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INTEGRATIVE BIOETHICS: A CONCEPTUALLY INCONSISTENT PROJECT

VIKTOR IVANKOVIĆ AND LOVRO SAVIĆ

Keywords

Integrative Bioethics, pluriperspectivism, integrativity, orientational knowledge, incommensurability, inclusiveness, normativity

ABSTRACT

This article provides a critical evaluation of the central components of Integrative Bioethics, a project aiming at a bioethical framework reconceptualization. Its proponents claim that this new system of thought has developed a better bioethical methodology than mainstream Western bioethics, a claim that we criticize here. We deal especially with the buzz words of Integrative Bioethics – pluriperspectivism, integrativity, orientational knowledge, as well as with its underlying theory of moral truth. The first part of the paper looks at what the claims of a superior methodology consist in. The second reveals pluriperspectivism and integrativity to be underdeveloped, hazy terms, but which seem to be underpinned by two theses – the incommensurability and the inclusiveness theses. These theses we critically scrutinize. We then consider strategies the project's proponents might apply to curb these theses in order to acquire minimal consistency for their framework. This part of the article also deals with the conception of moral truth that drives the theory, a position equally burdened with inconsistencies. In the last part of the article, we observe the concept of orientational knowledge, and develop two interpretations of its possible meaning. We claim that, following the first interpretation, Integrative Bioethics is completely descriptive, in which case it is informative and important, but hardly bioethics; if it is normative, following the second interpretation, it is bioethics as we already know it, but merely clad in rhetorical embellishments. We conclude that there is nothing new about this project, and that its inconsistencies are reason enough for its abandonment.

1. INTRODUCTION

In this article, we tackle the problems surrounding the project of Integrative Bioethics (hereinafter referred to as IB). We argue that the proponents of the project embrace a hazy terminology grounding their 'new and improved bioethical methodology' that, upon closer view, cannot withstand serious scrutiny. The conceptual foundations of IB are, almost in their entirety, liable to contestation. However, in the latter part of the paper, we will try to compensate for its flaws by providing as much conceptual clarity as we can muster, but as we shall demonstrate, the project cannot survive without sacrificing a good deal of its 'superior methodology'.

The idea of Integrative Bioethics emerged from discussions at international bioethical conferences in South-eastern Europe in the 1990s, mainly the annual *Lošinj Days of Bioethics* in Croatia, and the *South-East European Bioethical Forum*. Mislav Kukoč, one of the key proponents, credits the idea of IB, as well as its conversion into a full-fledged project, to Ante Čović.¹ Other prominent authors writing under the banner of IB, whose works we address in this article, include Hrvoje Jurić, Damir Smiljanić, Jos Schaefer-Rolffs, and Amir

¹ M. Kukoč. Development of Integrative Bioethics in the Mediterranean Area of South-East Europe. *Med Health Care Philos* 2012; 15(4): 455.

Muzur. The project also rests on earlier works of Fritz Jahr, Jürgen Mittelstraß, Friedrich Kaulbach, and Christiane Schildknecht, among others. The majority of the work published by its proponents is in English, German, and the Slavic languages of Southeastern Europe, with prominent publications in English offered by Kukoč and Jurić.²

According to Kukoč, IB is an 'interdisciplinary field of dialogue and an encounter of different humanities, social, natural and technical sciences, but also an extra-scientific field, where different world-views and cultural perspectives meet in an open dialogue, and approach the issues of life as a whole with an integrative bioethical sensibility.'³ Additionally, IB represents the 'theoretical legitimizing of non-scientific approaches, termed 'cultural perspectives,' and their addition, along with the scientific and normative perspectives, into a unique methodological framework of developing orientational knowledge.'⁴ The proponents of IB rely on several methodological concepts to justify their claims about the approach of bioethics, most notably pluriperspectivism, which we will discuss in more detail below. Other terms are closely related to pluriperspectivism, most notably integrativity and orientational knowledge. We look at the mutual consistency of these terms, as well as the theory of moral truth that underlies them. This terminology is supposed to provide the methodological sophistication that the proponents of IB so readily propagate.

Our article is divided into three main parts. First, we take a look at the claims and foundations that proponents of IB use in their defence of this methodological sophistication. We will show that IB's methodology and conceptual framework are far from satisfactory. We take a look at the diverse claims of different proponents of IB, showing that their claims are, in the most part, argumentatively unsubstantiated and, to a degree, portrayed by means of ambiguous vocabulary. In the second part, we examine the terms pluriperspectivism, integrativity, and IB's overarching theory of moral truth. Third, by observing the balance between these terms, and the concept of orientational knowledge, we conclude that to be minimally consistent, proponents of IB either have to make their theory pluriperspective (if different perspectives are to be equal in value) or orientational (which, as we show, amounts to normativity). Pluriperspective approaches (embracing the position of perspective

incommensurability) cannot also be normative (which is what orientational knowledge ultimately denotes). Unfortunately, neither of these two outcomes would satisfy proponents of IB. If IB is to be merely pluriperspective, it is anthropology rather than ethics. If their idea of pluriperspectivism fails, and IB is to be normative, then it is in no way innovative, but only regular bioethics underpinned by rhetorical embellishments.

2. INTEGRATIVE BIOETHICS AT FIRST GLANCE

Proponents of IB approach their project as a groundbreaking enterprise that is to define the next era of bioethical (or generally, ethical) considerations. IB is conceived as an ideal philosophical appliance for overcoming traditional stand-offs between conflicting bioethical positions. IB receives plenty of initial affirmation considering its supposed innovation and sophistication. Schaefer-Rolffs claims IB is a chance for reaching an ideal in ethical discussions and 'a way to deal with the differences between traditional and modern concepts of ethics.'⁵ Similarly, Kukoč considers IB as a 'new paradigm of knowledge'.⁶

In accordance with the outlined model of Mediterranean bioethics, but also completely independently from it, the concept of integrative bioethics is significantly more thoroughly elaborated, conceptually and methodologically complete, and consequently well-thought-out and constructed on the 'bioethical islands' of the Croatian Mediterranean.⁷

Finally, one of the project's forefathers, Ante Čović, emphasizes IB's status as a paradigm of the 'third science'.⁸ 'During that past couple of decades, the most significant methodological turn and the developmental shift of the history of ethical thought took place.'⁹

Although we have mentioned in the introduction that scope is not our primary issue, we give a short outline here of what kinds of innovations the project might be claimed to introduce, without wrestling too much with the substance of these arguments. IB is claimed to be the scene for resolving 'ethical questions related to life, to life as a whole and to all parts of that whole, to life in all

² See M. Kukoč. Development of Integrative Bioethics in the Mediterranean Area of South-East Europe. *Med Health Care Philos* 2012; 15(4); H. Jurić. Multi-Disciplinarity, Pluri-Perspectivity and Integrativity in the Science and the Education. *The Holistic Approach to Environment* 2012; 2(2).

³ Kukoč, *op. cit.* note 1, p. 456.

⁴ A. Čović. 2007. Integrativna bioetika i pluriperspektivizam. In *Integrativna bioetika i izazovi suvremene civilizacije*. V. Valjan, ed. Sarajevo: Bioetičko društvo u BiH: 72.

⁵ J. Schaefer-Rolffs. Integrative Bioethics as a Chance. An Ideal Example for Ethical Discussions. *Synth Philos* 2012; 53: 107.

⁶ Kukoč, *op. cit.* note 1, p. 455.

⁷ Ibid: 455.

⁸ Čović, *op. cit.* note 4, p. 71.

⁹ Godina posljednje hrvatske šanse [The Year of Croatia's Last Chance], An Interview with Ante Čović. *Vijenac* (443) 24 February 2011: 4. Available at: <http://splitsko-dalmatinska.laburisti.com/index.php/iz-medija/23-prof-dr-ante-ovi-godina-posljednje-hrvatske-anse> [Accessed 7 Aug 2014].

its forms, stages, phases and appearances.¹⁰ Therefore, the scope claims to encompass all forms of life. Insofar, IB's suggested innovation with reference to scope can be interpreted in two ways. First, some proponents follow Fritz Jahr by claiming that we should embrace a scope extension of Kant's categorical imperative: 'Respect every living being on principle as an end in itself and treat it, if possible, as such!'¹¹ If proponents of IB are to embrace Jahr's modification, then their dissatisfaction of how ethics have been done so far refers to the too-narrow scope of subjects it focused on. Here, the classical ethical focus on persons, or 'humans as 'rational beings'', is extended to 'all living creatures'.¹² Another way in which issues of scope might be raised as controversial by proponents of IB is not the extension of the scope itself, but the way in which the issues are divided between different philosophical sub-disciplines. Here, proponents of IB cannot claim the scope has been extended by this new concept, but that the division of mental labour present in philosophy (between medical ethics and environmental ethics, for example) is unjustified. We do not take a stance on any of these two issues, or whether their introduction is truly innovative, but it was important to note that the claims and objections of scope might be made in two different ways, since this is another aspect in which proponents of IB are not particularly clear.

IB might also be claimed innovative and sophisticated in terms of its methodology, which consists mainly in the conceptual framework it introduces. In the following section, we start with two interrelated concepts – those of pluriperspectivism and integrativity.

3. PLURIPERSPECTIVISM AND INTEGRATIVITY

At the beginning of this section, we look at the concept of pluriperspectivism, the central methodological concept within the IB structure. Integrativity, which will also be in view here, can hardly be detached from pluriperspectivism as a stand-alone concept, but rather represents certain properties of a pluriperspective dialogue. As in most definitions within IB, definitions of pluriperspectivism and integrativity are generic and imprecise, but we do our best here to extrapolate certain common denominators pivotal to those concepts.

Čović defines pluriperspectivism as the 'integrative range of the bioethical procedure,' which is, in its scope, 'significantly more widely established and, apart from the

specifically scientific approach, encompasses philosophical, religious, world-view and similar approaches.'¹³ Čović divides the significant perspectives into three basic groups – scientific, normative, and cultural.¹⁴ At closer view, these three groups cover the whole range of normative positions relevant to a bioethical discussion, meaning that there is no such perspective that would fall outside of the borders of these three categories. Jurić follows suit by saying that the term denotes the 'unification and dialogical mediation of not only scientific, but also non-scientific, i.e. a-scientific contributions, including diverse ways of reflection, diverse traditions of thought and cultural traditions.'¹⁵ Finally, Schaefer-Rolffs adds to the definition by saying that it means '(a) the non-hierarchic discourse of (b) multiple different points of view on one topic that are (c) rooted in different ideals and world-views. The discourse has to be (d) intercultural and interreligious, (e) transnational and (f) interdisciplinary.'¹⁶

Integrativity, on the other hand, is occasionally defined similarly and by means of same terms as pluriperspectivism, but it does add certain depth to its conceptual vagueness and partly designates its purpose. According to Schaefer-Rolffs, 'being integrative is the attempt to establish a discourse of different points of views and perspectives concerning bioethical questions to give an orientation within the discussion.' He then goes on to claim that 'by providing different positions, Integrative Bioethics can give an orientation for people who are faced with ethical problems. Therefore, integrativeness is the idea of accepting the points of views on the bioethical topics as serious without any form of hierarchy, but also without falling into total ethical relativism.'¹⁷

Jurić considers:

integrativity should therefore denote the task (that is, the capacity) of bioethics to gather the abovementioned differences into a unique *bioethical view*, rather than into a disciplinary and disciplined scientific framework. Therefore, it is more about promoting a bioethical view in various disciplines and approaches, than about compressing different and particular views into one bioethical disciplinary mold.¹⁸

From these definitions, we wish to extrapolate and closely look into four central features of the pluriperspectivism/integrativity contingent – the incommensurability thesis, the inclusiveness approach, the perspectivist theory of truth, and the orientational knowledge hypothesis. In truth, these features are, often unintendedly, violated by

¹⁰ H. Jurić. 2007. Upristišta za integrativnu bioetiku u djelu Van Rensselaera Pottera. In *Integrativna bioetika i izazovi suvremene civilizacije*. V. Valjan, ed. Sarajevo: Bioetičko društvo BiH: 77.

¹¹ F. Jahr. Bio-Ethik. Eine Umschau Über Die Ethischen Beziehungen Des Menschen Zu Tier Und Pflanze. In *Kosmos: Handweiser Für Naturfreunde* 1927; (24)1: 4.

¹² Kukoč, *op. cit.* note 1, p. 454.

¹³ A. Čović. New paths of medical ethics. *Synth Philos* 1997; 12(2): 570.

¹⁴ Čović, *op. cit.* note 4, p. 72.

¹⁵ Jurić, *op. cit.* note 10, p. 84.

¹⁶ Schaefer-Rolffs, *op. cit.* note 5, p. 114.

¹⁷ Ibid: 113.

¹⁸ Jurić, *op. cit.* note 10, p. 85.

IB proponents in their texts. However, we momentarily look only at what the definitions imply.

Let us look at incommensurability and inclusiveness. We claim that pluriperspectivism and integrativity suggest the incommensurability thesis in that they claim the different perspectives sharing in the dialogue are non-hierarchical and cannot claim superiority in reaching truths over other acknowledged perspectives. We take 'incommensurability' to mean that there is no common standard of evaluation from which to determine if a theory is better or worse than other theories, or how to *commensurate* between them. For example, in IB, scientific theories are no 'objectively' better at reaching moral truths than non-scientific theories, like philosophical positions, or religious convictions. The way in which we utilize the term 'incommensurability' should not be mistakenly associated with its usage in the domain of philosophy of science, where, in its most rigorous form, it denotes that competing theories or overarching scientific paradigms are unable to communicate with each other, being equipped with distinctive methodological and metaphysical toolboxes. Even if such incommensurate theories make use of the same concepts, their semantic scopes cannot possibly correspond to each other, conditioned by utterly differing backgrounds. Proponents of IB do not and could not inherit such a thesis, for then there would be no point if advocates of different theories engaged in discussion in the first place, since such debate would lack even the basic mutual understanding of participants. Rather, the way in which we use 'incommensurability' relates much closer to the tradition of the value incommensurability debate, where it was thoroughly analysed by authors such as Joseph Raz.¹⁹ Additionally, the inclusiveness approach *demand*s that there are other positions to be admitted to the dialogue aside from scientific considerations, including the non-scientific perspectives we have already mentioned, as well as cultural perspectives, folk psychology, folk epistemology, etc.

The incommensurability thesis is tied to the perspectivist theory of truth. We will look into this later. Here we look at different extremes of the inclusiveness approach with the incommensurability thesis in place.

Let us suppose, first, that proponents of IB claim that pluriperspectivism and integrativity should be maximally inclusive, while simultaneously embracing the incommensurability thesis. This means that the pluriperspective dialogue would include all theories $x_1, x_2, x_3, \dots, x_n$, with the feature L, where L means that the focus is on any kind of issue that concerns life in all its phases and

appearances. With the incommensurability thesis also in place, there is no way of comparing between these acknowledged theories dealing with life in terms of their correctness.

This seems to be the position of the proponents of IB in the widest sense. However, they seem to be implicitly aware of the problems of a too inclusive pluriperspective dialogue, and many of them propose limits to it. Indeed, the position of maximal inclusiveness faces significant objections. Thus conceived, it has to include positions which we would hardly acknowledge in the dialogue. First, take racism. In a maximally inclusive pluriperspective dialogue, there is no fault in admitting racism into it, since racism is, in itself, a bioethical position and perspective that has certain claims about valuable and non-valuable (or at least less valuable) forms of life. For example, a white supremacist would always believe that humans of the white race are in a position of moral priority compared with humans of the black race. With the incommensurability thesis, this means that the position or perspective of the white supremacist cannot be claimed worse, less valuable, or 'less morally correct' in any way than any other moral position or perspective. Second, it seems that a position or perspective in the maximally inclusive pluriperspective dialogue need only refer to a certain bioethical issue, without being affirmative towards any form of life or value anything related to the existence of life. Imagine a peculiar philosophical position which claims all life is somehow parasitical and brings disorder to some idea of cosmic balance, and further suggests all life should thus be eradicated. According to a maximally inclusive pluriperspective dialogue, both of those positions are incommensurable and worthy of bioethical acknowledgement and respect.²⁰

3.1. Attempts at limiting the inclusiveness approach while retaining the incommensurability thesis

In this sub-section, we aim to provide certain changes within the inclusiveness approach that proponents of IB implicitly endorse in their writings, while retaining the incommensurability thesis.

Firstly, let's start with the extension of the categorical imperative. The bioethical imperative, claims Jahr, should not, where possible, treat all kinds of different life forms as means, but rather as ends. In endorsing the bioethical imperative, proponents of IB might allow all positions $x'_1, x'_2, x'_3, \dots, x'_n$ to the dialogue, which share a feature

¹⁹ J. Raz. Value Incommensurability: Some Preliminaries. *P.Aristotelian Soc* 1985: 86; 117–134. Note, however, that our treatment of the concept of incommensurability here does not deal with the intricacies of that philosophical discussion, and for that it might be considered quite rudimentary. Multiple controversies, such as the differentiation between incommensurability and equality of value will be ignored here.

²⁰ The incommensurability thesis in the theory of IB remains vague in that while it is clear that it would affect substantial disagreements in bioethical discussions, it remains unclear whether it also includes rival methodologies that are designed for the purposes of settling those disagreements. On face value, it seems that it does. We thank Neven Petrović for this point.

BI, where *BI* means that all of these positions embrace bioethical views in line with the bioethical imperative. But that would be going too far, not only from a more conventional view of bioethics, where consequentialist theories seem to play a significant role, but also in terms of how inclusive proponents of IB imagine pluriperspective dialogue. In a lot of cases, we are driven to proposing bioethical actions which refer to current states of affairs compared to hypothetical outcomes, and we ground our justification for those actions in the transition from one state to the other. An example of this might be a negative consequentialist account concerning the preservation of rain forests, which observes outcomes rather than deontic limitations. But if we were to endorse the *BI* limitation, consequentialist positions would be systematically driven out of bioethical consideration, which seems implausible. In another sense, since the proponents of IB imagine pluriperspective dialogue to be more inclusive than current discussions, it is impossible to endorse the *BI* limitation, for it would effectively disqualify most religious view-points, considering that no Abrahamic religion embraces a view according to which all life forms are equal in value, but rather that human life forms top the value-of-life pyramid.

Second, if our criticism of a limitation of inclusiveness focusing around the bioethical imperative is accepted by proponents of IB, they may try to downplay their case by installing a less destructive filter. It may be claimed that an inclusive pluriperspective discussion involves only those incommensurable positions that share some feature *A*, where *A* signifies a life-affirming constraint on those positions. In plain terms, this means that the common denominator of all positions within the pluriperspective debate is a principle of affirming the value of life rather than negating it. Smiljanić claims it is 'too abstract to talk of the relationship towards life as a common basis of all bioethical positions [...] life is generally perceived by all bioethical positions as something in itself valuable, or that attaches value to itself.'²¹ The affirmation thesis is flexible in that even if we claim the ethical superiority of one form of life over another, we still hold an affirmative outlook towards the preservation of life in general. Yet some of the most prevalent and controversial discussions in medical bioethics concentrate precisely on the issue of whether it is sometimes allowed to deny the affirmation of life – issues of abortion and euthanasia. Endorsers of these procedures claim that it is at least in some circumstances permissible to terminate a particular instance of life, suggesting for example that there are other ethical considerations that might clash with an all-encompassing acknowledgement of this value. It is the right of an individual woman, one might claim, to deter-

mine what goes on with her own body, even if that means the denial of the foetus's value of life, or its inferiority in the face of the aforementioned right. Jurić is, however, quick to anticipate this. He notes that, when we discuss the principle of life affirmation, we are to distinguish between the macro and micro levels, where the former designates the issue of affirming and preserving life in general, while the latter moves to individual cases. Jurić's claim is that, while we might come to question the ethical grounds for the affirmation of life in individual cases, everyone agrees, at least in principle, that we need to enhance our efforts in preserving the planet and life as a whole.²²

However, while Jurić's claim that the affirmation of life on a macro level is a common feature of all bioethical positions appears intuitively plausible, it is not the case that it is wholly uncontroversial. For instance, negative utilitarians follow a basic principle 'that the best action in any circumstances is not the one which produces the greatest balance of happiness over unhappiness for the greatest number of people, but the one which produces the least overall amount of unhappiness.'²³ The negative utilitarian's obsession with the minimization of suffering need not only stop at individual cases, and some such utilitarians may well insist that 'the best way to eliminate all suffering in the world would be to eliminate all sentient life. If there were no living things capable of feeling pain, then there would be no pain.'²⁴ Another bioethical position that might be claimed to avoid the life affirmation principle is the anti-natalism of David Benatar. Benatar's philosophy concerns our moral duties and considerations with reference to bringing new persons into the world. His conclusion is that we have duties to avoid bringing persons into the world who would suffer, but we do not have a symmetrical duty towards bringing persons into the world that would enjoy happiness.²⁵ Such a position certainly cannot be accommodated under Jurić's life affirming principle.

Defenders of IB might claim that the critical positions and their examples we mention here are somewhat rarely advocated in bioethical debates. We believe that the fact that only few people advocate a certain position should not count against the inclusion of a position within the family of views within pluriperspectivism as set up by proponents of IB, although our intention was not to defend any of these bioethical stances, or to suggest that these positions do not suffer objections, but to show that Jurić's claim concerning the general affirmation of life across all

²² Hrvoje Jurić. 2000. Princip očuvanja života i problem odgovornosti. In *Izazovi Bioetike*. A. Čović, ed. Zagreb: Pergamena: 141–148.

²³ N. Warburton. 2004. *Philosophy: The Basics*. 4th edn, London: Routledge: 52.

²⁴ Ibid: 53.

²⁵ D. Benatar. 2006. *Better Never to Have Been: The Harm of Coming into Existence*. Oxford: Oxford University Press.

²¹ D. Smiljanić. Problem pogleda na svijet i Integrativna Bioetika. *Filozofska Istraživanja* 2011; 31(2): 247.

bioethical positions simply does not stand. Jurić's claim is merely a generalization coming from observing the bioethical positions he is familiar with, but once it is noted that there are notable exceptions to this generalization, Jurić must provide further justification for keeping these positions out. Otherwise, considering that the incommensurability thesis is still in place, the positions that deny the general affirmation of life principle must be held equally valuable as those which endorse it, since there is no common standard of evaluation between these positions. Furthermore, it appears that a pluriperspective dialogue conceived with a limitation expressed by means of this principle also suffers from the familiar intuitive objection that those controversial 'bioethical' positions, such as racism, extreme speciesism, or any kind of discriminatory chauvinism cannot be isolated. The reason is that these positions pass the test of being life affirming positions, and thus have to be considered of equal value as other positions, due to the incommensurability thesis.

Finally, we consider a final attempt of IB endorsers to limit the inclusion in pluriperspective dialogue. Schaefer-Rolffs seems to be aware of the problems of too extensive inclusions, so he states that we might be required to:

exclude positions that cannot contribute to the ideas of Integrative Bioethics. Reasons might be that they violate against the elementary principles of Integrative Bioethics, for example if the representatives of these positions do not accept other positions as legitimate. Another problem is if they claim to have the final and terminal explanation for bioethical questions.²⁶

'Accepting other positions as legitimate' suggests a principle of respect is in order in pluriperspective dialogue, where the notion of respect refers not only to the acknowledgement that others may hold bioethical positions contrary to our own, but that different bioethical positions somehow 'jointly participate' in general moral truths. We comment here only on this first understanding of respect, and we then turn to IB's truth theory in the following sub-section. The notion of respect in dialogue is not a new idea. We deem dialogue to be fruitful and informative if the proponents of conflicting positions respect each other's autonomy in adopting certain comprehensive positions, and if they are willing to hear out and consider opinions contrary to their own. John Rawls's concept of reasonable pluralism, for example, which is applied to liberal democratic politics, demands this kind of respect be endorsed between proponents of different comprehensive doctrines.²⁷ However, the func-

tions and characters of IB's respectful pluriperspectivism and Rawls's reasonable pluralism are not analogous. Positions in the pluriperspective dialogue engage in comprehensive dialogue concerning the substance of their bioethical arguments in attempting to reach integration. Rawls's democratic politics, on the other hand, are non-comprehensive in that people are not supposed to involve their comprehensive doctrines in resolving public issues. Rather, citizens are supposed to rely on reasons derived from public conceptions of justice, which may be endorsed by others and which treat them as free and equal, for the purpose of reaching social decisions that are considered politically legitimate.²⁸ If proponents of positions within pluriperspective dialogue refrain from using comprehensive arguments, then the dialogue loses its purpose, since there is no aspect of integrativity present. The dialogue of bioethics in general is necessarily comprehensive, since the purpose of bioethics is reaching solutions for bioethical problems. The respect between bioethical positions must include the possibility of trying to prove others wrong, since this is what drives us into bioethical discussion in the first place. In other words, the limitation of pluriperspectivism that is grounded on respect which does not allow us to claim superiority over other positions would mean that all positions whose proponents claim its superiority must be isolated. This will be especially problematic in the following subsection where we talk about IB's theory of moral truth. What if a position quite significantly participates in the understanding of moral truth, but is supremacist, claiming it is superior, or the ultimate truth? According to the respect limitation, such a position would have to be cast out, and that means a loss in moral truth, which in itself seems extremely controversial. For these reasons, we regard this limitation strategy a failure as well.

3.2. Pluriperspectivism and its theory of moral truth

The previous subsection has looked into possible limitations of the range of perspectives the pluriperspectivist dialogue is supposed to admit. We have argued for the implausibility of making pluriperspectivism a sponge for just any kind of bioethical position, due to the adherence to the incommensurability thesis. Some proponents of IB might object that we have misinterpreted IB, and that the incommensurability thesis is in fact not adopted by their promoters. Jurić claims that 'in order to avoid some dangers such as short-sighted or blind 'ethical relativism,' we need to be permanently critical and auto-critical, i.e. to be methodologically rigorous and ethically

²⁶ Schaefer-Rolffs, *op. cit.* note 5, pp. 113–114.

²⁷ Comprehensive doctrines represent citizens' all-encompassing views about the good life, as well as their notions of right and wrong. See J. Rawls. 2001. *The Law of Peoples: With 'The Idea of Public Reason Revisited'*. Cambridge, Massachusetts: Harvard University Press.

²⁸ For a full-length discussion, see *Ibid.*

responsible while practicing pluriperspectivism.²⁹ However, we never discover what the contents of methodological rigor and ethical responsibility are for the proponents of IB. If we did, we could run each position through a comparative test with every other position, and the incommensurability problem could be overcome. But since the proponents of IB provide no such mechanism, we must assume that they endorse the incommensurability thesis.

If the incommensurability thesis burdens a philosophical position with such problems, why do the proponents of IB endorse it? The reason should be sought in their specific theory of moral truth. Ćović adopts this theory from Friedrich Kaulbach, and calls it perspectivism.

One of the reasons for the emergence of the project in the first place was its proponents' defiance against the predominant paradigm of 'Georgetown bioethics,' which aims at the establishment of an ultimate Truth, or so they claim. They also claim this mode of discourse is 'monoperspectivist'. In characterizing 'monoperspectivist' positions, Jurić says the following:

There are no *many truths*, but also there is no *one truth* as a definitive and eternal Truth which should be discovered using either experimental scientific research or philosophical speculation or religious meditation. There should be indeed one truth, but it should be constituted or constructed from different perspectives. Therefore, we could say that the integrative bioethics advocates *monism of truth* and *pluralism of perspectives* which aim to the truth.³⁰

The gist of perspectivism is derived from the following quote by Friedrich Kaulbach:

In the midst of perspectivist philosophy lies a thought that the truth of our world depends on the position we take in relation to Being, and the manner accorded to that position, which we use to interpret the 'world' – the way we 'see' it and under which we act. At the core of perspectivist thought lies the intention to free man from requirements of absolute truth about 'objective' existence.³¹ (our own translation)

Within the context of a pluriperspective IB, the perspectives that presumably 'participate' in the truth, or contribute to it, are not merely aggregated to form the common truth, that is, they are not in a stand-still. Rather, through dialogue, mutual influence and new

information, the perspectives are liable to change and enhancement: 'In the dialogue everyone takes a step back from his/her own basic scientific or worldview position, in order to better see the other. Nolens volens, these attempts to understand always strive to agreement.'³²

In this part, we consider the project of IB to be far too optimistic, in a few aspects. First, if we allow the incommensurability thesis to stand, we should at least expect all positions within pluriperspectivist dialogue to possess internal logical coherence. It would be implausible to claim that positions can participate in the truth as perspectives if they do not meet this requirement. Second, proponents of IB naively expect participants holding different and conflicting moral positions always to reach agreement. Third, IB expects all participants of the debate to be respectful of other positions in that they will not use rhetorical gimmicks in getting less rhetorically endowed positions to their side. For these optimistic assumptions, we now turn to three objections. The first objection owes to the observation that different perspectives cannot be of equal value if one perspective, or position, satisfies the test of internal logical consistency, and another one does not. A particular position cannot claim *x* and a negation of *x* simultaneously, nor is it allowed that contradictions are derivable from their initial theoretical set-up. The second objection may be termed the disagreement objection. If we look at Jurić's aforementioned quote on how pluriperspective dialogue is performed, the suggestion is that the disagreement is always such that proponents of opposing positions may reach an agreement. Surely, dialogue is extremely useful not only in reaching agreements and overcoming misconceptions we may have about opposing views. But dialogue may also be useful in that proponents of certain theories may clarify with their opponents the points at which their positions diverge. However, this is the point where the proponents of different positions agree to disagree. Though useful in both cases, the latter case represents a problem for perspectivist truth and the incommensurability thesis. How can it be possible that the *whole* truth contains both *x* (from perspective *y*) and a negation of *x* (from perspective *z*)? And how can the perspectives be of equal worth if only *x* or non-*x* can be true? Finally, the third objection refers to possible harms that pluriperspective dialogue, as Jurić depicts it, may cause to the *whole* truth of multiple perspectives. Suppose a dialogue of *n* perspectives, in which all equally contribute to the truth, which is more 'wholesome' with each added perspective. Now imagine that proponents of one position, either because they wholeheartedly believe in its force, or because they do not 'respect' proponents of other positions and want to drag them into their own camp, manage to persuade proponents of certain other positions to

²⁹ H. Jurić. Multi-Disciplinarity, Pluri-Perspectivity and Integrativity in the Science and the Education. *The Holistic Approach to Environment* 2012; 2(2): 89.

³⁰ Ibid: 89.

³¹ F. Kaulbach. 1990. *Philosophie Des Perspektivismus: 1. Teil: Wahrheit Und Perspektive Bei Kant, Hegel Und Nietzsche*. Tübingen: Mohr (Paul Siebeck) Verlag: 1.

³² Jurić, *op. cit.* note 29, p. 89.

abandon their conceptions altogether. Suppose this is due to the fervour with which the former proponents present their position, their care for logical consistency within their own view, or, in the latter case, their use of rhetorical tricks and gimmicks. Surely, the proponents of the perspectivist theory of truth would have to admit that a truth containing n perspectives is more valuable than a truth containing $n-x$ perspectives, which might be the aftermath of pluriperspective dialogue. We call this the objection from harm to perspectivist truth.

Even if the above stated objections can be circumvented, the pluriperspective dialogue of IB still runs into the practical issue of dealing with moral hypocrites, who only seemingly endorse other people's moral positions, or, as Schaefer-Rolffs puts it, accept them as being legitimate.³³ As David McNaughton says, we are familiar with moral hypocrites as individuals who pretend to embrace a set of moral principles which they do not truly internalize.³⁴ We do not here merely claim that the pluriperspective dialogue underpinned by perspectivist theory of moral truth is fertile soil for these agents to appear, but that the very demand for endorsing other people's moral positions as equally legitimate regardless of knock-down objections and inconsistencies turns people into moral hypocrites. A full acceptance of theories with which we deeply disagree, but which nevertheless make it into the set of theories present in the dialogue, requires an almost impossible psychological feat. If the acceptance is committed only declaratory, then we match the description of a moral hypocrite.

For all these reasons, and the reasons stated in the previous sub-section, we claim that the perspectivist theory of truth endorsed by proponents of IB is not plausible, as well as the incommensurability thesis to which they supposedly hold, for the reasons we have stated. We suggest that these conceptions be abandoned. This is not to say that we object to dialogues between varieties of bioethical positions. The more bioethical positions, the better – a bioethical discourse must be properly informed to identify all relevant arguments in its attempt to deal with bioethical problems. However, the incommensurability thesis should not be taken for granted, and we should seek out criteria according to which we may commensurate between positions and weigh their value.

In the last section, we look to the problem of orientational knowledge, which is supposedly derived from pluriperspective discussion proposed by proponents of IB.

4. INTEGRATIVE BIOETHICS AND ORIENTATIONAL KNOWLEDGE

As we have mentioned earlier, in order to be considered a worthwhile philosophical endeavour, IB has to be established with minimal conceptual consistency of balancing out the terms of pluriperspectivism and orientational knowledge. Why these two aspects of the theory? We have previously identified pluriperspectivism as the integrative bioethicist's attempt at defining bioethical dialogue, following a specific theory of moral truth, while other terms, such as integrativity, denote ideas of methodological tools to be applied with regard to the notion of pluriperspectivism. Proponents of IB claim that, by means of their methodological provisions, grounded in pluriperspectivism, we are supposed to arrive at orientation. Things become more difficult when we realize that proponents of IB do not view orientation as being identical to normativity, the term Western bioethics of the analytical tradition more often utilizes as the desired outcome, or solution, of bioethical discussion. However, we claim in this section that their distinction between orientation and normativity is ill-founded, and that it is drawn from a misconception about what normativity entails or may entail. We also give substance to our claim from the introduction here – that at the end of the day, proponents of IB will have to choose between pluriperspectivism (with the incommensurability thesis in place) and orientation, but that is hardly something they would find satisfactory. If they were to drop the incommensurability thesis, then pluriperspectivism is merely an informed bioethical dialogue which tries to overcome bioethical problems in the same way Western bioethics handles its subject matter. If the incommensurability thesis is here to stay, then IB will never be able to offer solutions to any bioethical problems, since the perspectives are of equal worth. In that case, integrative bioethics will hardly be ethics at all, but merely a listing and a description of a progressive flux of different bioethical worldviews, since it could not provide answers to the questions of what 'ought' to be done.

We first try to make sense of what orientational knowledge is supposed to mean in relation to tangible bioethical problems. Proponents of IB borrow the concept from Jürgen Mittelstraß, who instates a conceptual distinction between *Verfügungswissen*, which is to denote useful, technical, and instrumental knowledge, and *Orientierungswissen*, which is to denote orientation.³⁵ 'Instrumental knowledge is knowledge of causes, effects, and means, knowledge of orientation is knowledge of

³³ Schaefer-Rolffs, *op. cit.* note 5, p. 114.

³⁴ D. McNaughton. 1988. *Moral Vision: An Introduction to Ethics*. Oxford, UK; New York, NY: Wiley-Blackwell: 5.

³⁵ Čovic, *op. cit.* note 4, p. 70.

justified ends and aims.³⁶ Schildknecht believes that orientation is subjective, a type of knowledge prior to objective knowledge, while the epistemological result of orientation is that which we find to be true for subjective reasons.³⁷ Schildknecht perceives orientation differently, underscoring the role of philosophy in its formation, which is to 'purify' thought and illustrate its intricacies.³⁸ For Schildknecht, the role of orientation is not figuring out what one ought to do, but establishing conceptual clarity at a preceding level.³⁹

Mittelstraß's and Schildknecht's conceptions of orientational knowledge are very different. What kind of orientation are proponents of IB most interested in? Mittelstraß's orientational knowledge appears to be a commonly endorsed fallibilistic normative view of what one ought to do, and what conditions need to be fulfilled to make such normative judgments. This is suggested by the following quote: 'Orientation knowledge (or 'Socratic knowledge'), by contrast, may be defined as knowledge of aims and purposes, that is, as knowledge of what (justifiably) ought to be the case.'⁴⁰ The other understanding of orientation, endorsed by Schildknecht, does not seem to arrive at what ought to be done, but represents the state of affairs in which subjects are wholly informed about the solutions at their disposal, and their underlying concepts and rationales.

We hopefully look to proponents of IB to settle this issue for us, but to very little avail. Their texts offer little or no clarification as to what orientational knowledge is supposed to be; only that it is the outcome of pluriperspective and integrative dialogue. If we take the term 'orientation' in a conventional sense, it might mean one of two things. First, 'orientation' might mean knowing some relevant information about a particular subject. A compass, for example, is a tool for such orientation. It provides us with cardinal points of north, east, south, and west in a particular point in space. The compass may provide us with possible directions we might choose to take, but it tells us nothing about the directions we *ought* to take. Second, we might understand orientation as having action-guiding capacity. For example, Christians use the Bible as a moral orientation device for everyday action. They claim the justification for using the Bible as this kind of device lies in the supposed existence

of an all-knowing all-good deity who authored this moral code. Not all bioethicists believe in the Bible. But they do try to arrive at orientation devices for facing bioethical problems through reasoned analysis and argumentation. This is not to say that analytical bioethicists do not care about orientation in the former sense, since they surely believe that a fruitful and argumentative discussion must be properly informed if it is to provide progress. But what they are primarily concerned about is arriving at 'ought' judgments. It seems that IB, on the other hand, can arrive at the first kind of orientation, but that it cannot, as long as the incommensurability thesis stands, arrive at the second kind of orientation. The reason for this is that there are conflicting perspectives (with no standard for claiming superiority) driving our actions in different directions. IB seems to allow individuals to make subjective judgments about what ought to be done, but their actions cannot be evaluated as more or less morally worthy than any other action they might have taken.

A bit more clarity concerning what proponents of IB want to do with the concept of 'orientation' is provided in Amir Muzur's response to the objection by Tomislav Bracanović. Bracanović's objection also seems to identify the incommensurability thesis as being held by the view, as he claims that the pluriperspective dialogue of IB is impotent in its action-guiding capacity:

If we are confronted with a certain concrete and morally problematic situation and ask integrative bioethicist for advice, what kind of answer will she give? She will probably say that we should consult all sciences relevant for that particular situation, and that we have to enter into the dialogue with all cultural, political, philosophical, scientific and religious perspectives that are somehow relevant in that situation. [...] . . . if we then raise some perplexing bioethical question (for example, are we justified to perform an abortion or to sacrifice part of the wilderness in order to build a factory that will employ thousands of people), we will find out only what (bio)ethicists knew long before the appearance of integrative bioethics – that various philosophical, cultural and religious traditions have different and opposed moral demands and that, in practice, we cannot satisfy them all.[...] Integrative bioethics, when faced with real bioethical problems, offers no recognizable method whatsoever to help us make moral decisions.⁴¹

Bracanović's point is that the inclusive dialogue IB proponents suggest is vital for bioethics in general. But that is merely the starting point of bioethics. To say that there are various perspectives and points of view in bioethical

³⁶ J. Mittelstraß. 2007. Education Between Ethical Universality and Cultural Particularity. In *Globalization and Education*. M. Sánchez Sorondo, E. Malinvaud & P. Léna, eds. Extra Series 28, Berlin, New York: Walter de Gruyter: 251.

³⁷ C. Schildknecht. 2005. Argument Und Einsicht. Orientierungswissen Als Begründungswissen? In *Orientierung. Philosophische Perspektiven*. W. Stegmaier, ed. Frankfurt am Main: Suhrkamp: 139–140.

³⁸ Ibid: 144.

³⁹ Ibid p. 152.

⁴⁰ J. Mittelstraß. 2010. The Loss of Knowledge in the Information Age. In *From Information to Knowledge; from Knowledge to Wisdom*. E. De Korte & J.E. Fenstad, eds. London: Portland Press Ltd.: 22.

⁴¹ T. Bracanović. From Integrative Bioethics to Pseudoscience. *Dev World Bioeth* 2012; 12(3): 152.

discussion does not by itself arrive at any guides about how to tackle bioethical problems. If Bracanović is correct, then IB truly has no action-guiding capacity. Muzur's response to Bracanović's objection is the following:

Why, however, should ethics and bioethics be (only) normative at all? These disciplines may well be interpreted and understood as having a primarily pedagogical function, developing the human character by demonstrating the complexity of a phenomenon and responsibility for one's own behavior. 'Normativeness' imposes instant, one-sided solutions and thus often leads to mistakes.⁴²

If proponents of IB agree with Muzur's response to Bracanović, then these lines might be somewhat revealing in what the concept of 'orientation' means. 'Orientation' certainly seems to involve the state of being properly informed, and it seems to silently suggest that bioethical problems are hard and complex, with fallible methodologies and no ready-made solutions. Muzur also claims that proponents of IB defend the position of a 'conscious 'choice not to choose,' with the purpose of postponing choice, minimizing mistakes, and decreasing the aggression of discourse'. He believes that medical ethics, on the other hand, incites half-baked 'decisions, at the cost of error'.⁴³ There are several problems with this response. First, as Muzur points out, we do not need to conceptualize ethics as being purely normative, if metaethics is conceived as a sub-type of ethics. But it is hard to see how this description of different positions in the discourse, while informative, is a part of ethics at all. Surely, ethics is intricately tied to other disciplines, such as science, sociology, anthropology, and religion, which all demonstrate how difficult it is to tackle bioethical problems; but this process of accumulating information that bioethical inquiry is supposed to consider is not itself part of bioethical inquiry. For example, anthropological inquiry into different ethical norms of various cultures might provide a series of unconsidered arguments regarding normative solutions, but that does not mean that anthropology is a part of ethics. It is hard to determine the meaning of Muzur's 'choice not to choose'. Does this mean that moral agents are still allowed to make morally controversial decisions regardless of lacking a prescribed rule? Surely, yes, otherwise they would be completely paralysed in their daily lives. Therefore, and in line with Mittelstraß, individuals are allowed to derive at least temporary *oughts* from integrated bioethical discussion, but must be aware that their decisions may be wrong.

Schaefer-Rolffs seems to share the idea that orientation does involve action-guiding capacity: 'Bioethics has to include multiple perspectives because only on the basis of a discourse with different points of view is it possible to decide what the right way to deal with a certain situation is.'⁴⁴ This kind of action-guiding capacity seems in no way different to how Western normative bioethics deals with bioethical problems. However, we believe that Muzur's claim about how normative ethics are constituted in the analytical tradition is a straw-man fallacy. The idea of normative ethics' prescriptiveness seems to suggest that bioethicists from the aforementioned tradition are only satisfied with a bioethical dialogue if it is translated into institutionalized rules with one-sided solutions for bioethical problems. Muzur is not alone in this misconception: 'It would not be possible to form general normative ethical rules that are reliable and unquestionable.'⁴⁵ This, of course, is not the case. Certainly, some ethical considerations end up in prescriptive guidelines, especially for people working in the medical sciences, but it is in no way a stipulated aspect of normative bioethics, or a character trait of normative bioethicists individually, that (they believe) the solutions that the discussion may arrive at are final and unliable to correction. In truth, most normative bioethicists are much more modest than that, and believe not only that bioethical methodology is far from being scientifically exact, but also that there is a myriad of unconsidered arguments that may drive them to revisit, or even abandon their positions. In that sense, the *oughts* of normative bioethics may be conceived as being just as temporary as those of IB, if they adopt Mittelstraß's conception of 'orientation'. This is apparent in many definitions of normative ethics, which is most often described as a 'study' into 'the questions' of what one ought to do, not a ready-made list of rules from which we inform our everyday actions. Normative ethicists will often regard their positions as highly fallible, and they will be extremely cautious about how applied ethics (which is the area that proponents of IB seem to have a problem with) translates their proposals into codes of conduct.

We have pointed out earlier that IB, according to Muzur, need not be (only) normative. Smiljanić notes that we might conceive it purely as a platform for observing different perspectives that offer conflicting normative solutions to particular bioethical problems. This platform would endorse a neutral attitude towards these conflicting views, in the sense that it would provide no advantage to any of them (incommensurability thesis), but it would try to highlight the points of their agreement and disagreement. By highlighting the similarities, Smiljanić believes the opposing positions might come to enter productive dialogue, as well as sometimes overcome certain differences. This approach is, in a sense, metaethical, in

⁴² A. Muzur. The Nature of Bioethics Revisited. *Dev World Bioeth* 2014; 14(2): 109.

⁴³ A. Muzur & I. Rinčić. 2014. Integrativna bioetika i njeni neprijatelji. Available at: <http://bib.irb.hr/prikazi-rad?lang=en&rad=669191> [Accessed 30 Nov 2014].

⁴⁴ Schaefer-Rolffs, *op. cit.* note 5, p. 111.

⁴⁵ Ibid: 109.

that it rises above the common ethical fray between conflicting views, but it may only provide orientation in the first sense previously made explicit.⁴⁶

We conclude, thus, that IB's orientation is of a non-ethical kind, if it only denotes an explication and listing of various perspectives within a pluriperspective discussion, and that it has no action-guiding capacity. The provision of these positions is best left to predominantly empirical disciplines, such as exact sciences, sociology, anthropology, political science, psychology, or theology. It is our claim that IB thus conceived is more associative to anthropology than ethics proper. If orientation, on the other hand, is to be taken normatively, which we believe bioethics is entrusted with, then IB specifies an informed dialogue which attempts to reach decisions about bioethical problems. Sadly for such interpreters, this understanding is in no way different from how bioethics is generally done, and they do not succeed in establishing the new improved paradigm they so readily promote.

5. CONCLUSION

Contrary to the self-proclaimed excellence, novelty and groundbreaking nature of IB, we have shown that the project is permeated with a number of serious problems and inconsistencies. We have concentrated our criticism on several key aspects of the project of IB: pluriperspectivism and the incommensurability thesis, integrativity, orientational knowledge and the perspectivist conception of moral truth. After laying the ground for our investigation, we have shown that both maximally inclusive and limited pluriperspectivism and integrativity are highly problematic. According to the maximally inclusive pluriperspectivist stance, our dialogue concerning specific bioethical problems should include positions and perspectives one could hardly acknowledge in the dialogue. In addition, other problems arise even if proponents of IB limit their inclusiveness approach, since the introduction of filters either does not fit their overarching purposes, or it runs into the same problem as the maximally inclusive stance. Later in the article, we exposed the

problems concerning the specific theory of moral truth endorsed by IB. Referring to the incommensurability thesis, we pointed out several objections: the objection from internal logical inconsistency, the disagreement objection and the objection from harm to perspectivist truth. In the last part of the article we demonstrated the problems behind the use of the concept of orientational knowledge. Setting aside the imprecise definition and use of the mentioned concept, our main criticism faces the proponents of IB with an unfavourable dilemma which makes them give up most of their project's content: either IB is normative and not innovative at all, or it is not normative, but then exhibits the features of a descriptive discipline which does not truly deal with problems of a bioethical ilk. The project of IB sets out to validate a conjunction of its content being 'innovative' on one hand, and 'bioethical' on the other, which we have demonstrated to be a failure with the inconsistency of its fundamental concepts in place. Bearing in mind the weight of our objections, we conclude that the project of IB, in its current form, is to be discarded. Considering the insistence of proponents of IB to ascribe these properties to their project from its onset, it appears that adopting a more moderate position would represent to them an unattractive retreat.

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⁴⁶ Smiljanić, *op. cit.*, note 21, pp. 251–252.