Bioethics as Biopolitics

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I. INTRODUCTION

From its inception, bioethics has claimed to be a project of reflection on the moral issues raised by new technologies. Yet, in its present form there is a perception of a gradual transformation in bioethics. This transformation is characterized by an increasing politicization of bioethical issues, that is, one's “bio-ethical views” will reflect one’s political assumptions concerning the nature, goals and values that should guide the biomedical sciences. Or, perhaps better stated, bioethics has always been a biopolitics and the political dimension is only now coming into relief for bioethicists.

One clear example of the emergence of what may have always been a biopolitics is how and by whom ethical reflections are conducted in the United States at the federal level depending on who occupies the White House. Under Bill Clinton, the National Bioethics Advisory Commission (NBAC) was chaired by Harold T. Shapiro and reflected a certain political agenda and specific moral perspectives. The National Bioethics Advisory Commission expired in 2001 and was replaced by the President’s Council on Bioethics, created in 2001 by President George W. Bush and headed first by L. Kass and currently by Edmund D. Pellegrino. The Council reflects likewise specific political and moral sentiments as various issues such as the use of embryonic stem cell for research and human cloning attest.

The current malaise concerning the nature and goals of the field of bioethics is characterized by a lack of substantive reflection, which is mirrored in the difficulty of establishing a normative ethics for science in general and
the biomedical sciences, in particular. Edmund D. Pellegrino, for instance, is rather pessimistic concerning contemporary bioethics’ ability to generate moral guidance. In his assessment of the trajectory of the field of bioethics as a tool for reflection concerning science, technology and medicine, he notes that there is a tendency “toward the gradual abandonment of the idea of normative ethics and moral truth of any kind” and the tendency to emphasize procedures and public policy (Pellegrino, 2000).

This issue of *The Journal of Medicine and Philosophy* critically addresses the question of how discourses in bioethics are imbedded in deep political assumptions, hence, the depiction of bioethics as biopolitics. The term biopolitics was first coined by Michel Foucault at a conference on social medicine in 1974 (Foucault, 1976, p. 152). Foucault continued his thinking on biopolitics in his lectures delivered at the Collège de France (Foucault, 2004). In these lectures Foucault articulates a notion of power contrary to that of his earlier works (*Madness and Civilization*, and *Birth of the Clinic*) where power is primarily a restraining and oppressing force. His new use of the notion of power in biopolitics takes on the character of the sustenance offered by politics to create structures that enable populations to achieve new freedoms and vitalities. The state comes to wield power over life, but now an enabling power that is not just repressive, creating instead the conditions for new capacities (Foucault, 1988, p. 160).

II. MEDICINE AND POLITICS

Quite independent of Michel Foucault, the authors in this issue are dealing with a question at the heart of bioethics and biomedicine today, namely the question of the relationship between medicine and politics. They offer critique and constructive analysis from the macro-level of bioethics (especially Griffin Trotter and John H. Evans) to the micro-level of the operating room (see Alan Bleakley). We find arguments suggesting that the way forward will require a modest reframing of public bioethics, and still other arguments suggesting the need for radical reconceptualisation of bioethics. We also find arguments suggesting a top down reformulation will only perpetuate a biopolitics, and that the best way forward is to frame bioethics within the ethical call of the Other.

In addition, the authors represent several different disciplines including sociology, psychology, and theology, in addition to philosophy and bioethics but also provide an international perspective, hence reinforcing the notion that bioethics “requires” politics in addressing bioethical issues trans-nationally. The diversity of insights into the political nature of bioethics gives credence to the suspicion of many that bioethics has become, or always has been, a biopolitics. Moreover, the authors also represent four different nations from three different continents. The sum of their insights
illustrates the extent to which, as a world-wide phenomenon, bioethics emerges as biopolitics.

Finally, and at the risk of caricaturing the contributors to this issue, we would like to point to the broad political stances taken by these authors. The fact that there is such a diversity of political starting points for our authors—from Liberalism to Libertarianism to Communitarianism—suggests that this issue of the Journal of Medicine and Philosophy brings to the forefront of bioethics what has been implicit for a long time, namely the biopolitical. Taken together, the authors engage issues of bioethics and biopolitics, from the macro level to the micro level, from the conceptual to the practical, from the scientific to the clinical, and from the critical to the constructive. Whether one thinks that bioethics has become, or has always been, a biopolitics, it is clear that this phenomenon can no longer remain unacknowledged by our discipline.

Taken together, the authors published here identify something not so different from what Foucault said was the dream of modern political democracy—a pervasive biopolitics in which the life of the population is both managed and valued. Foucault’s point about biopolitics is that, with the rise of the contemporary governmental structures, indeed at the very dawn of contemporary government there is a concern with the biopolitical, the health of the public, the health of the body politic (Foucault, 1988, p. 160).

Still, for Foucault, biopolitics is not necessarily lamentable, but instead is an ambiguous, or possibly even a polyvalent condition of modern life. On the one hand, a biopolitics might come to shape the destiny of peoples for the better, the dream of Liberalism; but it might come to shape the destiny of peoples against their wills, a concern of contemporary libertarians. On the other hand, through a biopolitics, biomedicine as a body of expertise might assist peoples to achieve greater heights of personal enrichment through personal and individual freedom, the dream of Libertarianism, which often leaves others behind thus destroying egalitarianism, a threat to the sensitivities of liberals. Thus the spectrum of political tendencies within the discipline of bioethics reveals a tension on various levels: not only can ethical issues not be settled by mere moral reasoning due to our lack of consensus at the foundational level, but one also is confronted with the even more disconcerting conclusion that the domain of “public reason” (i.e., the polis) is characterized likewise by dissensus as the authors of this issue attest in their contributions.

Two of our authors fall on either side of that kind of divide. John Evans critiques the expertise model of bioethics, particularly when the expertise falls into the hands of the public bioethicist and under the domain of analytic philosophy. At the same time, Evans argues for a more egalitarian version of a technocracy, in which expertise can be more efficiently applied toward a commonly accepted end. To achieve this, Evans envisions a discourse
utilizing the tools of social science to achieve a truly democratized bioethics. Once we know that toward which we strive, he claims, we can then apply technocratic expertise on how to bring those purposes about. In this new bioethics, we will also see interest groups with “house intellectuals,” bioethicists who will articulate agendas and rationales for interest groups. In a way then, Evans is arguing for a more liberal form of bioethics, one that truly represents the concerns of society, as opposed to the bioethics which currently remains quite narrow and, at the same time, too universal to be of any value, and too esoteric and unrealistic to be representative of a truly public bioethics.

Where Evans calls for modest reforms, Griffin Trotter offers us a radical critique of current bioethical discourse and suggests we abandon the contemporary model. Trotter does so by reclaiming insights offered by Thomas Hobbes, who so often has been ignored as central to contemporary political philosophy. Trotter systematically offers the Hobbesian warnings about deliberative democracy, and then illustrates how contemporary bioethics confirms the necessity of Hobbes’s critique. He concludes by offering another model of bioethical discussion and discourse, modus vivendi. In this neo-Hobbesian political philosophy, there is no illusion of deep moral commitments, and there is no illusion that deep consensus is possible. The only thing to which partisans agree in modus vivendi is to discourse, no further elaboration on what counts as discourse is needed. Bioethics might be salvaged in its descriptive role, in which the bioethicist engages in articulating the rich moral rationales of the disputants. Thus, in a way, both Evans and Trotter agree that bioethics has crossed some boundary and that reform, whether modest or radical, is needed.

Our next two authors take a different approach to biopolitics. Tom Koch and Christopher Newell give us a glimpse from the margins of society and from the margins of bioethics. Koch asks important questions, like why is it that the discourse in bioethics is so narrow? Why do we not entertain or take seriously voices like Wesley J. Smith? Smith has not been taken seriously, especially by the liberal establishment in bioethics. Such radical voices, he claims, are not taken seriously, and thus any claim to consensus is unfounded. Sure there is a semblance of discussion in journals, but the discussions often collapse into ad hominem attacks on religious perspectives at the water cooler, or even in national conferences. Who starts the ad hominem attacks depends on the perspective from which one comes. Koch hints at a fundamental issue at the heart of tolerance, namely that on the left, tolerance tends to mean tolerant of anything non-traditional, but intolerance for anything traditional. On the right, tolerance is for all things traditional, but intolerance for anything coming from the left.

Christopher Newell gives another description from the margins, this time the margins are those of a society that creates the abnormal by biopolitically creating the normal. Newell is a bioethicist who identifies as disabled, and
perhaps all those disability scholars who have been writing in recent years have understood the depth of biopolitics precisely because they have been oppressed by it. Disabled voices—literally those voices which have been disabled by society because they are not heard by society—have been silenced as rejected knowledge he claims. That knowledge has been rejected by both the political left and the political right because they share the same dream of a healthy—read normal—polis, and they share the same sense of the necessity of technological progress. But Newell also points out that politicians of many different political persuasions come to use the voices of the disabled insofar as these voices can achieve their partisan agendas. Then the disabled voices are moved out of the public eye and back on the shelf to be used again when another agenda needs to be pushed. Newell concludes, however, that there is something deeper offered by people who live with impairment in their accounts of a lived experience of disability, and it is the actual lived experience that bioethics rejects. Newell concludes that, when disability voices are no longer perceived as purely critique, he will know that a disability perspective has arrived. For, as he so poignantly concludes, perhaps the human condition is a condition of dependency, something about which he knows. And his knowledge of human dependency contradicts the ideologies of rational autonomous agency of modernity.

Both Koch and Newell seem to be saying that the view from the margins of mainstream society illustrates precisely the point that both Evans and Trotter engage. There is a poverty of discourse at the heart of bioethics. Thus, the dream of a biopolitics that enables the members of a society is not a reality. Koch and Newell, perhaps because speaking from the margins, are less optimistic about the enabling, capacity building possibilities of biopolitics. For them, biopolitics remains oppressive.

Our last two authors take a slightly different approach, one looking at the imperative for scientific and technological development and the other looking at the mundanely clinical. Amy Laura Hall sees something inherently political in the notion of progress which animates biomedical science. Her philosophical methodology utilizes historical narrative to bring into focus the drive for progress as instantiated in the discourse around the 1933 Chicago World’s Fair and in the discourses surrounding the drive for and uses of atomic energy. What emerges from her narration is the way in which the telos of progress is never questioned and how the politics of progress come to produce a purely proceduralist bioethics. When someone from the so-called developing world questions the imperative of progress, the “developed” world answers with the need for equal distribution of the fruits of technology, or the assurance that the autonomy of the developing world will not be violated. Hall claims that there is a sense in which the just distribution of the fruits of technology, and the consent of those who will benefit from it, assures the morality of the progress itself. The politics of
progress produces a proceduralist bioethics precisely because the telos of progress is never questioned. Yet, there is something altogether more sinister at work in the politics of progress, namely the need of the “developed” for the “developing” world to remain underdeveloped in order for the “developed” world to gauge its progress.

With our final author we move from the quest for progress in science and technology to the mundanely clinical, namely the daily routines of the operating theater, the operating room. Alan Bleakley and his colleagues have carried out qualitative empirical research with operating theater teams in order to examine the dynamics of the operating theater and the inherently political nature of communication within the surgical arena. Bleakley uses this research as the occasion to question the individualism that gives rise to the political hierarchies in the operating room, and how these hierarchies may in fact produce mishaps and errors. The individualism that gives rise to experts working in isolation is the same individualism that gives rise to the dominant bioethics. Even the virtue ethics that gives rise to calls for professional integrity and professionalism has become too individualistic. Bleakley, instead, calls for a virtue ethics that finds its imperative in the call of the Other—a call that calls one out of oneself. The surgeon and the scrub nurse and the post-operative nursing staff are all called out of their individual professional identities to become a community, a team. They are called by the needs of the other—the patient—into a community for the good of the other. The community, the polis, the politics of the operating theater should emerge out of this call, Bleakley claims. He urges a virtue ethics that arises as a communal response to the call of the Other.

III. RETHINKING BIOETHICS

Taken together, the essays in this issue of the Journal indicate that Foucault, on the one hand, may have been correct about biopolitics and yet woefully mistaken on the other hand. As moderns we cannot escape political space. Yet, what our current authors show us is that the biopolitical is a modern invention. In killing the king, we but diffuse power along democratic lines. The sovereign becomes the self who defines and subjects himself. We find the individual who governs himself. We are but a loose configuration of sovereign subjects—the contradiction at the heart of Western politics. The contributions to this issue seem to show us that the political left wing and the political right wing belong to the same political beast, each flapping in a discordant and counter purposive manner. These articles uncover a bioethics which is necessarily a biopolitics. But they all show us that we are a far cry from any dream Foucault, or the French Revolution, or modern public health initiatives might have had about the enabling capacity of a biopolitics,
and indeed these authors seem to ask whether that dream is even possible—a point well noted by Giorgio Agamben.

“Today, politics knows no value (and consequently, no nonvalue) other than life, and until the contradictions that this fact implies are dissolved, Nazism and fascism—which transformed the decision on bare life into the supreme political principle—will remain stubbornly with us” (Agamben, 1999, p. 10). Nazism and fascism, because they so blatantly defined a life worth living, are only the most obvious and disquieting among biopolitical totalitarianisms (Agamben, 1999, p. 4). There are other totalitarianisms, less obvious and thus more subtle, seductive, and dangerous. Why is it that, at the very moment when democracy seems to have prevailed over totalitarianism, modern democratic societies become indistinguishable from it? (Agamben, 1999, p. 10) At one level, each of our authors seems to be saying that we just need to better manage the biopolitical to avoid totalitarianism.

Yet, at another level, each of our authors smells something rotten in a modern bioethics as a biopolitics, for there is a sense in which the task against totalitarianism is not manageable at all. Agamben notes a confusion about the fundamental categorical pair of Western political philosophy: the notion of zoē—spiritual or sacred or bare life—as opposed to the notion of bios—the communal or political life. He claims that the West has set about to elevate the bios politikos to the level of zoē in order to overcome the totalitarianism of the monarch who decides who lives and who dies. Thus the dream of Western political democracy is to politicize “the natural sweetness of zoē” (Agamben, 1999, p. 11). Yet, the categorical pair of zoē/bios detracts from the more primordial pair of exclusion/inclusion. What modern versions of biopolitics have forgotten, or perhaps have never known, is that in conflating zoē and bios, one misses the more fundamental aporia of exclusion/inclusion. Biopolitics, according to Agamben, cannot merely be Foucault’s enabling power, but always necessarily collapses into totalitarianism. In not acknowledging the more fundamental aporia of exclusion and inclusion, the biopolitical endeavor of the West becomes complicit with the drive to define who has zoē worthy of political life and who does not (Agamben, 1999, p. 8). Our authors all, in their different ways, find aspects of bioethics to be complicit with a rottenness at the heart of biopolitics. Is what they all recognise in contemporary bioethics the stench of totalitarianism?

REFERENCES


