

## **Contextuality, Bioethics, and the Nature of Philosophy: Reflections on Murdoch, Diamond, Walker, and the Groningen Approach**

### **Abstract**

*Beginning with the charge, presented by Barry Hoffmaster, that bioethics needs to be reclaimed from the moral philosopher's top-down theorizing, I discuss two contexts of conversation internal to moral philosophy that offer resources for just the kind of complex contextual attention that Hoffmaster is calling for: Iris Murdoch and Cora Diamond in moral philosophy, and Margaret Urban Walker, Hilde Lindeman, and Marian Verkerk's joint take on bioethics. My aim here is: 1) to dispel a simplified notion of philosophy in bioethics; 2) to bring together thinking from two strands of philosophy, which converge on important issues relevant to contemporary bioethics; and 3) to explore these strands in terms of enabling, maieutic work on our ethical points of departure.*

**Keywords:** contextual ethics, moral philosophy, Groningen bioethics, Iris Murdoch, Cora Diamond

In recent years, the call for a more context-sensitive ethics has been heard in many quarters, both in and outside moral philosophy. In bioethics it has taken the form of a call, over the past few decades, for more empirical work, but also for reflection of the methodological competences of bioethicists in the use of empirical work for normative purposes (e.g. Hurst 2010). The areas where moral philosophers collaborate with empirical researchers (climate

ethics, animal ethics, bio- and medical ethics, social justice, etc.) are growing. Yet, working with empirical materials remains an Achilles' heel of philosophers, not least because we philosophers mostly do not have background training in empirical work. Thus, unsurprisingly, not everyone outside philosophy seems to have much faith in the ability of philosophers to contribute.

Barry Hoffmaster, for example, suggests that “bioethics needs to be transformed from being a theoretical ethics of moral philosophy and turned into a real, more expansive, naturalist ethics” (Hoffmaster 2018, 119). “Empirical ethics,” that is, the empirical study of ethical life, is in his view a step in the right direction, but insufficient for this task. What is needed now is “contextual ethics,” an ethics that is both empirically informed and reflectively normative. Interestingly, he frames this contextual ethics as antithetical to “moral philosophy,” a discipline he presents as thoroughly committed to armchair theory, universalizability, deductive reasoning, and a general disdain for the particularity, complexity, and dynamism of moral life. Instead of the philosopher's application of ethical theory to life, he calls for an empirically curious ethics, with a broad notion of reason, that is capable of accounting for the complex and situational forms of moral reflection and judgment. People familiar with feminist ethics in and outside philosophy are likely to find Hoffmaster's call for such a contextual ethics both belated and uninformed: Isn't this kind of empirically informed, contextually embedded, and yet normative work precisely what feminist ethicists have argued for and done for decades?<sup>1</sup> I will, however, dwell on his view here, because his conception of moral philosophy seems to me relatively widely shared among non-philosophical ethicists, although many of them would not put the matter as bluntly in writing.

In general substance, concerning the importance of contextuality, I could not agree more with Hoffmaster and have argued similar points elsewhere (Hämäläinen 2016). What concerns me here, however, is the monolithic, either polemically simplified or ill-informed, conception

of contemporary moral philosophy, which threatens to erect unnecessary boundaries and become an obstacle for collecting all available intellectual resources for the benefit of a contextually sensitive ethics. What Hoffmaster describes as “moral philosophy” matches certain recognizable and at least previously dominant tendencies in analytic normative ethics. But philosophers also have a long track record of criticizing these tendencies, and of doing ethics in ways that resonate with his hopes for a better kind of ethics.

In mainstream moral theory, a challenging moral question is usually addressed by means of trying different paths of theoretical reasoning. Should we put principle before utility, or perhaps consider the whole issue in terms of virtues or rights? And, if so, what would this imply? In bioethics or other branches of more “applied ethics,” analytic moral philosophers of the type targeted by Hoffmaster also expect ethicists to have more concrete practical knowledge of the matter at hand: clinical trials, the handling of genetic material or information, risks involved in different treatments, knowledge of practices of informed consent, etc. But when bioethics is done in the magnetic field of contemporary moral philosophy, it tends to borrow one of its common features. This is the belief that what is morally relevant—what the morally salient facts of the matter are—is easy to discern, and that the difficult part of the inquiry is to sort out the arguments about what is right and what is wrong, and why. Thus, intellectual effort is invested in argumentation, while the complex human settings and situations, to which the argued-for normative position is meant to apply, are left relatively unexplored.

The assumption of ease in describing a moral situation is key to philosophers’ relative lack of interest in robust contextual knowledge and has in recent decades been rightly challenged in different discussions of philosophical ethics. A range of philosophers have argued that some of moral philosophy’s standard assumptions of moral relevance, agency, and the shape of moral theory distort the object of inquiry from the start, and that a more systematic description or re-description of relevant parts of our moral lives (with or without the aid of

empirical research) is necessary for practically helpful moral philosophical thought. We find these discussions for example in feminist ethics, philosophy and literature, and in branches of what has habitually been called applied ethics.<sup>2</sup>

In this paper I will discuss some focal points and intersections of two philosophical contexts, where the question of adequate discursive starting points, that is, contextually sensitive descriptions of a moral “situation” or “issue,” take center stage. One of these is already classical and found outside bioethics, in the influential work of Iris Murdoch and Cora Diamond in moral philosophy. The other is Margaret Urban Walker, Hilde Lindeman, and Marian Verkerk’s joint take on bioethics, the so-called Groningen bioethics (Lindemann, Verkerk, and Walker 2008), which resonates with Walker’s previous theoretical and meta-theoretical work in feminist ethics (Walker 2007). I single these out and put them into dialogue because they share some features that make them potentially radical even within a broader context of reconsiderations, and because they have complex implications for the way in which moral philosophy is a practical, normative, and action-guiding endeavor. They point insistently to the mobile and transformative character of moral reasoning and the maieutic roles of the ethicist.

Before delving into their work, I want to divest my discussion of any assumptions of philosophical exceptionalism, in relation to these thinkers, regarding a more context-sensitive ethics. The work of these thinkers has many unique features worthy of sustained attention, but they are very far from alone in deflecting from the image of the “moral philosophers” described by Hoffmaster. As noted, feminist ethics, both in its more theoretical and its more “applied” modes, has been an important site for contextually embedded ethical work over the past 30 or so years. It is perhaps symptomatic of persistent blind spots in prevalent conceptions of contemporary ethics, both inside and outside philosophy, that this rich work does not (yet) form a central part of the public image of what “philosophers” do.

Furthermore, for as long as there has been anything like modern social research and modern moral philosophy there have been influential thinkers insisting on a more empirically informed, though philosophical, approach to moral life: John Dewey is a notable case in point, confident, like Hoffmaster, that empirical insights help us to make better normative judgments (Dewey 2008). Also, the central figures of neo-Aristotelian virtue ethics, like Elizabeth Anscombe (Anscombe 1958) and Alasdair MacIntyre (MacIntyre 2007), insisted that our stabs at a normative moral philosophy must be built on a proper interest in the historical genesis of our moral conceptions, norms, virtues, and theories: what things are or have been like. Furthermore, many of those skeptical of the possibility of (in some sense) true moral judgments have founded this idea on the empirical fact that moralities are mutually different and historically malleable, an insight that was increasingly brought to the attention of the reading public not least by the new empirical fieldwork of late-19th- and early-20th-century anthropologists.

Thus, while I agree with Hoffmaster that empirical illumination is problematically shouldered out from some prominent forms of moral theorizing, I would like to emphasize that the trajectories of forms of reliance on the empirical in philosophy are complex and various. Some of the strong a priori moral philosophers are in fact, on a closer look, a posteriori: founded on some formative experiences or collectively affirmed facts. Philosophers have had their complex (and also various) reasons for caution towards empirical research in ethics, not least that the intersection of ethical thought and empirical facts is a breeding ground for naturalist reductivism. Yet a large number of philosophers are today drawing on different resources in the modern philosophical traditions, to argue for more substantial roles for empirical insight and contextuality in ethics.

For those who conceive of moral philosophy as antithetical to a useful bioethics, my two contexts of conversation offer cases of an intellectual and ethical ethos that is highly

amenable to interdisciplinary, world-oriented thinking: non-deductive, reflective, and responsive to the particularities of context. The reflective questioning and reworking of starting points, while often electively neglected by professional philosophers, is also a distinctly philosophical move, while at the same time one that is necessary for a reflective, self-critical outcome in any study of human life.

### **The Murdoch-Diamond line**

In her essay “Vision and Choice in Morality,” originally published in 1956, Iris Murdoch famously warns against overconfidence in drawing the contours of morality for philosophical inquiry:

Here it is especially important to attend to the initial delineation of the field of study, observing where, and in what way moral judgments may be involved, and then to consider the relations between the selected phenomena and the philosophical technique used to describe them. A narrow or partial selection of phenomena may suggest certain particular techniques which will in turn seem to lend support to that partial selection; and then a circle is formed out of which it may be hard to break. It is therefore advisable to return frequently to an initial survey of “the moral” so as to reconsider, in the light of a primary apprehension of what morality is, what our technical devices actually *do* for us. Why do we do moral philosophy anyway? For the sake of “completeness”? (Murdoch 1999, 76-7)

The risk of drawing the boundaries of morality for the purposes of philosophical study lies in the fact that such boundaries reflect moral commitments, which, through the drawing of boundaries, become unquestionable and invisible. The above passage is taken from a paper

whose primary target is the focus on overt action, choice, and will in the moral thought of Murdoch's mid-20th-century anglophone philosophical contemporaries. The moral philosophies focused solely on action, choice, and will tend, in her view, to be oblivious of the evaluative decisions and conceptual delimitations made before the investigation gets off the ground. They take the cultural prejudices and (often fraudulent) self-conceptions of an educated class of increasingly secularized Europeans to be solid universal truths about moral life. She is concerned with how her colleagues' emphasis on overt action is apt to hide from view a range of other aspects of morality: our inner lives, how we think about life and other people, how we "see" things. She suggests that much of the important work of morality has to do with "vision" rather than with "choice."

This is not a matter of replacing a normative ethics of choice with a normative ethics of "vision" but rather of reconsidering what *we do* in moral philosophy. When we approach a moral issue in terms of a choice, a lot has already been decided for us: the options we are choosing between have been carved out of the mess of everyday living. Think about the choice between pursuing one's career in the city or taking care of one's elderly mother in the small town, between deontological and consequentialist considerations in the philosopher's notorious trolley problems, between autonomy and paternalism in a medical case. Such choices are often presented as the starting point of philosophical discussion, while the process of thinking or thoughtlessness that led up to the options is left unquestioned and unexplored.<sup>3</sup>

For Murdoch, a large part of the interesting and essential work of moral philosophy lies in questioning such starting points. On a closer look, what seemed like a fundamental moral dilemma is already a kind of endpoint to implicit and contingent reasonings. Maybe we can look at the matter in a completely different way? Perhaps paying better attention to the real lives and situations of different kinds of people can guide us past the philosophical "agent" set before a "choice."

This caution concerning starting points was taken up by Cora Diamond (Diamond 1995) who in a number of papers criticized standard anglophone philosophers for not paying proper attention to the point of departure of their own inquiry, and for thus failing to see that the whole issue at hand could be conceptualized in quite different terms. In the essay “Eating Meat and Eating People” she is concerned with reconceptualizing the starting point of discussions in animal ethics: from thinking about it in terms of “animal rights” to a conceptualization in terms of our capacities to relate to animals as fellow creatures.

In the essay “Anything but Argument” she addresses Onora O’Neill’s assumption that argument is the only form of rational and legitimate persuasion in moral thought, by reviewing ways in which narrative literature engages our rational capacities.<sup>4</sup>

In the essay “Having a Rough Story About What Moral Philosophy Is” she discusses the ethical import of narrative literature, to show that any attempt to delimit the area of the ethical in advance may here be counterproductive. This is because literature, in its very form and nature, has a capacity to expand our conception of morality, and the ways in which it can be investigated. She refers to D. H. Lawrence, who, as a novelist, considered the novel itself as a form of moral discovery, or innovation, not least because “... it won’t let you tell didactic lies” (Lawrence, quoted by Diamond 1995, 379).

In these discussions she stays insistently with the challenges of getting the world philosophically into view: being a “fellow creature” is not an answer to how we should treat animals but a different way of framing our relations to them. That literature (pace O’Neill) engages our rational capacities is not a conclusion but, in a sense, a starting point: we should not draw the boundaries of rationality so that we become stupid in our attempts to live up to it. And the idea that the novel does not tell didactic lies challenges us to look not only at the ways in which novels engage their topics (some do indeed tell didactic lies), but also at the ways in



which philosophers routinely fail to be true, in philosophy, to what they in their better judgment know about morality.

The intellectual habits and norms of philosophy shape our starting points, but we are not, as philosophers and ethicists, at the mercy of ready-made forms. It is up to each one of us, as thinkers and philosophers, to try the starting points that are presented to us and to reject or seek to modify them in the light of our holistic and developing understanding of the matter at hand.

Both Murdoch and Diamond urge the philosopher to take a step backward, from the supposed “moral problem” to be solved to a reconsideration of how this problem is formulated, and which assumptions go unquestioned into its formulation. What we often need, according to these philosophers, is a thorough re-description of starting points. Not only a specific problem formulation but also a rigid, ready-made idea of one’s subject matter may be an obstacle to understanding.

### **Margaret Urban Walker and a naturalized bioethics**

Those well versed in contemporary bioethical discussions may recognize a strategy similar to Murdoch’s and Diamond’s, especially from feminist philosophically inclined bioethics. Starting from related concerns with moral philosophers’ focus on action, choice, principles, and supposedly equal and autonomous agents, feminist philosophers have argued for an approach to bioethics that makes efforts to take people’s complex moral situations more seriously. Instead of jumping right into the business of arbitrating between moral alternatives, they argue that we need to put more energy into figuring out what the alternatives are or should be, how we should describe them, and what there might be to know about them. Often, they are not what we thought or what our theoretical frameworks induced us to think.

This ethos of bioethical work is concisely articulated by Margaret Urban Walker in her introduction to the collection *Naturalized Bioethics: Towards Responsible Knowing and Practice* (Lindemann, Verkerk, and Walker 2008). Here she argues for a “bioethics responsive to scientific findings but also deeply grounded in attention to the personal, social, institutional, and political world in which bioethical discourses and practices take their particular shapes and have their effects” (Walker 2008, 8). This statement contains a critique of bioethical work that is done in the style of armchair moral philosophy and thus is unresponsive to and incurious about scientific findings. It also contains a critique of certain contemporary attempts to “naturalize” ethics by addressing moral issues as scientific issues, to be investigated by empirical research about the human animal. Instead she wants to engage in a critical and self-critical practice of bioethics, which is culturally and socially aware, drawing on different sciences, but also from ordinary experience and clinical practice. This practice also inherits, from feminist theory, “a view from below,” a sensitivity to a variety of human relations, and unequal distributions of power, in which the bioethicist cannot help being implicated. All these things belong properly to the “natural” phenomenon of morality, and thus Walker and her associates insist on reclaiming the notion of “naturalism” rather than relinquishing it (Walker 2008, 7).

In this picture, the bioethicist cannot take bioethical debates and concepts at face value, but rather needs, continuously, to critically review the pictures of morality and morally challenging situations that we operate with. It emphasizes “*curiosity* about investigating the finer grain of ethical belief, habits, feelings, and forms of life,” “an enlivened *imagination* about the complexity and revisability of ethics when it is seen as continuous with all the rest of what we know,” and “a heightened sense of *accountability*” to scientific findings as well as to different kinds of people, with whom we share a social and moral world (Walker 2008, 7-8).

Both bioethics and moral philosophy are, from Walker's point of view, pursuits in which we engage from the middle of things, seeking clarification and practical guidance. They are intensely and intimately engaged practices. And indeed, both often require us to take a step backward rather than a step forward, describe rather than arbitrate, explore rather than prove, reflect rather than theorize. This might all sound innocuous enough, but it has far-reaching implications for the nature of moral theory or bioethics as practical endeavors. Above all, it has fundamental implications for the roles of philosophy in bioethics.

### **The rationale of re-description**

The essays in *Naturalized Bioethics* represent different takes on Walker's introductory emphases, many of them offering bottom-up extrapolations from bioethical cases. Not all of them, however, are equally fitting examples of the ethos described by Walker. Some of the differences are helpful in bringing out the distinctiveness of her approach, and I will thus look at one of them here.

Agnieszka Jaworska (Jaworska 2008), for example, starts from a case of a patient with terminal cancer who makes a decision that strikes everyone involved as bad, opting for extensive and risky surgery in the hope of restoring mobility to his legs for his last few months, instead of choosing support for a more peaceful death at home. The case raises a number of questions, not least concerning the way options are presented to him at the hospital, and about contemporary cultural codes for facing death. Jaworska, however, chooses to focus on the question of whether his choice was autonomous and argues that it was, on an account of "minimal autonomy" that she lays out in the paper, and that in the end becomes the main contribution of the paper. By the standards of contemporary anglophone, broadly analytic

ethics, this is a clear, recognizable, and potentially useful contribution to the discussion of patient autonomy.

But the choice to focus on a modified account of autonomy deflects the question of whether autonomy/paternalism are the most appropriate categories for elucidating the case. Of course, the principle of respect for the patient's autonomy, and some procedure of informed consent to respect this autonomy, are unavoidable tools for the patient's doctors. But are they the tools that will take reflective inquiry further? An ethicist who takes Walker's perspective seriously would not be content to review and revise the definitions of paternalism and autonomy but would delve deeper into the institutional context where such concepts take center stage.

To bring out the difference, we can contrast this with Hilde Lindemann's (Lindemann 2008) paper in the book, which also discusses the choice between continuing treatment and letting go. In her case we have an 85-year-old man, Edmund, previously in good health, who has suffered two major heart attacks, gone through extensive surgery, and lies sedated, with pneumonia, in a hospital bed, waiting for more medical interventions that may, if he is lucky, restore him to a much-reduced life of dependence in a nursing home. His younger colleague and friend, who acts as his proxy, confronts the doctor with the charge that the old man would not have wanted to be kept alive in such a way, that he would not have wanted a prolonged life if he could not be restored to relative health and independence. The doctor observes that people do change their minds and suggests that the old man should be awakened and asked if he wants to discontinue treatment. The proxy declines, feeling that it would be cruel, but also that the response they might get would not be the old man's actual will, that he might choose out of fear of dying and not "as himself."

This case, just like the previous one, concerns questions of autonomy, but Lindemann picks up other threads. First, she introduces the historian Philippe Ariès' distinction between a

“wild” and a “tame” death. The former is the death of technological medicine, where a patient’s life is attenuated by medical means, often at the cost of fear and isolation. The latter is death as “tolerable and familiar, affirmative of the bonds of community and social solidarity, expected with certainty and accepted without crippling fear” (Daniel Callahan, quoted by Lindemann 2008, 69). While maintaining that medically attended death is a relief for many people in many situations, Lindemann observes how the distinction can help us appreciate how medical intervention at the end of life can become a form of violence.

Second, Lindemann discusses the role of friends and family in our lives: how they reflect us and contribute to building and maintaining our identities. Illness, affliction, hospitalization, and loss of our daily routines and capacities can be detrimental to our sense of who we are. The proxy’s natural task is to continue reflecting and maintaining Edmund as Edmund, to *hold him in his identity*. The doctor again sees only another patient, who is severely ill but who might be able to state his will. Both are concerned with his autonomy but conceptualize it in different ways due to their different roles and relations to the patient.

Third, thinking about the patient’s interest in the case, Lindemann borrows Ronald Dworkin’s distinction between experiential interests (interests in pleasures or satisfactions) and critical interests (interests emerging from the agent’s reflective values, ideals, and goals). Dworkin gives priority to critical interests and would in this case sympathize with the proxy’s demand to respect Edmund’s previous wish not to be artificially kept alive. Lindemann contrasts this with Rebecca Dresser’s critique that people often do not have sufficient prior knowledge and understanding of the states they may end up in, and that advance planning for cases of serious and terminal illness may be inadequate as an expression of the agents’ “critical” or long-term interests.

Fourth and last, Lindemann reflects on the roles of the proxy. Choosing a proxy is a way of securing that one's life is taken care of in a way that reflects one's values and self-understanding. It is a relation of trust and responsibility that is important to both patient and proxy. Most often it is a relationship that has gone on for some time and has been constitutive of the patient's identity. Yet, while close relations are central to and constitutive of our personhood, they carry their own risks, which can also be found in the relation between patient and proxy. We may be misunderstood or misinterpreted by people close to us, or they may disregard our wishes and interests, due to desires, fears, or anxieties of their own. This is the power we wield over each other, for better or worse.

All of these four steps resonate with theoretical literature, employ analytic reasoning, and have complex normative implications. Nonetheless, all end in aporia. A range of possible meanings have been brought to the fore and our view of the matter has been complicated. But, unlike Jaworska's discussion, Lindemann does not endorse or even suggest a normative solution. She rather takes several different steps backward, to reflect over the conditions under which certain medical decisions need to be made. We are presented with questions of identity, of relationships, of social and professional roles, of cultural paradigms for dying and a hint of social critique against overmedicalization. At the end she admits, however, that she does not know how this situation should have been resolved.

The lack of normative closure, distinctive theoretical innovation, or positioning in a debate are bound to look disturbing to some, but this treatment of the case should be seen as paradigmatic for the kind of naturalized bioethics suggested in Walker's introduction: empirically informed, socially and politically aware, sensitive to local conditions and differences in social roles. Rather than taking a step forward in solving the moral dilemma, it takes steps backward to review the situation where the dilemma presents itself. Sometimes such

steps invite the ethicists to make normative suggestions, but this is far from the central point of the work.

### **Re-description as practical philosophy**

Lindemann's admission that she does not know what would be right highlights the nature of her endeavor. A survey of backgrounds may sometimes be helpful for resolving an ethical dilemma. We may investigate the background and surroundings of a situation to review the alternatives, in the hope of finding a reconceptualization that may in the near future help us move forward. We may do this because the available options seem equally bad, or because some aspect of the standard description of alternatives seems incongruent, or distorted. The step backward can in such a case be conceived as immediately instrumental to a future step forward, a preliminary stage in philosophical, moral, or social problem-solving.

But Lindemann is not intent on problem-solving here. She is not in the least intimidated by the fact that her survey does not yield an answer to the initial dilemma. We could suggest that this is just a matter of timescale: certainly, she thinks that her reflections on Edmund will contribute to better medical decision-making in the long run? Surely this would be convenient for Lindeman as well as for her reader. But I think it is more helpful to say that this is not what she is doing. The aim of the exercise is not to facilitate problem-solving by a change of course, but to revise and extend our imaginaries when thinking about care at the end of life, among other things. Insofar as this has practical implications, they are complex. Not only does this kind of reflection change our answers; it also changes the questions we find relevant and the way we view the social and institutional settings where we ask them, and, successively, the settings too are changed because we begin to inhabit them differently. Such transformations might render old dilemmas obsolete but also present us with new ones. In any case, the aim is

not to remove puzzling dilemmas from moral life through a theoretical solution but rather to create and enhance practices of care that are more responsive to a rich understanding of values in human life.

Broad, explorative description is a potent but imprecise tool in moral thought; if it manages to capture the imaginations of ethicists and laypeople alike, it may have radical impact on what people do, how they value, how they interact, and how they hold each other accountable. But it is imprecise, in the way it leaves open for people to decide how to make normative sense of their new perspectives. Of course, we can occasionally step back for a moment, to pursue distinctive suspicions. We may reveal bias or power imbalances in the status quo, for example. This is what we do as social critics.

But if an inquiry is pursued in an open-ended and aporetic style, the major part of the normative work slips out of the hands of the philosophical or theoretical inquirer. This is a conscious aspect of *Naturalized Bioethics*. In their postscript to the book, Lindemann and Marian Verkerk (Verkerk and Lindeman 2008) extrapolate the practical import of the book's papers. Talking about the role of bioethicists in ethics education for professionals, they note that it "can be seen as one of helping professionals to improve their moral competence, where 'competence' is a matter of seeing what is morally relevant in a given situation; knowing the particular point of view from which one sees it; understanding that others involved in the situation may see it differently; and, together with those others, responding well to what is there to be seen" (Verkerk and Lindeman 2008, 243). What the parties should decide on is not in the bioethicist's hands, and tweaking the negotiation to achieve a certain kind of "correct" result is not part of their proper professional role.

It is thus a hallmark of naturalized bioethics, as Walker, Lindemann, and Verkerk conceive it, that it does not instruct people in what to do, or how to reason: the bioethicist must



relinquish claims to authority and normative expertise. Here they find themselves, of course, in the good company of ethicists of many different theoretical persuasions.<sup>5</sup> The distinctive feature here is how the ethicist's knowledge, divested of authority, is supposed to work. A popular metaphor, fitting in their case too, is the that of the midwife, helping good thinking to be born. But Socrates as the progenitor of this maieutic method was hardly a paragon of normative non-interference, his aid always offered with a smug superiority. What is needed here is a specific understanding of the maieutic: an open-ended one, where things unforeseen, unplanned, and unintended by the ethicist take place on the way, where goals are formulated and reformulated as people go along.

Bioethicists, in this view, should merely facilitate the bioethical reflection done by health-care professionals, researchers, and people who wield power in relevant areas. When a group of professionals from different fields of expertise need to make collective decisions on how to proceed with a case, the bioethicist can use discursive methods that help them to a better understanding of the conflicting values, descriptions, and professional roles involved. The people involved may not come to a common normative view, but a deeper understanding of the other parties' concerns and paths of reflection is likely to facilitate practical decision-making, improve work culture, and increase the participants' capacities for self-reflection. Above all, this work is not achieved by teaching professionals ethics, but by teaching them to talk to each other. It is a matter of "refining competencies her 'pupils' already possess" (Verkerk and Lindeman 2008, 247).

The rationale for this is not just practical feasibility but a conviction shared by many feminist ethicists, as well as by Murdoch and the Wittgensteinian context of moral philosophers in which Diamond is at home. This is that ethical thought is something that we engage in from the middle of our lives and practices. It is fundamentally embedded and nourished by its very embeddedness. Although we seek levels of abstraction and objectivity, this does not mean that

there would be an actual “view from nowhere” or a decontextualized objective view to be achieved or even meaningfully sought. And just like we approach ethical issues from different locations, positions, and background understandings, we are bound to take different routes and sometimes end up in very different places. Just like the philosopher engages in ethics from the middle of her beliefs, commitments, and reasonings, so should medical and care practitioners. Ethics, thus, is a lived shared reality of value and mutual accountability, where we move, as Charles Taylor puts it, “in transitions”: from where we are to a place that comes to seem to us, on consideration, superior or at least more workable (Taylor 1989, 72).

This is, pace Hoffmaster, a possibility for philosophical ethicists as well as ethicists of other backgrounds, and one that philosophers have fruitfully explored. It resonates with Ludwig Wittgenstein’s view that philosophy “leaves everything as it is” (Wittgenstein 2008, § 124). Changing things is up to people in their different situations. For Wittgenstein, the role of the philosopher is to describe our uses of language, in order to get rid of certain persistent misconceptions or misunderstandings of our own practices. For broadly Wittgensteinian moral philosophers like Diamond, this task of description has been extended to describing our lives, our actions, how we see things, and the way we value, not just to clean up “misunderstandings” but to enable people to renegotiate their practices in more lucid, self-aware ways. The philosopher describes, or seeks out alternative descriptions, in order to get a broader, more complex, and sometimes also clearer view. In the work of Lindemann and Verkerk’s ideal bioethicist, the descriptive philosophical ethos is taken in an even more Socratic direction, because the bioethicist is only there to help the richer description take form.

Both approaches build on stepping backward rather than going forward, and depend on an open-ended understanding of what morality is and what the proper area or subject matter of moral philosophy or bioethics is.

### **Bioethics as a theoretical endeavor?**

As a practical strategy for working with professionals, the Socratic ideal of *Naturalized Bioethics* may work fine, but it does not seem to tell the whole story, that is, the one where bioethics is also a theoretical endeavor. The contributions of Walker, Lindemann, and Verkerk, as outlined above, prepare the ground for a bioethical practice, in clinical and other real-life settings, where the theoretical and normative agency of the bioethicist is transformed into a maieutic and self-effacing, therapeutic role. But this, of course, is not the end of professional bioethical thinking in its own right.

First, we may note that theoretical thought is needed to keep the maieutic role going. For many human practices, theory is something that comes after the fact, as an attempt to capture what people do when they engage in a given practice. This goes for anthropological theorizing of foreign religious practices, or theories of phenomena in youth culture. But when theorizing about expert practices in modern institutional, professional, often publicly funded settings, theory has a more active role in grounding, shaping, and legitimizing the relevant practices. This applies to theoretical reflection about pedagogy, government, and psychotherapy, and it goes for bioethics as well. Theoretical thought provides the resonance chamber necessary for successful training, adjustment, internal critique, and renewal within important societal institutions. If theoretical thinking about bioethics would shrink to devising tools for facilitating real-life negotiations, it would no longer be doing its job. It would be like a pedagogy shrunken to didactics.

Bioethics naturalized thus will not and cannot stop being an independent, broadly theoretical, and conceptually explorative endeavor, frequently courting normative conclusions and closures of different kinds. The question then is, what kind of theoretical endeavor should

this ideally be? This question seems to me important, not so much because I think it can be easily answered, but because there is a professionally easy answer that I think we should avoid: that of maintaining a theoretical ideal of top-down “rationality” while adjusting practices to the needs and possibilities in the field.

The introduction to *Naturalized Bioethics* builds on Walker’s previous work, reaching back to her 1998 book *Moral Understandings*, in which she launches an attack on what she calls the “theoretical-juridical model” of 20th-century mainstream moral theory and suggests an “expressive-collaborative model” instead. The latter does not seek theoretical and conceptual unification, law-like generalizations, codification, and the like, but rather reframes the moral life in terms of an ongoing negotiation of values and accountabilities, conducted by people who are very differently placed with regard to their capacities to express themselves, be heard, and make a change. This seems to me a useful location for devising not just a different way of looking at bioethical practice, but also at the roles and nature of theory, in ways that contemporary philosophy still has much to learn from.

Since that book was written, the scene has changed, but not quite in the direction its author would have wanted. The theoretical-juridical model has been largely discredited by large groups of ethicists: in virtue ethics, bioethics, and ethics and literature. Nonetheless, the theoretical practices and styles of writing conceived under its aegis continue undisturbed, and account for a large part of what is done in moral philosophy today. Article-length interventions in debates over the best “account” of autonomy, or the best version of utilitarianism, are rife, and they are mostly devoid of substantial explorations of social conditions, conceptions of personhood, historicity, institutional settings. This may be considered a penalty of the form: you cannot fit all those things into a journal article and still get your argumentative job done. But it is also a reflection of fundamental commitments.

It is perfectly possible to transport Walker's thinking on this matter to mainstream theoretically oriented moral philosophy, or to bioethics done within its sphere of influence. She writes the lucid prose of an old-school analytic philosopher and focalizes concerns for transparency, epistemic equity, and problem-solving that are likely to appeal to analytic philosophers. But the core of her approach is seriously damaged if it gets turned into an "expressive-collaborative" theory of the moral life, to be argumentatively compared with other theories, in papers where aporetic and explorative elements are minimized.

Along with philosophers like Murdoch and Diamond, she opens up the possibility of a discipline of academic ethics that provides a reflective space for open-ended curiosity about our lives. Theories and theoretical concepts have their place in such a space, but they are to be seen as heuristics, tools, attempts at restructuring what we have before us. Theory thus is the making and shaping of our tools, and of the intellectual structures or landscapes where we pursue knowledge. The important thing is that we are enabled to engage with what we have before us: concrete issues, actual injustices, current changes, different ways of looking. This may sometimes mean opting for styles of writing that do not fare well in contemporary philosophical ethics journals. It requires a more empirically engaged theoretical approach, but also a theoretical cautiousness with any suggestion that empirical data, knowledge, input could solve our problems for us. This relinquishing of the ready-made is an exercise of trust in people's capacities, when given appropriate room and support, to think their way together towards better ways of being together.

Hoffmaster rejects the contribution of moral philosophers to bioethics, because he equates philosophical ethics with normative theoretical armchair work. Philosophers, in this view, enter the scene with very little knowledge of what goes on in the field but a huge confidence in their theoretical problem-solving capacity, expecting practitioners of different kinds to *apply* their normative theories to practice. The philosopher's alleged incapacity to be

appropriately contextual creates, in this view, a clash that renders their services impracticable for ethicists working closer to practical issues.

This prejudice is, as stated above, hardly undeserved: much of ethical theory and applied philosophical ethics has indeed been conducted in an atmosphere that equates reason and rationality with attempts to fixate (an account of) normative truth in a theoretical account. In this atmosphere, contributions emphasizing ethical embeddedness, contextuality, individuality, and situated reasoning—like those of Murdoch, Diamond, Walker, and Lindemann—have been obliged to struggle to be heard, and above all to be heard aright, beyond conversations in, for example, feminist or post-Wittgensteinian ethics. On an increasingly interdisciplinary scene of ethical research, where robust contextuality is called for, they provide examples of low-key reflective work, which, while very different from the stereotype of the abstractly theoretical moral philosopher, offer contributions that are both distinctly philosophical and yet open to dialogue with thinkers and practitioners of other disciplinary and professional persuasions. Displaying them side by side, as I have done here, may help us to mine these thinkers' work and legacy as complementary resources for engaging the complexities of lived experience in philosophy and ethical thought. They show that modern anglophone moral philosophy is and (considering Murdoch among others) always was a broad and multifaceted endeavor, with ample potential for contemporary world-oriented ethical thinking.

Rather than seeking to cure (bio)ethics from philosophy, a defender of a more contextual approach to ethics would benefit from a more variegated knowledge and appreciation of the work done by philosophers. The question of the proper roles of empirical input and contextuality in ethics is an open-ended and complex one, modulating with theoretical fashions, available data, research methods, and researchers' imaginations and training. It is also in many ways a distinctly philosophical one, regardless of who is asking the questions and who is seeking to answer them.

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## Notes

1 For a few good examples of what Hoffmaster is calling for in the *IJFAB*, see e.g. Rogers and Ballantyne 2008; Eckenwiler 2011; Weigel 2019.

2 I want to emphasize here my reservations about the term “applied ethics.” It has been used by philosophers to denote a wide range of different kinds of on-site or contextual ethical work, but tends to carry the implication that such work consists of the application of moral theories to practical cases. Although I think the label should be changed as the concerns and preconceptions of moral philosophers are changing, I still use it occasionally in this paper as the name of a field of work that has up to now been labeled as “applied” by its practitioners.

3 This methodological emphasis on points of departure is a feature that Murdoch shares with Wittgenstein and the Wittgensteinian tradition of philosophical work to which Diamond belongs. As Wittgenstein puts it, when discussing starting points, “the first step is the one that altogether escapes notice,” and further on in the same paragraph, “The decisive move in

the conjuring trick has been made, and it was the very one that we thought quite innocent” (Wittgenstein 2008, § 308). How much Murdoch was influenced by Wittgenstein in this regard is not well-established. She was a friend of Elizabeth Anscombe, who was Wittgenstein’s student, and thus got reports from his lectures early on. Yet her own references to Wittgenstein show that she was ambivalent to, and struggling with, many aspects of his work; see e.g. Christensen 2019. Also, her attention to points of departure is a quite natural one, given her early overall discomfort with the worldview of mid-20th-century analytic philosophy, which she found parochial and narrow.

4 For a closely related discussion, see Coetzee 1999.

5 For a discussion of authority in bioethics, see e.g. Gesang 2010; Cowley 2012; Archard 2011; Gordon 2014.

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