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Wilson D. *The Making of British Bioethics*. Manchester (UK): Manchester University Press; 2014.

Introduction

What is bioethics?

Recent decades have witnessed profound shifts in the politics of medicine and the biological sciences, in which members of several professions now consider issues that were traditionally the preserve of doctors and scientists. In government committees and organisations such as the General Medical Council, professional conduct is determined by a diverse group of participants that includes philosophers, lawyers, theologians, social scientists, doctors, scientists, healthcare managers and representatives from patient or pressure groups. Teaching ethics, once a matter of professional etiquette, takes place on dedicated courses and in specialised departments that emphasise law and moral philosophy. A growing body of interdisciplinary journals considers topics that were once confined to the correspondence pages of the *Lancet* or the *British Medical Journal*. And public discussion of issues such as embryo research, cloning, genetic engineering or assisted dying are now as likely to be led by a lawyer or a philosopher as a doctor or a scientist.

This new approach is known as ‘bioethics’: a neologism derived from the Greek words *bios* (life) and *ethike* (ethics), which the *Oxford English Dictionary* defines as the discussion and management of ‘the ethical issues relating to the practice of medicine and biology, or arising from advances in these subjects’.¹ The dictionary attributes the term ‘bioethics’ to the American biochemist and research oncologist Van Rensselaer Potter, who introduced it in a 1970 article.² But Potter’s view of bioethics differs from the dictionary’s definition, and designates an approach that is not familiar to us today. Potter characterised bioethics as a new system of ethics, or a ‘science of survival’, that drew on ‘modern concepts of biology’ in order to guide moral choices and ensure human survival in the face of environmental problems.³ He argued that political or ethical decisions ‘made in ignorance of biological knowledge, or in defiance of it, may jeopardize man’s future and indeed the future of earth’s biological resources for human needs’.⁴ ‘Bioethics’, he continued, ‘should develop a realistic knowledge of biological knowledge and its limitations in order to make recommendations in the field of public policy.’⁵

Quite independently of Potter, the Dutch obstetrician André Hellegers and the political activist Sargent Shriver also coined the term ‘bioethics’ in 1970, when they opened the Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics at Georgetown University, a private Jesuit institution in Washington DC.⁶ Hellegers and Shriver’s definition is the one we recognise today. Amid growing discussion of the social impact of biological research, the rationing of new medical technologies such as kidney dialysis and the rights of patients and experimental subjects, they viewed bioethics as the ethical scrutiny of specific problems raised by medicine and the biological sciences.⁷ These debates on the ethical aspects of science and medicine quickly became known as ‘bioethics’ following the opening of the Georgetown Institute. Between 1972 and 1974, the theologian Warren Reich began work on an *Encyclopedia of Bioethics*, the philosopher Daniel Callahan wrote an article on ‘Bioethics as a Discipline’ and the Library of Congress adopted ‘bioethics’ as a subject heading.

The participants in this burgeoning field claimed that doctors and scientists could not solve ethical problems on their own. They differentiated bioethics from the prior tradition of medical ethics, in which doctors governed their own conduct through professional codes and bedside training, by arguing that outsiders should play a greater role in discussing ethical issues and, crucially, in determining professional conduct.⁹ Figures such as Callahan argued that public disquiet and the moral problems raised by new technologies meant that ‘a good training in medicine’ no longer qualified doctors ‘to make good ethical decisions’. Instead, philosophers, lawyers and theologians had now become vital ‘for the definition of issues, methodological strategies, and procedures for decision-making’.¹⁰ Bioethics, Callahan stated, should ‘be so designed, and its practitioners so trained that it will directly – at whatever the cost to disciplinary elegance – serve those physicians and biologists whose position demands they make the practical decisions’.¹¹

These arguments appealed to politicians, doctors and scientists concerned by falling public confidence, and ensured that Hellegers’ view of bioethics superseded Potter’s more general calls for a new ethical framework. Its impact was evident in 1974, when President Richard Nixon responded to controversies surrounding human experimentation by convening a National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The National Research Act that established the Commission stipulated that no more than five of its eleven members

should be scientists or doctors – with the majority drawn from philosophy, law, sociology, theology and the general public.¹²

Senator Edward Kennedy, a critical figure in the Commission's formation, argued that policy should not emanate 'just from the medical profession, but from ethicists, the theologians, the lawyers and many other disciplines'.¹³ This Commission was widely recognised as the first national bioethics committee, and in 1978 its recommendations led President Jimmy Carter to establish a permanent Presidential Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.¹⁴ These events, coupled with the establishment of centres such as the Georgetown Institute and an Institute for Society, Ethics and the Life Sciences, later renamed the Hastings Center, led many to view bioethics as an important approach. By 1978, as David Rothman remarks, it was clear 'that the monopoly of the medical profession in medical ethics was over. The issues were now public and national – the province of an extraordinary variety of outsiders.'¹⁵

Contextualising bioethics

Although bioethics first emerged in the United States, the term and the approach it signifies quickly became a global phenomenon. As Sheila Jasanoff notes, today 'most Western governments, and increasingly developing states, have supplemented funding for the life sciences and technologies with public support for ethical analysis'.¹⁶ Bioethicists now play a significant role in determining policies and guiding public debates across Europe,¹⁷ in Australia, Canada, Latin America, Israel, Pakistan, Japan, Singapore and South Korea, among other locations.

The international growth and influence of bioethics has led some to identify it as a decisive shift in the location and exercise of 'biopower', which Michel Foucault defined as the range of actors and strategies involved in the governance of individual and collective health.¹⁸ In their work on modern configurations of biopower, Paul Rabinow and Nikolas Rose claim that bioethics has reshaped professional conduct in a range of settings so that the 'practices and dilemmas of life politics are not monopolized by states or even doctors'.¹⁹ This 'bioethical complex', they argue, ensures that medical and scientific practices are 'now regulated by other authorities as never before'.²⁰

In their work on the regulation of reproductive technologies and genetic research, Brian Salter, Charlotte Salter and Mavis Jones similarly identify bioethics as a 'new epistemic power' that is capable of setting agendas 'on the basis of an expert authority that can be used by governments to legitimize subsequent regulatory policy outputs'.²¹ Brian Salter believes the emergence of bioethicists adds a new dimension to Foucault's work on biopower, since their ethical expertise regularly complements, or even replaces, the technical expertise of scientists and doctors. Salter argues this shift has created a new form of governance he terms 'cultural biopolitics'. Here, he claims, 'the focus for the operation of biopower is not the control of populations or bodies but the control of the values that permit or proscribe the development of health technologies ... that, in turn, may subsequently act as modes of population or individual control'.²²

As these accounts demonstrate, bioethics offers a rich subject for historical investigation. It reveals changing relations between professions, emerging notions of expertise and speaks to our perennial concerns with power – who wields it and to what ends. It appears an especially important subject in light of recent claims that we should focus on the ways in which biopower operated and was reconfigured during the twentieth century, along with the consequences for our notions of health, illness, morality and what it means to be human.²³ With this in mind, it is little wonder that writers from several fields have begun to chart the history of our 'insatiable demand for bioethics'.²⁴ The first accounts came from bioethicists themselves, often as a preface to books on bioethics or applied philosophy. These participant histories portrayed bioethics as a response to the unprecedented moral dilemmas and public concerns raised by new developments in medicine and the biological sciences during the late 1960s and 1970s. One bioethicist states, for example, that 'when biomedical sciences became capable of things previously unimaginable (like organ transplantation or artificially sustaining life), bioethics was invented to deal with the moral issues thus raised'.²⁵

The authors of these participant histories also claim that bioethics drew on 'the climate of political radicalism and student activism' to critique professional authority and stand up for the rights of patients, research subjects and even experimental animals.²⁶ One early bioethicist argues the field was 'inextricably linked to public protests, teach-ins, and to civil rights, antiwar, and pro-feminist activities'.²⁷ These claims established a dichotomy between radical bioethicists and a conservative medical profession. And this was reinforced in the first major history of bioethics, David Rothman's *Strangers at the Bedside*, which adopted a 'twofold classification of doctors and outsiders' and claimed that outside involvement 'came over the strenuous objections of doctors, giving the whole process an adversarial quality'.²⁸

But several historians, sociologists, anthropologists and political commentators have challenged these ‘origin myths’.²⁹ In a historical volume on medical ethics, for example, Robert Baker, Dorothy Porter and Roy Porter claim that we cannot explain the emergence of bioethics by simply framing it as a response to the moral dilemmas raised by new medical technologies during the 1960s. They argue that:

It is nothing new for physicians to be confronted with novel and agonizing problems of unexplored biotechnical possibilities and uncertain public response. Examined with care, the formulations of medical ethics over previous centuries, both theoretical and practical, are revealed to have been as complex and entangled in philosophical principle as we feel today’s situation to be.³⁰

Other historians criticise assumed links between bioethics and civil rights politics, claiming it does not represent a radical break from older and more paternalistic traditions in medical ethics. Roger Cooter, for one, argues that the bioethical emphasis on patient choice was a shallow appropriation of civil rights ideals, which failed to analyse how ‘choice’ was an ideological construct that varied across institutional, social and cultural settings.³¹ Cooter also claims that instead of challenging medicine or science on behalf of patients and the public, bioethics performed the same function as medical ethics by insulating doctors and researchers from truly critical questions.³² In her history of bioethics in the United States, Tina Stevens similarly concludes that ‘bioethical impulses found their way into enduring social institutions not because they represented the social challenges of the 1960s but because they successfully diffused those challenges’.³³

Stevens argues that bioethics rose to prominence because it helped legitimate research and clinical practice, formulating guidelines ‘for the use of procedures and technologies that it largely accepted as inevitable’.³⁴ John Evans, meanwhile, claims that politicians valued bioethics because its reliance on formal philosophical principles, such as respect for autonomy, beneficence and justice, was congenial to policymaking.³⁵ But he also contends that these principles were divorced from the socio-economic conditions that shaped moral dilemmas, as well as the actual expectations of patients and the public. This ensured, he argues, that bioethicists failed to appreciate the depth of questions asked about issues such as genetic engineering, leading to an unfortunate ‘thinning’ of debates from the 1960s onwards that ultimately favoured professional interests.³⁶

These conclusions are replicated in critiques of contemporary bioethics, which present it as a ‘legitimation device’ that insulates researchers from criticism and routinises ‘the processes whereby they obtain “ethical clearance” for what they do’.³⁷ The political theorist Francis Fukuyama struck a now familiar chord in 2002 when he complained that ‘bioethicists have become nothing more than sophisticated (and sophistic) justifiers of whatever it is the scientific community wants to do, having enough knowledge of Catholic theology or Kantian metaphysics to beat back criticisms by anyone ... who might object strenuously’.³⁸ In the same vein, Jonathan Imber dismissed bioethics as little more than ‘the public relations division of modern medicine’.³⁹

But these critiques fail to identify the mechanisms that underpin the emergence of bioethics in specific times and places, and how these lead to some issues and not others being designated as ‘bioethical’. ‘The mere presence of illness, death, medical technology, and professional decision making do not in and of themselves necessitate bioethics’, Nikolas Rose argues, so ‘why should informed consent in reproductive technology be “bioethical” and the rising rate of female infertility not?’⁴⁰ This is perhaps the most pressing question to be raised regarding bioethics and provides the greatest incentive for more historical research. Rose continues that ‘alongside the urge to critique, perhaps we need to attend to what it is that this demand for bioethics manifests’.⁴¹ Richard Ashcroft similarly claims that a more fruitful analysis would begin by wondering: ‘If bioethics is the answer, *what was the question?*’⁴² This would allow us to investigate precisely what interests were served and linked by external involvement with science and medicine, and to identify the various parties who benefited from the designation of certain issues as ‘bioethical’.

Despite the emergence of bioethics in many countries, we are only familiar with the American story. But when looking to account for what made certain issues ‘bioethical’ and generated a demand for outside involvement elsewhere, we cannot fall back on those factors that have been highlighted for the United States. Pointing to the inherently controversial nature of new technologies or medical practices does not suffice. Issues such as animal and human experimentation, compulsory vaccination and reproductive medicine were seen to raise moral dilemmas long before the 1960s, yet doctors and scientists continued to regulate themselves throughout the nineteenth and for much of the twentieth century.⁴³ Neither can we fall back on references to countercultural and civil rights politics. Although they may partly account for the growth of bioethics in the United States during the late 1960s and 1970s, they cannot explain its emergence in locations where these political movements did not exist or lacked influence.

We therefore need to appreciate that there is no universal explanation for the emergence of bioethics, and that the influences and determining factors vary for different times and places. Instead, Cooter argues, we should always look to locate bioethics within ‘the social, political and ideological context in which it is conducted’.⁴⁴ Rose also calls for more empirical studies, which ‘need to be nuanced in relation to empirical studies of the actual role of different aspects of the discourses, practices, forms of expertise, and strategic engagement of bioethics in different places and practices’.⁴⁵

The sociologist David Reubi has recently demonstrated how specific factors shape what counts as ‘bioethics’ in different times and places. He highlights how the recent development of bioethics in Singapore was part of a broader ‘will to modernize’, in which politicians sought economic growth by encouraging foreign investment in biomedical research. The presence of bioethics, Reubi argues, was designed to ensure the credibility of Singapore’s biomedical research sector⁴⁶ by reassuring incoming scientists and companies that it had good ethical standards and was a safe place to invest.

Reubi also details how bioethics in Singapore is not a fixed field or discipline, but is ‘an assemblage of knowledge, experts and techniques’ that performs various social and political roles.⁴⁷ This insight prevents us from mistakenly identifying bioethics as a monolithic entity with a single perspective and mode of inquiry. As the authors of a recent volume state, we now recognise that ‘bioethics is a plural noun and its plurality is multiple’ – not simply between countries, but within them too.⁴⁸ Viewing bioethics in this way helps us acknowledge how contours of the field and the issues it designates as ‘bioethical’ are constantly ‘fluid and changing with context ... the product of history, social organization and culture’.⁴⁹

Bioethics in Britain

More work is needed, however, as bioethics is influential in many locations not yet covered by these empirical studies. This is certainly the case in Britain, where bioethicists are sought-after ‘ethics experts’ with important positions on regulatory committees and considerable public authority.⁵⁰ But our appreciation of how and why they attained this status is sketchy at best. Existing accounts, such as a chapter in the *World History of Medical Ethics*, adhere to the ‘origin myth’ model and claim that bioethics emerged in Britain after new technologies and radical politics fostered greater discussion of science and medicine during the 1960s and 1970s.⁵¹ But while issues such as clinical research and *in vitro* fertilisation (IVF) were certainly discussed in this period, and while some individuals called for outside involvement in the development of regulatory guidelines, doctors and scientists continued to police themselves. This was clear in 1978, when the *British Medical Journal* diagnosed bioethics as an ‘American trend’, in which philosophers, lawyers, theologians and others ‘acted as society’s conscience in matters once left to the medical profession’.⁵²

Bioethics did not gain currency in Britain until the 1980s, when increasing numbers of philosophers, lawyers and theologians became actively involved in the public discussion of medicine and biology, the teaching of professional ethics and the development of regulatory guidelines. This outside involvement was undoubtedly influential. In a 1991 article detailing the establishment of the Nuffield Council on Bioethics, the *Guardian* claimed that Britain was seeing the growth of an ‘ethics industry’ in which bioethicists led ‘a national debate on ethical questions arising from modern developments in medicine’.⁵³ The architects of this ‘ethics industry’ had become respected public and political figures within a short space of time: chairing public inquiries and regulatory committees, occupying seats in the House of Lords, appearing regularly in the media and receiving knighthoods for ‘services to bioethics’.⁵⁴

This status and authority was captured by a 1994 *Sunday Telegraph* profile of the philosopher Mary Warnock, who became ‘synonymous with British bioethics’ following her spell as chair of a public inquiry into IVF and embryo research between 1982 and 1984.⁵⁵ Published to mark Warnock’s retirement as mistress of Girton College, Cambridge, the *Telegraph* claimed that she had an ‘extraordinary influence’ over public and political life. After outlining how her inquiry recommended that embryo experiments should be permitted up to fourteen days after fertilisation, subject to regulatory approval, the *Telegraph*⁵⁶ argued that Warnock’s appointment as chair marked a pivotal moment in the ‘liberalisation of medical ethics’.⁵⁷ It also predicted that fellow members of a House of Lords Select Committee on euthanasia were likely to be influenced by her own views that ‘human life is not sacred’.

The profile was accompanied by a striking portrait, which illustrates just how bioethics provides a decisive shift in the location and exercise of biopower. The *Telegraph* pictured Warnock in a classic philosophical profile, contemplating a human embryo as if it were Yorick’s skull in *Hamlet* (see Figure 1). Lest anyone miss the Shakespearian overtones, the portrait sat above a caption that read ‘To be or not to be?’ This quote is from one of *Hamlet*’s most memorable

soliloquies and evokes the classic existential dilemma of whether or not it is better to choose life or death. But in picturing Warnock holding an embryo the *Telegraph* was clear that, unlike previous generations of philosophers, she no longer simply contemplated what Shakespeare called ‘the slings and arrows of outrageous fortune’.⁵⁸ Following the emergence of bioethics, and in a privilege hitherto reserved for doctors and scientists, she now helped determine the fate of *in vitro* embryos. For Warnock and other British bioethicists, ‘To be or not to be?’ had become an important practical question.

This book draws on a wide range of sources to detail how and why bioethics became so influential in Britain, including the archives of government departments, public inquiries, universities and professional organisations, as well as private papers, published materials, press reports, television programmes and interviews. I use this material to chart the professional, social and political factors that underpinned **the making of British bioethics**: to show how certain individuals fashioned themselves into authorities on bioethics; to identify the various sites in which bioethics emerged; and to outline how it fulfilled different roles for various groups and professions.

My analysis centres largely on specific individuals, such as Mary Warnock, who represent the different disciplines and approaches that constitute and helped shape British bioethics. At first glance, this might seem indicative of the ‘great man’ (or woman) approach to history that has been rightly criticised for being overly simplistic and hagiographic.⁵⁹ In his work on the development of research ethics committees in the 1960s, for example, Adam Hedgecoe claims that focusing on individuals replicates a major flaw of the ‘origin myths’ by overlooking how social contexts play a major role in the development of ethical thought and policies.⁶⁰

But studying individuals can shed important light on the history of bioethics by highlighting how it arose thanks to the *engagement* between sociopolitical contexts and personal or professional agendas. This approach draws on the work of scholars such as Sheila Jasanoff, who show how social structures do not simply shape ethical thought, but are themselves produced by individual and collective actions. Denying this measure of agency to specific individuals or groups, Jasanoff notes, ‘operates with a much reduced, mechanistic model of human behaviour [and] overlooks the potential for altering the terms and conditions of political debate’.⁶¹ The solution, she argues, is to adopt an ‘actor-centred’ outlook that investigates how states sought to utilise bioethics for particular functions while, at the same time, charting how specific figures understood, intervened in and even helped create the demand for bioethics.⁶² This interplay is conveyed by this book’s title. As will become clear, the ‘making’ I refer to is an active and ongoing process that owes as much to agency as to broader political changes.⁶³

Studying individuals also brings to light different perspectives and opinions that move us beyond the misleading view that bioethics is one field or approach. It shows instead how bioethics is a pluralistic set of activities that ranges from the abstract to the practical and includes academic writing and teaching, public discussion, and developing regulatory standards for medicine and the biological sciences.⁶⁴ It also highlights the individual views and internal politics that lead to certain topics and approaches being framed as ‘bioethical’. As Imber notes, ‘strongly held personal opinions’ often play a critical role in determining popular representations of bioethics and ‘certain ways of being bioethical’.⁶⁵ Looking at the work of individuals, and their agreement or disputes with colleagues, is thus vital to explaining the public demand for bioethicists and determining why some appeared to fill the role better than others.

The following chapters detail how certain individuals were integral to a growing demand for outside scrutiny of science and medicine, to the development of regulatory guidelines and to the emergence of the various committees, groups and academic centres that make up British bioethics. Chapter 1 looks at why doctors and scientists came to regulate themselves throughout the nineteenth and for much of the twentieth century. Drawing on work that focuses on relations between professions, I show how this form of governance, which Michael Moran terms ‘club regulation’, stemmed not only from the professionalising tactics of doctors and scientists, but was compounded by the ‘hands-off’ approach of politicians and professionals in fields such as law, philosophy and theology.⁶⁶ I outline how these attitudes persisted into the 1960s, ensuring that club regulation survived a ‘backlash against professional society’ and criticism of medical research by the ‘whistleblower’ Maurice Pappworth.

Chapter 2 examines why outsiders increasingly joined debates on medical procedures such as IVF during the late 1960s and 1970s, and shows how this was led by Anglican theologians. I detail how these theologians argued that ‘trans-disciplinary groups’ were vital to discussing medical ethics, and outline how this formed part of efforts to stay relevant in the face of a decline in religious belief. I outline how theologians such as Ian Ramsey argued that ‘transdisciplinary groups’ were needed to meet the challenges posed by secular and increasingly pluralistic societies, and examine their links with influential figures in the early history of American bioethics. I close by detailing why bioethics continued to be seen as ‘an American trend’ throughout the 1970s, showing that while British theologians

clarified the moral aspects of certain issues, they offered no challenge to club regulation and believed that the ‘final decisions remain medical ones’.⁶⁷

Chapter 3 examines why this situation changed in the 1980s, when certain figures successfully promoted external involvement in the development of standards for medicine and the biological sciences. The chapter centres on the work of the academic lawyer Ian Kennedy, who was the most high-profile advocate of the approach he explicitly termed ‘bioethics’. I detail how Kennedy’s endorsement of bioethics was influential because it dovetailed with the Conservative government’s neo-liberal belief that professions should be exposed to outside scrutiny to make them publicly accountable. I also show how Kennedy’s arguments appealed to senior doctors, who acknowledged that bioethics was necessary to counter declining political trust in professions.

In a similar vein, chapter 4 looks at Mary Warnock’s engagement with IVF and embryo research to chart how philosophers became increasingly involved with bioethics, and how the Conservative government prioritised ‘non-expert’ involvement in public inquiries into science and medicine during the 1980s. I show how Warnock echoed governmental calls for external oversight and, like Kennedy, promoted bioethics as beneficial to doctors and scientists. I also detail how difficulties in formulating an acceptable cut-off for embryo research led Warnock to dismiss claims that bioethics should be a vehicle for ‘moral experts’, and to present it as an interdisciplinary ‘meeting ground’.

Chapter 5 examines the growth of bioethics in British universities during the 1980s and 1990s. I show how figures such as Kennedy claimed that ‘non-medical’ input in ethics teaching would benefit student doctors during the early 1980s. This stance ensured that senior doctors supported new interdisciplinary courses in medical ethics, which were predominantly aimed at student doctors and healthcare professionals. I also show how the emergence of dedicated centres for bioethics was consolidated by government cuts in university funding, which encouraged academics in the humanities and social sciences to work on ‘applied’ topics such as bioethics, and to promote their work’s benefits to doctors, students and ‘the community as a whole’.

Chapter 6 details how some senior doctors and bioethicists led calls for a politically funded national bioethics committee during the 1980s. I detail why politicians rejected these proposals on the grounds it would impede research and politicise bioethics, and show how this led to the establishment of the independent Nuffield Council on Bioethics in the early 1990s. I then detail the continued growth of bioethics under a ‘New Labour’ government that shared the neo-liberal enthusiasm for oversight and ‘empowered consumers’, and show how figures such as Ian Kennedy were increasingly central to the enactment of government policies for the National Health Service (NHS). The chapter concludes by charting how some doctors and public figures began to argue that bioethics actually damaged trust in medicine and science at the beginning of the twenty-first century, which led Kennedy to complain that external regulation was increasingly seen as ‘part of the problem rather than part of the solution’.⁶⁸

The final chapter details how recent debates on assisted dying highlight the authority and influence of British bioethicists. I discuss what this can tell us about the impact that bioethics has had on the exercise of biopower, and outline differences between Britain and the United States. I close by outlining how bioethics may look different in the future, thanks to political and economic changes that threaten it with ‘retrenchment and decline’.⁶⁹

Linking bioethics to the form of government that writers identify as either neo-liberal or ‘advanced liberal’ is not intended as pejorative.⁷⁰ I am not saying that bioethicists endorsed these political ideologies, but outline how their arguments for outside involvement mapped on to, and reinforced, the growing political demand for public accountability and ‘empowered consumers’. Neither am I presenting an examination of any flaws and imperfections in bioethics, or offering a set of criticisms designed to make it better. My aim, to quote Hayden White, simply lies in ‘discerning the time-and-place specificity of a thing’, that is, bioethics, ‘identifying the ways in which it relates to its context or milieu, and determining the extent to which it is both enabled and hamstrung by this relationship’.⁷¹ This approach is more fruitful than simply linking bioethics to neoliberalism in order to criticise it. General critiques of this kind often take a top-down approach⁷² and fail to scrutinise how neo-liberal or advanced liberal climates are made up of often divergent ideas and practices.⁷² Taking a bottom-up approach, by contrast, gives a more rounded picture by allowing us to identify how particular forms of power have come into being, what relationships they have helped constitute and who benefits from this.⁷³

Examining the ongoing relationship between bioethicists and their broader climate is one of several broad themes that underpin the following chapters. Each one outlines how the discussion of particular ethical issues was both influenced by, and influenced, broader concerns, highlighting the ‘co-production’ of social and ethical norms.⁷⁴ We see, in other

words, that that while sociopolitical contexts mattered in the shaping of bioethics, the arguments of various bioethicists also helped shape their broader climate.

This mutual interplay extends to the production of guidelines that regulate specific practices and objects. Ethical guidelines categorised the legal and ontological status of entities such as *in vitro* human embryos by combining scientific theories and moral frameworks such as utilitarianism; and this categorisation subsequently reaffirmed or challenged existing notions of human development, personhood and rights.⁷⁵ Sheila Jasanoff defines this categorisation of biomedical objects and practices as ‘ontological surgery’, and states that ‘by sorting new entities (and sometimes old ones) into ethically manageable categories, bioethics helps define the ontologies, or facts of life, that underpin legal rights and condition scientific and social behaviour’.⁷⁶ I extend that claim by showing how the bioethical categorisation of entities such as *in vitro* embryos not only involves interaction between scientific and moral norms, but is also structured by sociopolitical contexts and the preferences of specific individuals.⁷⁷ Showing how the co-production of bioethical advice was a socially contingent process challenges those authors who claim that it simply involves the application of abstract philosophical principles. And it also contributes to the recent ‘empirical turn’ in bioethics, in which a growing body of work shows how ethical proposals result from the interplay between theories, objects, professional motivations and social networks.⁷⁸

Several chapters also engage with authors who claim that the main purpose of bioethics is to legitimate research on ‘sensitive and controversial subject matters’.⁷⁹ They show that while bioethical guidelines may offer one form of legitimisation, by setting out how research can be pursued without incurring criminal sanctions, they do not necessarily resolve public debates or controversy. As we shall see, practices such as embryo research were contentious long after guidelines had been issued, and bioethicists played a major role in continuing to generate controversy on this and other topics. This demonstrates that bioethics is not just a narrow activity that concludes with the production of regulatory guidelines, but is a constantly evolving and high-profile enterprise.

Several chapters also confront the dichotomous presentation of bioethics as either a legitimating device for biomedicine or a radical critique on behalf of patients and the public. I show instead how it functioned as both a critique and a safeguard, with bioethicists positioning themselves between politicians, scientists and the public, and moderating their arguments according to particular audiences. Prominent figures in this history certainly criticised self-regulation and argued that bioethics was needed to make science and medicine publicly accountable. But they also claimed that it would benefit scientists and doctors by maintaining public confidence and freeing them from having to make difficult moral choices. Rather than simply challenging or protecting the authority of scientists and doctors, then, British bioethicists presented them with a new means of legitimacy in a changed political climate. Their arguments ensured that many senior doctors endorsed bioethics and supported the appointment of bioethicists to professional organisations. In light of this evidence, we see that bioethics became a valued approach in Britain because it provided an *essential intermediary* between the political demand for accountability and a professional desire for legitimacy.

Each chapter also looks at the question of who counts as an expert: at what professions and groups were deemed competent to discuss and resolve certain ethical issues, and how this process was socially negotiated. This is not to say that questions about expertise are specific to the twentieth century, for the social status of the expert has long been questioned and varies significantly across professions, time and place.⁸⁰ As Harry Collins and Robert Evans note, the ancient question of ‘Who guards the guardians?’ has regularly been used to highlight ‘unresolved tensions between expertise and democracy’.⁸¹ But while these are recurring concerns, we need to understand why the question of ‘Who guards the guardians?’ has been particularly aimed at medicine and science in recent decades – with many groups using it to critique the authority of doctors, scientists and, more recently, bioethicists themselves.

Following on from this, several chapters scrutinise where, if at all, bioethics affected the location and exercise of biopower in Britain. Those accounts that portray the emergence of bioethics as a decisive change in biopower often lack empirical detail to substantiate their bold claims.⁸² To redress this and fully understand the relationship between bioethics and changes in biopower, we need to ask the following questions: Did bioethics impact equally across the different locations in which biomedical knowledge was produced and deployed, such as the clinic, regulatory committees, the courtroom and the public sphere? If it did not impact equally in these settings, how can we account for the differences? And if bioethicists did change the exercise of biopower, how did they benefit from their new influence and what were the consequences for doctors and scientists?

In answering these questions, the following chapters connect the making of bioethics to major themes in recent British history, including declining trust in experts, the promotion of consumer-focused approaches to professions and the rise

of the ‘audit society’.⁹³ And by charting how bioethics both reflected and contributed to these trends, they offer an important perspective on some of the individuals, ideas and public arguments that have helped reshape ‘the politics of life’ in recent decades.

Notes

- 1 Bioethics. Oxford English Dictionary. (online edition) 2011 September; Available online at www.oed.com/view/Entry/19200. ‘Bioethics’ first appeared in the 1989 edition of the *Oxford English Dictionary*.
- 2 Hans-Martin Sass has shown that Potter was not actually the first individual to coin the term ‘bioethics’. During the 1920s and 1930s, the Protestant pastor and ethicist Fritz Jahr, from Halle an der Saale in Germany, wrote several articles on what he called ‘*Bio-Ethik*’. Jahr defined ‘Bio-Ethik’ as the assumption of new moral duties towards plants and animals based on advances in biological science, particularly experimental psychology and physiology. See Sass Hans-Martin. Fritz Jahr’s 1927 Concept of Bioethics. *Kennedy Institute of Ethics Journal*. 2008;Vol. 17(no. 4):279–295. [PubMed: 18363267] There is no evidence to suggest that Potter was aware of Jahr’s work when he wrote on ‘bioethics’ in 1970. In an interview, he claimed that the word came to him one day with ‘a Eureka feeling’ and had ‘no doubt’ that he was the first to use it. See Reich Warren. The Word “Bioethics”: Its Birth and the Legacies of Those Who Shaped It. *Kennedy Institute of Ethics Journal*. 1994;Vol. 4(no. 4):319–355. [PubMed: 10184226] (p. 322).
- 3 Potter Van Rensselaer. *Bioethics, the Science for Survival*. Perspectives in Biology and Medicine. 1970;Vol. 14:127–153. (p. 130). See also Reich Warren. The Word “Bioethics”: The Struggle Over Its Earliest Meanings. *Kennedy Institute of Ethics Journal*. 1995;Vol. 5(no. 1):19–34. [PubMed: 11645296] Reich, ‘The Word “Bioethics”: Its Birthz’.
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Figures



Figure 1 'To be or not to be?' Illustration to a 1994 *Sunday Telegraph* profile of Mary Warnock

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