism is an ethical framework that incorporates consequentialist principles along with non-consequentialist ones without driving one set from others or reducing it to the other. As a result, the authors of this theory call it a 'pluralistic approach' of bioethics. Principlism is an applied ethics approach to the examination of moral dilemmas based upon the application of certain principles. A principle is a basic standard of conduct from which many other moral standards and judgments draw support for their defense and standing. Those four principles include several derivative rules such as; veracity, fidelity, privacy, and confidentiality, along with various rules such as informed consent and the duty to help others (Childress, 2007). Here, I want to extend further my discussion into these four principles of Beauchamp and Childress in order to give a background for my later discussions and critics against this approach in the upcoming sections of this paper.

Autonomy, as the principle of bioethics, refers to self-rule, free from control, and interference by others. Especially in clinical medicine, it refers to having information for meaningful decision and choice on the matter. In the negative terms, the principle of autonomy refers to having no control and constraints by others and

the absence of deprivation of freedom of others. Positively, it signifies respectful treatment in disclosing information and fostering autonomous decision making (Beauchamp & Childress, 2001). The principle of autonomy, as Beauchamp and Childress note, includes various specific rules such as veracity, respect, confidentiality, consent, and the duty of helping others. Any proper investigation and decision concerning a particular moral problem should consider them. The second principle of bioethics in the principlism approach is beneficence. The principle of beneficence asserts the duty to help others further their significant and legitimate interest. Mainly in the area of medicine, the principle signifies that one ought to prevent evil or harm so that to promotes good. Beauchamp and Childress notes that the principle of beneficence includes specific rules such as protecting and defending the right of others, preventing harm from occurring to others, remove conditions that will cause harm on others, help persons with disabilities, rescue person in danger to promote the patient's welfare (Beauchamp & Childress, 2001). As Beauchamp and Childress claim, ethical analysis of bioethical problems must consider these specific rules of beneficence to come up with judgment of its goodness or badness, rightness or wrongness and acceptability or non-acceptability of a certain issue at hand. The third principle is the principle of nonmaleficence. This principle is indirectly related to the principle of beneficence. It refers to the duty to refrain from causing harm, which is related to the age-old Hippocratic Oath of physicians and health workers. According to this principle, as a moral duty, one ought not to inflict harm on others. The principle of nonmaleficence includes several specific rules, such as do not kill, do not cause suffering or do not deprive pleasure, freedom, do not incapacitate clients, do not offend, and do not deprive others of the good of life (Beauchamp & Childress, 2001). The fourth principle of bioethical principlism is justice, which focuses on the distribution of social burdens and benefits. Under the principle of justice, several rules are included, such as equal sharing, a distribution based on the need, distribu-

tion, and sharing according to effort and contributions and distribution and sharing based merit (Beauchamp & Childress, 2001).

#### 4. The Need for 'Context' in the Normative Bioethical Researches

Morality is embedded in people's lives and the world they inhabit, and it is unbearable to relegate morality to an abstract theory or principles alone. Hester believes that, in the moral investigation, there is a clear danger in the beginning from high-level abstraction since at such a level no context exists. However, every bioethical problem that we confront always-already arises as a particular problem happening to particular people in some unique context. As Hester claims, inquiry in general, and ethical inquiry in particular, arises out of a given problematic situation which conditions our moral activities and decisions (Hester, 2003). Moral considerations and ethical deliberations are contingent, dynamic and contextual depending on the type of moral quandary lurking in a society. Likewise, in bioethics, justifications and deliberations are contingent, dynamic and context-sensitive since judgments and decisions concerning specific problems are socio-culturally embedded and institutional.

Scholars criticized those mainstream approaches of bioethical principlism and traditional moral philosophies on the ground of their abstract nature and lack of contexts on their application in bioethical research and practical decisions. They call for the need to contextual bioethics in the conceptual study of theories and principles as well as in the empirical-contextual investigations and responses to specific bioethical plights. One of the objections against traditional bioethics and principlism stems from the gap between normative theories and practices. This objection can be further instantiated into various challenges proposed from different approach of morals. For example, many authors claim that moral reasoning and the logic of ethics of medicine, bioscience, and technology does not necessarily involve a simple

application of a pure theory or single principle to specific moral problems or issues. In fact, the bioethical principlism and other theory-oriented approaches of bioethics have got severe criticism from pragmatism. For instance, pragmatist naturalists and evolutionist pragmatists believe that actual moral problems are "contexted" or embedded in states of affairs of our living. Thus, they reject the deductive justification of morals and the a priori metaphysics of moral principles (Moreno, 1999; Hester, 2003; Cooley, 2017; Ryan, 2000). For instance, Hester from the pragmatist point of view claims that it impossible to move from general principles if we are not first acquainted with the specific features of the problem at hand. So, he remarks that any applicable ethical principle must arise out of the context hence to have any meaning to the given situation (Hester, 2003).

Moral decisions are not in a straightforward way rule-governed, with straight forward deductive logic, nor can it be captured by an algorism. Instead, moral decisions are communally situated and intertwined with a multifaceted assessment of societal situations, rules, laws, traditions, religions, background philosophical beliefs, and specific situations. These contexts influence moral decision making and judgments (Steinbock, 2017). Besides, the fast development of technologies and associated complexities of moral problems in our society have led the task of ethical investigation very complicated by making bioethical problems incomprehensible with universal rules or codes of conduct. This unfathomable nature of bioethical issues induces us to go beyond the traditional moral bioethical theories and seek for solutions with a broader multidisciplinary approach and consideration of diverse social contexts (Hoffmaster, 2018). Thus, I agree with Hester that any use of principles or classifications, then, can only happen given a specific problem and context (Hester, 2003).

In the current discourse of bioethics, it is not surprising to see the labeling of the mainstream bioethics as the bioethics of the "Western." The "Western Bioethics" is often perceived as secular, individualist, rationalist and universal in its approach to ethics in general and bioeth-

ics in particular. This "Western" approach is contrasted with a different approach that aims at the integration of religious values, the particularities of human relationships, and regional or local perspectives. It is not surprising, then, that some "Non-Western" authors criticizing it as irrelevant or non-existent in their culture (Biller-Andorno, 2006). Authors, especially from Asia and Africa, criticize bioethical principles in principlism as they are not context-sensitive and have little effect on policy issues and ethical deliberation in these regions. For example, Azétsop and Rennie argue that autonomy-based bioethics of the West prioritizes medical individualism and 'market force-based' healthcare. And, these autonomy-based bioethics, according to them, is incapable of addressing some of the most pressing bioethical issues in healthcare service in the resource-poor countries. The authors argue, "the real need in resource-poor countries is not then to mislead people with unrealistic promises of autonomy that very few people can indeed achieve, to articulate moral principles and societal values that are oriented around the promotion of equitable access to care and which broaden the goals of medicine and public health" (Azétsop & Rennie, 2010).

As a consequence, many scholars have developed alternative principles of bioethics which are context-sensitive and uses to investigate bioethical problems based on the particular local and regional context where the problem arises. For stance, bioethicists, especially from the perspective of Asia and Africa, argue in defense of contextual bioethical theories and principles, and they suggest the relevance of context-based bioethical researches. They further claim that the predominant view of bioethical principlism is based on Anglo-American culture, and it has little role to solve particular bioethical problems in the non-western society (Tan Kiak Min, 2017; Tangwa, 2010; Behrens, 2013).

In the context-based re-orientation of bioethical theories and methods, we can identify two significant positions on the relevance of "context" on bioethical principles and theories and bioethical research. In the first position, ethicists (e.g. Coleman (2017), Andoh

(2011), Tangwa, (2010), Azétsop and Rennie (2011), Behrens (2013)) believe on the complete regionalization or cultural and societal specificity of bioethics. Whereas, in the second position, authors (e.g., Ssebunnya (2017), Fayemi (2016), and Tan Kiak Min (2017)) believe in the universality of bioethics. However, they suggest the synthesis between the mainstream approach and some contextual, cultural elements. In the first orientation, researchers draw different theories and principles that guide bioethical analysis and deliberations by showing the regional specificity of bioethics as African bioethics, Asian Bioethics, Western Bioethics, and other specific cultural groups. In this respect, authors sort out different theories of ethics other than the dominant theories and principles of bioethics developed in the 1970s. For example, some bioethicists in Africa claim the need for the African framework of resolving moral dilemmas arising in biomedical sciences and technology. Authors criticize the mainstream theory of bioethics as a model and framework developed from the Western cultural context. Thus, they develop an alternative African bioethical framework from the standpoint of African cultural elements (Coleman, 2017; Andoh, 2011; Tangwa, 1996; Azetsop, 2011; Behrens, 2013). For example, Andoh and Tangwa pointed out that unlike the individual-centered culture of the West, African culture is community-centered. Thus they argue about the need to move away from the individual based bioethics of the West to the community-based bioethics of Africa (Andoh, 2011; Tangwa, 2010). Andoh claims;

A major recurrent feature of moral thought in sub-Saharan Africa is the general maxim, "A person is a person through other persons" or "I am because we are." The traditional African concept Ubuntu "I am because we are. I can only be a person through others implies that one's identity as a human being causally and even metaphysically depends on a community. Also, in a morally grounded prescriptive sense, one ought to support the community (Andoh, 2011).

Similarly, Behrens argues against the mainstream autonomy-based bioethical principlism of the West. He argues that those four principles of Beauchamp and Childress

are incapable of addressing some of the most pressing bioethical issues in Africa. Instead, Behrens argues that when it comes to Africa, a principle based on the perspective of African communal solidarity ethics should guide African bioethics, which he claims the principle of harmony is a primary principle (Behrens, 2013). Also, Chukwunoko and his colleagues, based on the study of the traditional Igbo society in Nigeria, posited communal living, respect for life and personhood, solidarity, and justice as the hallmarks of principles of African bioethics. They argue that bioethics is part of the communal morality and not individual morality, which is based on the human relationship in African culture, cultural reminiscence, norms and habits, tradition and custom (Chukwunoko, et al., 2014). Likewise, Margaret Lock, on her ethnographic study about brain death in Japan, associates the resistance of the use of the recently dead for organ donation to the cultural element of the Japanese society. Lock claims that in Japan, the self is relational, and not individuated and atomized as in the West, with death viewed as an evolving process in which the family participates (Lock, 2002). The seriousness and controversial nature of specific bioethical dilemmas in particular regions of the world also demonstrate the contextual nature and regional distinctiveness of bioethics (Fayemi, 2016; Miles & Laar, 2018). For example, Fayemi identifies the uniqueness of African bioethics in terms of its focus on moral issues around socio-economic problems, poverty, and other health-related problems (Fayemi, 2016).

However, different from the those who reduce bioethical methods and principles to specific regions, other ethicists insist on the need to integrate contemporary bioethical principles with other contextualized cultural elements of specific regions of the world (for example, (Ssebunnya, 2017; Fayemi, 2016; Tan Kiak Min, 2017). These bioethicists analyse the context of African and Asian bioethics, and they interpret the 'four autonomy-based Principles of mainstream bioethics in light of the communal culture of societies in these regions. For instance, Ssebunnya (2017) argues against the motive

for distinct African bioethics proposed Tangwa (1996), Behren (2011) and other "ethno-centrist" bioethicists, and he urges for African bioethics to incorporate the universal elements and specific insights from regional contexts through empirical turn to bioethics. Ssebunnya claims;

It is indisputable that bioethics as a discipline is essentially a universal pursuit that emerged out of concerns about the unprecedented biotechnological threats to the dignity of the human person. Thus, primarily, bioethics has a moral imperative and must be conceptualized and grounded in a matrix of moral values. Secondly, bioethics is actualisable through an action-guiding analytical framework that underlies empirical research ethics. This is the essential two-dimensional nature of bioethics that demands sustained reflection and articulation in light of lived human experience (Ssebunnya, 2017).

I want claim that the truth of moral reality, the epistemic ground of moral judgments or decisions, is subject to specific situations and contexts. Even though we share the basics of morality in common as humans (because our brains are structured similarly as a result of evolutionary adaptation) (Cooley, 2017), I believe that the truth of morals, their acceptance and denial is conditioned by the socio-cultural contexts they attempt to operate. As regards, those earlier theories which are proposed in defense of regional specificity of bioethics have the truth about bioethics because they allude to the imperative of cultural specificity as a hallmark of the morality. Thus, apart from the dominant bioethical theories and methods, alternative suggestions inspired by the contextual analysis of bioethical concepts and problems in specific regions should be voiced from within a discourse on bioethics both for its pragmatist advantage to solve practical problems at the local level and to strengthen cross-cultural dialogues. Cooley, in his approach called multicultural pragmatism in bioethics, remarks, "to make better decisions and take more effective action when it comes to dealing with other nations and cultures, for instance, it is necessary to sufficiently comprehend them [alternative moral theories]" (Cooley, 2017).

## **5. Contextual Bioethics and the Pragmatist Turn**

As I claimed elsewhere in this paper, justifications, deliberations and moral actions are contingent, dynamic and context-sensitive, because moral judgments and decisions concerning specific problems are embedded in the socio-cultural and institutional milieu. The recent emphasis on context in bioethical scholarship is, therefore, a turn to the empirical dimension of morality, which informs researchers to reconsider the social context and dynamism in ethical research. The philosophical background of "context-ethics" lies under the expanse of the pragmatist turn to bioethics. Of course, like other bioethical approaches, pragmatist bioethics is criticized as it is subject to methodological and philosophical perspectivism (Arras, 2016), but I claim that because pragmatist bioethics alludes to find a workable morality with methodological flexibility and consideration of the social context and human evolution, it passes the criticism. Thus, in this part of the paper, I want to discuss the relevance of context in ethics in general and in bioethics in particular with an emphasis on pragmatist bioethics. Specifically, I will examine pragmatist bioethics from the "philosophical pragmatist" approach of Hester (2003) and Cooley's "evolutionary adaptation and neurophysiological" approach of pragmatism (2017) and show how the truth of morals operates in the communal forces, that is, in our everyday living in the society. Finally, I will indicate how bioethics rests in the pragmatist epistemology, and I will show the relevance of the pragmatist turn to bioethical researches.

The emphasis in context aims at reorienting bioethics which has been situated in the a priori metaphysical theory of priciplism and other moral philosophies of mainstream bioethics into the world of human experience. It is aimed at looking morality, moral judgments and decisions, and the believes and values underpinning them under the framework of social-institutional environments and the dominant societal moral norms (Hoffmaster, 2018). Manifold contexts such as social, legal, economic, political backgrounds and encompassing

worldviews have potential to inform abstract principles into workable practices (Musschenga, 2005). So, an emphasis on context in bioethics has a double advantage, that is, in the theoretical-conceptual research, to find out a workable principle concerning bioethical problems in certain context, and in our everyday life, to make a workable decision concerning moral dilemmas in a specific society. In fact, the double advantage of context is grounded in the complimentary nature of normative and empirical ethics. The moral question that confronts us "how ought to be" in normative ethics needs an empirical data that reveals "how something is", especially for bioethical dilemmas which are societal and institutional in nature (Dunn & Ives, 2009). Besides, context also helps determine our moral obligations especially in the situation what is an evident duty in one state of affairs is not at all apparent under another (Moreno, 1999), which I believe that this is a challenge of moral absolutism of mainstream bioethics.

In the study of bioethics, the emphasis on context is rooted on the pragmatist nature of the epistemology and ontology of morality in general and bioethics in particular. In the pragmatist bioethics, we can find different approaches to bioethics, which for me these approaches are complimentary at least under their general aim and theoretical underpinning of the discourse of bioethics. Pragmatist bioethics is empirical, not metaphysical. It eliminates a priori deductive reasoning, which create standards that reflect more of the individual's abstract values and principles than they do really in our communal life (Cooley, 2017). That is why the pragmatist method for moral problem solving is described as highly inductive in contrast to the more conventional use of principles in a deductive and "mechanical way" (Ryan, 2000).

Hester (2003) approaches bioethics from the aspects of philosophical pragmatism of John Dewey, William James, and C.S. Peirce. In light of these philosophical backgrounds, he approached morality and bioethics on the categories of the role of intelligence and habits. On the other hand, Cooley (2017) looks pragmatist bioethics

from the inter-cultural bioethics' perspective with the approach of evolutionary adaptation and advantage, neurophysiology, and social science. Habits are pervasive functions of experience which they range through the aspect of living. They are tendencies to act build through accustomed responses to ever-changing the environment. Habits help us live our life efficiently. However, they also blind us to recognize the particular feature of experience that makes our current situation different from the past situation. But the focus on our purpose helps us counteract the dangerousness of habituations. Recognition of purpose in life helps make habits intelligent by transforming our experience through exposing our practice to contexts hence situates the meaning of our terms and experiences (Hester, 2003).

A priori categorical logic does not shape our intelligent purpose; rather, it relies on the past experience in order to help determine possible consequences in life in light of the uniqueness of the current condition and future projections of our lives ends (Hester, 2003). Our minds/brains are structured with habits because of the evolutionary adaptation and social conditionings. Our values, feelings, tendencies, judgement outcomes are conditioned by the social atmosphere or the contexts where we are situated as a social being (Cooley, 2017). Thus, most of the time our intelligent purpose is not private projection to live best our life, especially when it comes to morality the world of actual human affair requires social intelligence (Moreno, 1999). Morality is based on the central desires and needs, arising from a special type of social existence (Cooley, 2017), and the good is not a mere static thing, but a project, that is undertaken not by isolated individuals, but by social individuals, generally persons working together (Moreno, 1999).

As regards to the basic pragmatist epistemology, morality relies in our habits and experiences, which are formed with the temporal existence of human beings. It also has a neurophysiological or biological foundation. The human brain and its natural working are the result of evolutionary adaptation, and our morality is a byprod-

uct of evolutionary adaption, which reflects socialization. As Cooley claims, our brain structures helps create and limit the morality we have, but the socialization and learning further refines and builds up our morality (Cooley, 2017).

There is no absolute or static good or bad in ethics and bioethics; goodness and badness are subject to evolution depending on the situation at hand. In the temporal nature of human existence, we face always a new good and bad which the moral worth of something in the current situation is evaluated based on our past experience and future projection in the context of the society we live our lives. Thus as Moreno claims, from the pragmatist stand point the "Good, that which is desirable, is an ideal that helps organize human energies, which are in fact engaged in continuous social reconstruction" (Moreno, 1999). The truth of morals in pragmatist aspect is subject to situations or contexts where it is challenged, scrutinized and accepted or denied by the cultures in which morality operates. Hence, in the case of moral deliberations and decisions, consensus is a central pragmatist activity (Hester, 2003), which is possible through social intelligence- "a social intelligent response to a problematic situation requires, among other things, reliable information, an understanding of the problem, a plan of action, a purpose or "end-in-view," and a willingness to engage in a further reconstruction if the hypothesized approach proves unsatisfactory" (Moreno, 1999).

I claim that this pragmatist view of morality places research in bioethics into a new level as compared to the principlism approach of bioethics which founded upon the atomistic view of individuals and discursive rationality as a source of morality. As Hester claims, with its emphasis on purposive inquiry and free and flexible habits its uses in the analysis of morality, pragmatist bioethics is methodological not metaphysical (Hester, 2003). As a methodology of bioethics then, pragmatist bioethics seeks for what works in a given situation with the ultimate goal of our or others flourishing. Many pragmatist authors, then, mentioned several pragmatist

considerations (frameworks) while doing bioethical researches and deliberations at different levels and contexts be it at academic level or in the political and institutional levels of moral deliberations. The following (among others) are mentioned by different authors: the societies rules, practice and custom; the social intelligence; habits regarding the problem; rules and responsibilities related to specific roles the agent is playing at the time; claims others have on the agent; the maxim developed out of the previous judgments of the agent or habits; consideration of conflicting situations and balance of other mediated consequences; measuring the importance of consequence in view of future projection; the social intelligence, habits regarding the problem at hand among others (Cooley, 2017; Hester, 2003; Moreno, 1999).

Finally, I conclude that pragmatist bioethics attempts to draw a moral system that works in a given circumstance with the consideration of socio-cultural dynamics and biological evolution. In this regard, the pragmatist-empirical turn in bioethics is relevant in the theoretical-conceptual study of bioethics and decision making concerning specific bioethical dilemmas under a particular context. However, I want to say that there are many things which are left to be done in the future regarding the conceptual study of pragmatist bioethics, mainly, in setting out pragmatist frameworks that researchers in certain contexts consider while doing empirical researchers.

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