

Correspondence

# Response to Open Peer Commentaries on “Three Ways to Politicize Bioethics”

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My primary aim in writing this article was to promote more thoughtful discussion of what it means and could mean to politicize bioethics. The peer commentaries are encouraging in this regard, and I am grateful to the authors for taking the time to respond.

I am not sure how Sam Berger (2009) got the idea that republicanism involves “the elimination of interest groups” or that it might “hide groups’ actions behind the veneer of individual citizen engagement” (61). Berger’s characterization might apply to an extreme version of communitarian republicanism, which my article explicitly rejects. The Machiavelian republicanism I describe relies on diverse institutions and associations — including interest groups, although I focus on bioethics councils — for facilitating popular political engagement. Moreover, I endorse the “liberal emphasis on the irreducible plurality of values and interests in modern societies,” (Brown 2009, 43) and I note that excluding interests from public deliberation works against disadvantaged groups. The article also includes a paragraph on “non-deliberative contributions to public bioethics” where I praise the actions of a disability rights group (43). It is true that some theorists of republicanism and deliberative democracy have neglected interest groups, but my article criticizes the standard liberal view of politics for “reducing it to interest group competition,” (43, *emphasis added*) not interest group competition as such.

Berger’s (2009) other main point is that my article “ignores political realities” (61) by underestimating the difficulties of promoting intelligent public engagement in complex bioethical issues. Here Berger’s comment overlaps with Chris Durante’s concern that my article “lacks a detailed method of engaging the public” (55). My article did not aim to provide such a method, nor to describe the practical challenges of public engagement. Berger (2009) notes correctly that popular understanding of many bioethical issues is rather dismal, and that public opinion is necessarily framed and easily manipulated by the media. But criticizing efforts to expand public engagement on the basis of poor public understanding of science puts the cart before the horse. Is it really surprising that standard public surveys regarding isolated scientific facts reveal widespread ignorance? Who

likes to pick up the phone during dinner and be asked to define a stem cell? Without effective opportunities for public engagement, citizens have little incentive to acquire the requisite knowledge (Irwin and Wynne 1996).

Berger (2009) is thus right to emphasize the importance of interest groups for informing and mobilizing public engagement in bioethical issues. As Berger also correctly notes, interest groups today do not compete on a level playing field, and republicanism aims to equalize power among diverse groups. But Berger himself “ignores political realities” (61) when he suggests that efforts to equalize power can rely on “greater participation by a myriad of groups representing wider interests” (61). Political power requires not only numbers and preferences but also ideas and arguments. Public bioethics requires not only diverse interest groups but also institutions dedicated to informing, transforming, and publicly justifying interests through deliberation. Berger expresses concern about the “rise of special interest [groups]” (61), and he calls for more “public interest bioethics lobbying groups” (61). Berger may know which groups belong to which category, but others will disagree. Deliberative institutions like bioethics councils offer a venue for them to present their best case. Empirical studies support cautious optimism about deliberative institutions, while also suggesting that their success depends on a wide range of contextual factors, including the particular issues, participants, rules, and goals of deliberation (Delli Carpini et al. 2004). In this respect, public bioethics offers a promising area for further research on public deliberation and its complex relationship to organized interest groups (Hendriks 2006).

A key question for deliberative institutions is the role of consensus. Russell DiSilvestro (2009) echoes the republican view in his discussion of a “parliamentary session” (57) that implicitly aims for consensus as a way of motivating the exchange of reasons, without forgetting the likely possibility that in the end participants will need to take a vote. Durante (2009) rightly notes that my version of republicanism downplays the role of consensus, but I do not mean to reduce bioethical deliberation to “merely relaying information to policy-makers” (55). Indeed, in the article I note that “while too much pressure to reach consensus may suppress

dissent within a council, too little will eliminate the need to deliberate at all" (Brown 2009, 43). Durante (2009) worries, however, that if bioethics councils emphasize expanding policy options over seeking consensus, the result will be "the enactment of a policy which is incapable of being accepted by a large percent of the citizenry" (55). I do not share this worry, since I do not think most government bioethics councils are well suited for making policy decisions. Where I emphasize the advantages of maintaining some distance between bioethics councils and legally authorized policy-making, Durante seems to want them more closely linked. As I note in the article, the appropriate balance usually depends on the issue at hand.

The thoughtful commentary by Jenny Dyck Brian and Adam Briggie (2009) complements my effort to go beyond the standard confrontation between liberal and conservative bioethics. They highlight the importance of both professional ethics and institutional design for structuring the relationship between bioethics councils and the broader bioethics community. Brian and Briggie argue that the bioethics community should provide constructive criticism of bioethics councils, and councils should facilitate this with specific institutional measures designed to promote independence, transparency, and balance. One implication of their analysis is that interest groups need to consider the specific features and purposes of bioethics councils before launching their attacks.

Indeed, Brian and Briggie's (2009) proposed measures will not appeal to everyone, and Rob Irvine's (2009) comment rightly calls attention to the political stakes of debates over the politicization of bioethics. Irvine rejects the view that "bioethics is the same as politics" (63), but he also states

that politics is "an inevitable and necessary condition of bioethics" (63). If he means that politics may shape the institutional conditions of bioethics without always making every bioethical issue political, I fully agree. No mode of politicization is politically neutral, and which mode prevails has implications for who participates in public bioethics and the roles they play. ■

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