

NEWSLETTER

Winter 2006 (on-line Feb. 23, 2006)

SOCIÉTÉ CANADIENNE POUR L'ÉTUDE DE L'ÉTHIQUE APPLIQUÉE \$ SCEEAA

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President's Message

By Chris MacDonald

Better late than never, I'll begin this message by thanking the organizers of the CSSPE's 2005 Annual Meeting at the University of Western Ontario. CSSPE stalwarts Mary Richardson and Alex Wellington deserve a lot of credit for an event that was engaging and well-organized. The CSSPE's meetings are now so consistently interesting, and consistently well-run, that it's incredibly easy to recommend the conference to colleagues and graduate students. I've heard many CSSPE members comment that our annual meeting is one of the best, if not the best conference they go to each year.

Next, I'd like to use this space to make an observation or two about a new-ish medium at play in the world of practical ethics. Blogging has taken the world by storm, but has frankly barely generated a breeze in academic ethics. The biggest, best, and most popular ethics blog right now has got to be the blog written by the editors of the *American Journal of Bioethics* (blog.bioethics.net). Glenn McGee and his colleagues crank out an impressive volume of high-quality commentary on a range of bioethical

issues. It is a must-read for anyone with even a passing interest in bioethics.

The CSSPE's own Susan Turner has a blog with the cheeky name, "No Turner Left Unstoned" (ntlu.blogspot.com/). It's not an "ethics blog" *per se*, but Susan's philosophical savvy and critical mind make her blog at least an honorary member of the category.

Some other ethics blogs of note:

- The Credo Advisors Blog, at www.credoadvisors.com/blog/
- The International Corporate Governance Blog, internationalcorp.gov.blogspot.com
- Principled Profit: The Good Business Blog, at principledprofit.blogspot.com
- The Women's Bioethics Project Blog, at womensbioethics.blogspot.com
- The CEO Ethics Weblog, found at www.ceo-ethics.info

My own efforts have been focused on "The Business Ethics Blog". Catchy title, eh? Anyway, it's at www.businessethics.ca/blog. My inspiration for starting a blog came from my dismay at not finding any business ethics blogs to speak of *out there*. Given the popularity of the medium, I was sure that when I finally got around to looking, I'd find dozens of blogs about business ethics and corporate social responsibility. My initial search turned up almost none, so I took up the challenge myself. I've since found a few decent ones – both academic and non-academic – that I now read almost daily.

But in general, there just aren't a lot of ethics blogs, and even fewer good ones. I think this is a serious lacuna, and a gap that should be filled by CSSPE members and others in academic

ethics. Critics, of course, have already been trumpeting the “death of the blog.” Blogs, they say, are mostly vapid, self-indulgent exercises in unwanted opinion-sharing. And that’s mostly true. But that doesn’t mean that all blogs are useless. Blogs of the “guess-what-my-cat-did-today” variety are incredibly common, and even the best of them lose their charm after a couple of days. But clearly not all blogs are of that variety.

I think thoughtful ethics blogs by people with training in ethics have the potential to be incredibly useful. First, of course, a good blog is a great way for readers “in the business” to keep up with current events and current controversies. Reading the *AJOB* blog is my primary means of keeping in touch with events in the world of bioethics, now that I’ve shifted most of my research to the world of business ethics.

Secondly, blogs can be useful teaching tools. One friend tells me he’s using my business ethics blog as a source of up-to-the-minute case-studies for discussion in one of his classes. Of course, a blog will never provide the kind of in-depth analysis and historical perspective that a good case book does; but then again, case books tend to be full of examples – the Ford Pinto, the Exxon Valdez – that happened before the current crop of undergrads was even born.

Finally, I think high-quality ethics blogs make a serious contribution to public discourse. A good ethics blog doesn’t just alert people to stories; a good ethics blog should provide at least a little educated insight. So, when a story pops up about the “dangers” of videogames? *Here are the basics – a few sentences – of the ethics of product safety.* A story about accusations of conflict of interest? *Here’s at least a definition of the concept.* I find I use my blog the way I use media interviews: not as a chance to give in-depth analysis, but as an opportunity to give just *enough* insight to raise the average educated person’s understanding of a given story one notch, to show that there can be more than knee-jerk moralizing when it comes to ethically contentious issues.

Mark your calendars!

Annual Meeting of the Canadian Society for the Study of Practical Ethics

York University,
Toronto Ontario
May 28 - 30, 2006

Paper topics include:

- “Accountability at the World Bank”
- “The Precautionary Principle”
- “The Role of Feelings in Environmental Ethics”
- “Regulation of GMOs in Canada”
- “The Republican War on Science”
- “Ecological Integrity”
- “Practical Ethics Through Literature”
- “Non-Aboriginal Treaty Rights and Responsibilities”
- “Human Rights and Intellectual Property”
- “Disability, Diversity and the Elimination of Human Kinds”

For more information:
<http://www.csspe.ca/>

On Empirical Approaches to Bioethics: Why Moral Deliberation should not be “Evidence-Based”

Maya J. Goldenberg, PhD candidate,
Department of Philosophy, Michigan State University¹

The “empirical turn in bioethics”² denotes the increased influence and use of social scientific or “empirical” methods in bioethics over the past two decades. While supporters of “empirical ethics” welcome this broadening of the discipline and contend that bioethics benefits from empirical justification of the claims we make about, say, patients’ attitudes or clinicians’ behaviours in our ethical reasoning, detractors remind us of the “is/ought” problem that can arise when descriptive and prescriptive methods coincide. While *evidence-based ethics* – the latest empirical approach to bioethics – arises within the momentum of “empirical ethics”, it draws unique content from the evidence-based movement that began in medicine only a decade and a half ago in the form of “evidence-based medicine” (EBM) and then exploded into other professional disciplines with much acclaim. Given the currency of EBM, and because bioethics methodology has been influenced by medicine before (for example, case-based reasoning), it is hardly surprising that an evidence-based approach would come to be considered for moral decision-making. Examining the norms and implications of evidence-based practice in medicine, however, reveals that an evidence-based approach is incompatible with bioethics’ normative mandate and therefore evidence-based ethics should not be pursued.

Evidence-based ethics has been defined in the literature as follows:

As in medical decisions based on evidence-based medicine, ethical decisions based on evidence-based ethics would involve conscientious and judicious use of the best evidence relevant to the care and prognosis of the patient to promote better informed and better justified ethical decision making.³

What this actually entails in practice is somewhat vague, as there are numerous ways in which empirical research can inform ethical decision making, numerous types of evidence that are relevant to the care and prognosis of patients, and numerous measures of *best* evidence. The tenets of evidence-based decision-making, however, offer a specific accounting of the use of evidence in healthcare.

“Evidence-based” is typically read in medicine and other life and social sciences as the empirically adequate standard of reasonable practice and a means for increasing certainty, however evidence-based approaches manage to gain consensus by *displacing* normative discourse with aggregate or statistically derived empirical evidence as the “bottom line”. EBM’s seemingly obvious and innocuous definition as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients”⁴ has been criticised for overprivileging quantified evidence derived from randomised controlled trials over other sources of evidence (such as evidence generated from qualitative, narrative, and phenomenological approaches)⁵ and for neglecting the complex and complicating nature of clinical practice and medical decisionmaking⁶ in its predilection for standardised protocols, practice guidelines, and decision-making algorithms. There is also considerable ambivalence regarding EBM’s principle assumption that a highly rationalised application of research evidence will necessarily lead to improved health outcomes. The features of healthcare that cannot be quantified tend to fall out of the purview of evidence-based approaches and the numerous techniques used to proliferate clinical data and meta-analyses to practicing physicians remain silent on the many levels of interpretation that go into the framing of research questions, the gathering and interpretation of data, and the application of

¹ An expanded version of this article was published in *BMC Medical Ethics* Vol. 6, No. 11 (2005). It is available on-line at: <http://www.biomedcentral.com/1472-6939/6/11>

² Borry, Pascall et al. “The birth of the empirical turn in bioethics.” *Bioethics* 2005, **19**:49-71.

³ Major-Kincade, Terri et al. “Training pediatric house staff in evidence-based ethics: An explanatory controlled trial.”

Journal of Perinatology 2001, **21**:161-166.

⁴ Sackett, David et al. “Evidence-based medicine: What it is and what it isn’t.” *British Medical Journal* 1996, **312**:71-72.

⁵ Upshur, Ross E. G., et al. “Meaning and measurement: An inclusive model of evidence in health care.” *Journal of Evaluation in Clinical Practice* 2001, **7**:91-96.

⁶ Lemieux-Charles, Louise and Francois Champagne, eds. *Using Knowledge and Evidence in Health Care*. Toronto: University of Toronto Press, 2004.

these findings to individual patients.⁷ Normative content enters at all levels of medical research and practice, and so EBM's promise to make clinical practice more responsive to current medical research is too unspecified to warrant the enthusiasm that currently surrounds the movement.⁸

These challenges to EBM similarly apply to evidence-based ethics. In "Evidence-Based Ethics and the Care of Premature Infants", Jon Tyson⁹ claims to appreciate that treatment decisions for extremely premature infants involve highly complex ethical issues and multiple considerations, however what he proposes, in the end, is an algorithm for instances of "mandatory", "unreasonable", and "optional" treatment based entirely on the projected outcomes (survival rates and disability-free years) for neonates of particular birth weights, gestational ages, and health conditions. Even the professed importance of considering the parents or surrogates' values and preferences is limited to situations where the infant's clinical indicators fit her into the category of "optional" treatment. Certain limitations on how evidence is understood, what constitutes a "benefit" or a "harm," who determines and measures them, and even when the parents' values play in, all narrow the deliberative process to a decision based on projected outcomes and an imposed cost-per-value calculation of Quality Adjusted Life Years and Disability Adjusted Life Years relative to financial cost of treatment. Mandatory treatment, for example, occurs when there is "credible evidence that benefits outweigh burdens," with no mention of who determines these criteria and how they are measured. These determinations were formulated against the backdrop of standardised clinical protocols being simply assumed to be preferable, more transparent, and fairer than case-by-case decision-making. The feature of Tyson's methods that truly exemplify an evidence-based approach is that rather than having a wide range of empirical evidence *inform* ethical decisionmaking (as has been the norm in prior

empirical approaches to bioethics), evidence-based ethics use scientific evidence (narrowly construed) to *determine* right action.

Along with wavering on the fact/value distinction, evidence-based ethics threatens bioethics' normative mandate. The appeal of the evidence-based approach is that it offers a means of negotiating the demands of moral pluralism. Rather than appealing to explicit values that are likely not shared by all, "the evidence" is proposed to adjudicate between competing claims. Quantified measures are notably more "neutral" and democratic than liberal markers like "species normal functioning". Yet the positivist notion that the truth-value of any claim is solely determined by the evidence is untenable¹⁰; furthermore, the legacy of positivism entails the quieting of empirically non-verifiable (or at least non-falsifiable) considerations *like* moral claims and judgments. As a result, evidence-based ethics proposes to operate with the implicit normativity that accompanies the production and presentation of *all* biomedical and scientific facts left unchecked. While bioethicists attend to the normative features of medical decision-making, evidence-based ethics suggests a moment of inattentiveness to the normativity of *moral* decision-making. Recognition of the plurality of values and meanings in operation complicates our use of moral and ethical terms and categories; however, the quick turn to various truth-producing strategies labelled "empirical" that has taken place warrants careful consideration. While the "empirical turn" in bioethics signals a need for reconsideration of the methods used for moral evaluation and resolution, the options should not include obscuring normative content by seemingly neutral technical measure.

⁷ See Shahar, Eyal. "A Popperian Perspective of the Term 'Evidence-Based Medicine'." *Journal of Evaluation in Clinical Practice* 1997, 3: 109-116.

⁸ Goldenberg, Maya J. "On evidence and evidence-based medicine: Lessons from the philosophy of science." *Social Science & Medicine*, in press.

⁹ Tyson, Jon. "Evidence-based ethics and the care of premature infants." *Future Child* 1995: 161-166.

¹⁰ Logical positivism is the school of thought that recognises only scientifically verifiable propositions as meaningful. The position that empirical or scientific inquiry provides objectively true and value-free knowledge about the world has been largely discredited in the philosophy of science over the past half decade. For further reading on how positivist epistemology ties into evidence-based approaches, see Goldenberg, Maya. "On Evidence and Evidence-Based Medicine: Lessons from the Philosophy of Science," *op cite*.

Practical Ethics Conferences & Events

[Note: this information is presented here for your information only. Please double-check all details. CSSPE is not responsible for errors or omissions.]

Society for Business Ethics – Annual Meeting

August 10-13, 2006
Atlanta, Georgia

Submission Deadline: March 1, 2006.
For more information:
<http://www.societyforbusinessethics.org/meeting.htm>

4th International DNA Sampling Conference

June 4-7, 2006
Montreal, Quebec

Conference themes this year include:

- Newborn screening
- Public Health Genomics
- The Role of International Stakeholders

Submission Deadline: March 15, 2006.

For more information:
<http://www.humgen.umontreal.ca/events/dnasampling/>

Australian Association for Professional and Applied Ethics conference

The 13th annual conference of the Australian Association for Professional and Applied Ethics (AAPAE) will be held at the University of New South Wales, in Sydney, June 12-14, 2006.

A notice of the conference is available on the AAPAE website

<http://www.arts.unsw.edu.au/aapae/>
click on 'Conferences'

The direct address is
<http://www.arts.unsw.edu.au/aapae/conference06>

Papers are invited in any area of professional and applied ethics. Dedicated streams are planned in the areas of business ethics, healthcare ethics, public sector ethics, environmental ethics, and defence ethics.

Inquiries can be directed either to the address below or to the conference convenor
Stephen Cohen
s.cohen@unsw.edu.au

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c/o School of Philosophy
University of New South Wales
Sydney 2052
Australia
email: aapae@unsw.edu.au
<http://www.arts.unsw.edu.au/aapae/>

Islam and Bioethics: concerns, challenges and responses

March 27 to 28, 2006
State College, Pennsylvania, United States

Website:
http://rocketethics.psu.edu/islam_bioethics/registration.htm

6th International Conference on Priorities in Health Care

September 20 to 22, 2006
Toronto, Ontario

Website: <http://www.healthcarepriorities.org>

Ethics and the Business of Biomedicine

April 6-8, 2006
University of Tennessee, Knoxville

Central to current national discourse are concerns about ethics, costs, and profits in relation to health care. These concerns are driven by major shifts in health care that took place during the 20th century. These shifts include the transformation of the professional practice of medicine from a service orientation to a market orientation; the emergence of powerful pharmaceutical and health care corporations; and development and new, innovative, and expensive biomedical technologies by for profit enterprises. While there are interesting public policy dimensions to this discourse, sound public policy decisions must be informed by careful

attention to foundational questions about the specific values (e.g., distribute justice, rights, human dignity, and community welfare) that inform, or should inform organizational decisions and public policy judgments. This conference will focus on foundational questions concerning values in relation to the business of medicine.

Conference papers will focus on such topics as:

- Ethical issues concerning the pharmaceutical industry such as marketing; pricing; and research and development of life-savings drugs most needed by people in the developing world.
- Ethical issues concerning the purposes and function of HMOs, insurance companies, and physician practice groups, such as pricing, capitation, resource scarcity, and appropriate standards of care.

More information:

<http://web.utk.edu/~philosop/biomedconf.html>

Global Health Care Justice

June 22-25, 2006

Center for Literature and Medicine, Hiram College, Hiram, OH

Our 2006 Symposium is offered in partnership with Tuskegee University National Center for Bioethics in Research and Health Care and with the co-sponsorship of Case Western Reserve University School of Medicine Department of Bioethics. Questions to be addressed include: What does a commitment to human moral equality require from the international biomedical research community, public health care planners, and the providers of health care? What are the political, economic, historical and cultural challenges facing attempts to address health disparities/inequalities around the world and in the United States? What resources does the world's cultural heritage of drama, music, and literature offer to those striving to address problems of global and national health care justice? In what ways do efforts to address health care disparities/inequalities and health justice in the U.S. and the rest of the world inform one another? Paper proposals (500 word abstract/reading time 20 minutes) and panel proposals (1000 word abstract/hour and a half presentation time) should be submitted by March 15, 2006 to joerightta@hiram.edu. Acceptance notification by April 15, 2006. All

accepted presenters must register for the symposium.

Contact info:

Center for Literature and Medicine

Phone: 330-569-5380

e-mail: joerightta@hiram.edu

website: litmed.hiram.edu

American Society for Bioethics & the Humanities, Annual Meeting

October 26-29, 2006 Denver, CO

The theme for the meeting is, "Challenging Voices". Submissions in any area of bioethics and humanities are invited, but preference will be given to those that address provocative ideas and challenges from interdisciplinary perspectives.

For instance, proposals might explore questions such as the following:

Is bioethics being subverted by corporate or other agendas? Can the medical humanities reframe the key medical issues of the day? Is advocacy for policy change a professional obligation for bioethics and medical humanities practitioners? Are there heroes in bioethics and the humanities? (Why or why not?) Can libertarians and communitarians ever get along? (And should they?) When, if ever, is professional civil disobedience called for? Is the lack of universal health insurance coverage in the US a challenge that bioethics and the humanities should help solve? Is the lack of clean water in the developing world a challenge that bioethics and the humanities should help solve? Are there unique strategies for change that are appropriate and effective for bioethics and humanities scholars to pursue? What narratives hold the power to improve or threaten the health and wellbeing of all? Who is challenging us? And why? And how should we be challenging each other? Whose voices do we listen to? What voices do we speak with?

These are merely a few suggestions among many. Proposals should focus both on exploring a challenging issue and, where relevant, on providing concrete suggestions for how to move forward on the issue.

For more information:

http://www.asbh.org/annual_meeting/index.htm