

## Origin Myths in Bioethics: Constructing Sources, Motives and Reason in Bioethic(s)

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**Abstract** Bioethics, the term now usually standing in for Biomedical Ethics, is a field of medical anthropological engagement. While many anthropologists and other social scientists work with bioethicists and physicians, this paper instead takes Bioethics as a topic of cultural research from the perspective of Cultural Bioethics and Interpretive Medical Anthropology. Application of useful findings of vintage anthropological research in cultural anthropology and the anthropology of religion and an interpretive lens reveal a field without a single origin or unified methodology. The paper suggests the appropriateness of a literal meaning of current conceptual commonality of the term Bioethics: that the term does in fact refer to a plurality of distinct enterprises with distinct origins and, hence, justifications.

**Keywords** Bioethics · Cultural bioethics · Bioethical origins · Medical anthropology · Theory

### Introduction

The construction of histories of Bioethics has become a booming cottage industry over the last decade. Within the field, its pioneers are reaching the age when recalling the beginnings of things seems irresistible, for there is more behind than in

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front of them.<sup>1</sup> Outside the field, observers delight in suggesting the unacknowledged forces that help explain the growth of Bioethics.<sup>2</sup> Both sets of stories are read with interest by journeymen bioethicists in the early to middle part of their careers as part of an effort to figure out what exactly this field has been, should be and, perhaps, will be.

From an anthropological perspective, this rash of history making, or, rather, *histories* making, is revealing—though unsurprising. It is unsurprising because telling the stories of a group’s origins seems to be a ubiquitous practice among multigenerational human communities. Although the significance of history may be greater in some contexts than in others, the practice of telling origin stories is usually revealing because of the clarity with which such stories articulate core values of their respective communities (see Malinowski 1961).

These stories, as myths of origin, help explain and legitimize a community or group as well as provide a charter for social actions, from theory building to daily practices. Our interest in Bioethics’ origin stories is keyed by the number of strikingly different stories that bioethicists tell about their history. We have found that each distinct narrative has specific implications for the practice, direction and priorities in the field(s) of Bioethics. Our goal in this paper is to describe the major origin myths that appear in the recent and past literature on the history of Bioethics, and to draw out the implications of these myths for the shape, definition and direction of the field—or, as we will argue, fields. In our presentation of the variety of origin myths in Bioethics, we suggest that the distinctive stories have a purpose, i.e., to define and legitimize distinctive forms of the bioethical enterprise. It is for this reason that we employ the alternative form, “Bioethic(s)” in the title of the present essay.

Our paper takes a rather different tact than others relating Bioethics to (medical) anthropology, or vice versa. Here, we take Bioethics as an object of study, rather than as a field to which anthropology has something to offer, or in which anthropology might have a place (e.g., Marshall 1992; Muller 1994). As such, the present contribution is more akin to an example of the Cultural Studies of Science (others may prefer Social Studies of Science or the Anthropology of Science) (Gaines 1998a) rather than applied science or ethics. The present paper is thus a contribution to a field-in-the-making one of us (A.G.) has called elsewhere “Cultural Bioethics” (Gaines 2005, 2006): this new field attempts to understand the field and its issues as a cultural phenomenon within contemporary Biomedicine and seeks to address the question of the social, economic, environmental causes that precipitate patienthood.

In the next section, we explain what we mean by “origin myths,” and why we think this anthropological concept is as useful in understanding the academic and practical field of Bioethics as it is in understanding another culture, or at least one spatially and or epistemologically distant. We describe five origin myths that dominate the stories told by bioethical practitioners when expressing their views of the history of Bioethics (Fig. 1). Along the way, we draw out what we take to be the

<sup>1</sup> See, for example, Jonsen’s *The Birth of Bioethics* (1998).

<sup>2</sup> See, for example, Kleinman et al. (1999).

**Bioethics as reactive**

1. Bioethics started as a response to biomedicine's technological explosion.

Assumptions: New technology is almost always morally worrisome.

Implications: We should focus on regulating advances in science and tech.

Main variants:

- 1a. "Too Many Choices!"

Examples: organ transplantation, new reproductive technologies

- 1b. "Science Gone Mad!"

Examples: Tuskegee study, stem cells

2. Bioethics started as a response to radical cultural pluralism.

Assumptions: Arguments from first principles no longer work (in biomedical contexts).

Implications: We should focus on finding new ways to make shared decisions (in biomedical contexts).

Main variants:

- 2a. "Agree to disagree"

Examples: blood transfusion refusals, abortion

- 2b. "Focus on particulars"

Examples: National Commission, Karen Ann Quinlan

**Bioethics as Proactive**

3. Bioethics started as a proactive social movement within the health care system.

Assumptions: Hearing excluded voices will help resolve issues.

Implications: We should focus on systemic issues of justice.

Main variants:

- 3a. "The activists won"

Examples: advanced directives, hospital ethics committees

- 3b. "The activists were co-opted"

Examples: fertility debates, Institutional Review Boards

4. Bioethics started as a proactive attempt to anticipate the social future.

Assumptions: Social prevention is better than cure

Implications: We should focus on the biomedical horizon

Examples: genetic screening and engineering, medical "harmonization"

**Bioethics as Continuity**

5. Bioethics really started with Hippocrates.

Assumptions: The clinical moral traditions are robust enough to handle our issues.

Implications: We should focus on the professional ethics of health care workers.

Examples: euthanasia, managed care

**Fig. 1** Five origin stories about Bioethics

**Table 1** Professional implications of different origin myths for bioethicists

| Origin myth           | Mission   | Posture        | Role model            | Chief virtue       |
|-----------------------|---|----------------|-----------------------|--------------------|
| Too Many Choices!     | Respond to requests from biomedicine              | Service        | Consulting specialist | Expertise          |
| Science Gone Mad!     | Monitor biomedicine on public's behalf            | Oversight      | Witness/whistleblower | Independence       |
| Living in a pluralism | Clarify and facilitate biomedical decision-making | Advice         | Counselor             | Discernment        |
| Systemic reform       | Protect rights and interests of patients          | Advocacy       | Ombudsman             | Courage            |
| Futurist              | Anticipate implications of new biomedicine        | Reconnaissance | Prophet               | Moral imagination  |
| Traditionalist        | Interpret biomedicine's moral tradition           | Support        | Curator               | Fidelity/integrity |

major practical implications of each of these myths for the nature of the field (or fields) (see Table 1).

### Origin Myths in Anthropology

“Origin myths” are a genre of myth that has long been considered important by anthropologists attempting to understand the (religious) belief systems and values of other cultures.<sup>3</sup> Thus, Bronislaw Malinowski argues, both with reference to myths among the Trobriand Islanders described in his classic ethnography, *Argonauts of the Western Pacific* (1961), and in his essay collection, *Magic, Science and Religion and Other Essays* (1948), that myths are not just stories that people tell one another. Rather, he shows that myths serve as a principle of social organization and thereby have a social function, that is, to maintain social stability.

Specifically, Malinowski found that origin myths of particular clans among the Trobriand Islanders confer precedence or deference to members in certain social situations, depending on the clan's ranking in the society's origin myth. This suggests a stabilizing and organizing function that contributes to the social cohesion of the community. In addition, the social groups that are based on these myths organize marriage, residence, cooperative activities and the exercise of ownership rights. That is, the myths serve as a charter for social action. Malinowski's (1948) observations subsequently have been confirmed widely in a variety of cultures around the world.<sup>4</sup> But, of course, such myths have far more semantic significance and personal and group meaning than Malinowski understood.

DeVos (1982), a psychological anthropologist, expertly showed the historical basis of ethnic identities, that is, the belief in a *common history* of the members of

<sup>3</sup> For example, in the 18th century, researchers such as Max Müller and R. R. Marett and, more recently, Mary Douglas, Sir Edmund Leach and the father of structuralism, Claude Lévi-Strauss, among others.

<sup>4</sup> For other examples, see Stanner (1963) and Warner (1953).

an ethnic group. This shared history, or rather the belief in a shared history, is the essential feature of ethnic group identity, distinctiveness and solidarity. Frederik Barth's (1969) seminal work on ethnicity in social anthropology, in the 1960s and 1970s, related to this notion that ideological, not physiological, distinctiveness is key. He recognized that distinct ethnic groups in particular social spaces existed by virtue of the boundaries they created, not the content of the social categories contained therein. Those creations were often an origin story. The existence of the ethnic group depended on the maintenance of social boundaries; the content of the boundaries was less important. With this background, we add here briefly, there is a long-standing and still growing interest in using the tools of cultural anthropology to illuminate the beliefs and values of the various "tribes" making up contemporary scientific and biomedical communities, for example, oncologists and geneticists, psychiatrists, ob-gyn specialists and physicists (Fujimura 1996; Gaines 1992; Hahn 1987; Trawick 1988).

In recent years, both medicine and science have had their various forms of communalism exposed (e.g., racism sexism, ageism, classism and elitism) for all to see. Additionally, the forms of bias that appear in theory, history and practice have been shown to be grounded in the cultures forming the context of scientific and medical activities and the training of their respective participants (e.g., Alexander and Sillen 1972; Brandt 1978; Caplan 1992; Carlson 2001; Fausto-Sterling 1992; Gaines 1995, 1998b; Hinze 1996, 1999; Jones 1993; Schiebinger 1993; Scully 1980). There are now many studies that have demonstrated the massive gender and ethnic (usually "racial" in the United States) biases in medical theory and practice and in the various laboratory sciences applied by medicine.<sup>5</sup> But one anthropological lens that has been little used so far in the cultural study of Biomedicine is the "origin myth" concept.<sup>6</sup> However, it seems to us that the origin myth concept can be a particularly useful tool for showing the ways in which the current histories of Bioethics are playing the same roles for bioethicists that the creation stories of the Trobriand clans seemed to play within their culture: that is, giving us the goals, priorities and boundaries for what appear to be our several enterprises as well as membership within a particular 'clan' of bioethicists.

Specifically, we suggest that, along with clans and ethnic groups, origin myths function as key principles of social organization that differentiate and validate distinctive bioethical enterprises. Visions of Bioethics are made and unmade by reference to their founding myth, which then serves to demarcate a specific form of theoretical and or practical Bioethics. The approaches thereby formed are often assumed to be theoretically at odds with one another. This conflict has a consequence for specification of the field's focal concerns, for its role within Biomedicine and for definition of the forms and styles of engagement considered legitimate to use in its deliberations.

We wish to point out here that by using the term "myth," we do not intend to suggest that the stories told by various people are fanciful and/or untrue. Rather, we

<sup>5</sup> See, for example, Benjamin (1991), Gaines and Hahn (1982), Hinze (1996), Scully (1980), Sherwin (1992), and Showalter (1985).

<sup>6</sup> Bosk alludes to the concept in his recent article (Bosk 1999).

recognize that the origin story becomes divorced from individuals' personal history and enters the discursive domain of Bioethics as an impersonal "history." Thus, here we are largely concerned with origin stories that are identified not as personal stories but, rather, as general histories.

Here, we identify five basic bioethical origin myths, several of which have more than one important version. These myths not only have different implications for Bioethics, but also have different kinds of implications: some seem to have the most influence on the field's research agenda, others on its theoretical orientation and others on its political ideology or disciplinary boundaries. Thus, as we describe the impact of these origin stories in the next sections, we focus on the dimensions of the field that seem most influenced by each, at the expense of attempting to give equal time to each myth's implications for every dimension of the bioethical enterprise(s).

Finally, the reader should take note that in this paper, we are being somewhat literal in our title, "Origin Myths in Bioethics." That is, the term "Origin Myths" is intended as a plural, but so too is the term "Bioethics." The latter, we note, is a plural form that is normally treated as a singular, as is the case with the term "the Blues." Our usage here is intended to reflect our thesis; the multiple theories of origin serve to justify distinctive enterprises that are grouped under a single rubric: "Bioethics." Our use of implied plurals suggests that there is no single bioethical field but, rather, a congeries of approaches subsumed under a common rubric. The differences in these bioethical enterprises, as shown below, suggest that we might profitably turn to the usage of "Bioethics" as a genuinely plural noun, saying "Bioethics are..." rather than "Bioethics is...."

At the lowest level of resolution, our reading of the current literature yields three basic categories of explanations for the emergence of Bioethics as a field of study: the stories bioethicists and their observers tell us all began as (1) a reaction to something, or (2) an anticipation of something, or (3) the natural evolution of something. In the sections that follow, we have labeled these explanatory postures, respectively, as the "Reactive," "Proactive," and "Evolutionary" forms of bioethical origin stories. Under these rubrics, we can identify at least five specific stories about the origin of Bioethics, several of which, in turn, have more than one major variant.

### **Bioethics as Reactive**

The most common origin myths about Bioethics are those that characterize the field as a consequence of and reaction to developments in post-World War II American culture and society. On the one hand, writers often refer to Biomedicine's scientific and technological explosion and, on the other, to our society's increasing cultural pluralism. Often, both catalytic agents are cited together in one "reactive" history. However, the catalyst that predominates is often important for structuring an authors' understanding of the meaning and priorities of the field, so it is worth considering them separately.

## “Future Shock”: Bioethics as a Response to Biomedicine’s Technological Explosion

The most ubiquitous origin story for contemporary Bioethics describes the field as growing out of public and professional concerns over science’s power to effect changes in fundamental human biological processes. Such processes include thinking, healing, reproducing and dying. For example, Dan Callahan (1995, p. 248) writes that,

from one perspective, [Bioethics] is a wholly modern field, a child of the remarkable advances in the biomedical, environmental and social sciences. Those advances have brought a new world of expanded scientific understanding and technological innovation, seeming to alter forever what can be done about the vulnerabilities of nature and of the human body and mind and about saving, improving, and extending human lives. Understood narrowly, bioethics is simply one more new field that has emerged in the face of great scientific and technological changes.

It is interesting and, perhaps, not a coincidence, that this story carries echoes of the modern scientific cosmological origin story: “In the beginning of our time there was a Big Bang—an explosion of scientific knowledge, that created the “New Biomedical” Universe. Numerous new biomedical fields coalesced in the wake of this explosion, among which was the world of Bioethics. It suggests, in one way or another, that Bioethics is as legitimate a product of the biological revolution as is biotechnology or bioinformatics and, therefore, should be considered a natural part of that cosmos.<sup>7</sup>

But why would the emergence of new biomedical capabilities prompt the development of a new field of moral inquiry? Medicine, after all, has had a professional moral tradition that is centuries old—a tradition that it has customarily reserved for internal interpretation and application by and for physicians. Science has been even more jealous of its boundaries, to the extent of declaring itself free of any moral commitments at all (beyond truth seeking) or cultural biases. In answering this question, two main variants in this “Future Shock” genre of origin stories emerge, each of which cast the Creators of the Big Bang—the BioScientists—in a different role.

### *Too Many Choices!*

According to the first variant of the “Future Shock” genre, Bioethics came into existence at the instigation of researchers and clinicians, who invited outsiders to help them sort through the perplexing array of choices that their new knowledge (and new practices) were making possible. Just as the biomedical community’s increasing data management needs led them to recruit computer scientists into a

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<sup>7</sup> Whether Bioethics’ natural role among the biomedical planets is more like a centering sun, a ravaging black hole or just a benign gas giant, of course, remains to be seen!

new field, that of bioinformatics, so its increasingly complex research and clinical decisions led physicians to invite philosophical and social scientific ‘colonists’ to leave their old planets and sojourn to the emerging galaxy of Biomedicine. There, by charting, mining and developing the still unexplored world of “Bioethics,” they might help the biomedical community “speak to the questions on which science is silent” (Bosk 1999, p. 48). A mixed bag of freethinkers, renegades and refugees from the old worlds of religious studies, philosophy, law and the social sciences took up the offer and, together with the health professionals and scientists who were their hosts, became the “pioneers” of the bioethical community that exists today (Arney 1982).

From an anthropological perspective,<sup>8</sup> this story reflects a conflict theory of cultural change,<sup>9</sup> and, indeed, some observers of Bioethics, like Renée Fox (1990), use it to support their explanations for the development of the field. But this story of change is cast in an accommodationist and progressivist model. In these accounts, Bioethics represents a necessary and progressive change in the larger culture of bioscience, driven by the need to adapt to the arrival of new technology. Bioethics is thus part of scientific problem-solving and part of medicoscientific Progress, which together help Biomedicine to understand, manage and, ultimately, *master* the new challenges that its latest technological accomplishments inevitably produce.

One of the interesting implications of this origin story is its suggestion that the range of issues addressed in Bioethics, and their relative priority as research problems, is principally established by the biomedical community. Health professionals and scientists first identify emerging technologies as posing new, morally complex choices. Subsequently, they turn to the bioethicists for help with the consequences of, or with the making of, (new) moral choices.

As a result, while issues of burning interest to physicians and scientists—typically issues that appear to threaten their professional freedom and their (culturally valued) independence—acquire high priority for the field. Questions that are not on the current biomedical agenda are relegated, at best, to the sidelines. Thus, it is understandable and appropriate from this perspective that, during the last decade, questions about human embryo research, physician-assisted suicide and managed care have been dominant topics in Bioethics. In the meantime, the (still unresolved) ethical issues related to overpopulation, biological weapons research and “animal rights” no longer command attention from the field’s (or, as we suggest here, *fields*’) attention(s).

Of course, interpreting Bioethics as essentially a service field also has implications for the bioethicist’s professional role. (This problem also faces anthropologists who see themselves as serving Bioethics itself.) The bioethicist that this story portrays is a consulting specialist whose primary professional virtue is his or her special expertise in “applying” ethics to the issues that face Biomedicine. Since bioethicists have no independent intellectual agenda of their own, the natural

<sup>8</sup> In particular, the anthropology of religion replaced Durkheim’s notion of religion as a source of social solidarity (see Durkheim 1915) with theories of religion as a source of conflict. See Note 9. Other forms of conflict theory include the various Marxisms among many other theories.

<sup>9</sup> See, for example, Clifford Geertz’s *The Religion of Java* (1975). In that work, we see that religion is clearly a cause of conflict rather than an institution that promotes harmony or social integration.

forum for the field is biomedically based. Thus, it is not so surprising that medical schools, hospitals and molecular biology institutes should have resident ethicists, or that National Academy of Sciences and National Institutes of Health science policy panels should count bioethicists among their experts, just as they might host biostatisticians.

Thus, in this model, the science studies program, humanities department or freestanding Bioethics institute that hires a basic scientist to give its scholars full-time commentary on their own research and assist them with their own intellectual agendas and or dilemmas would be counterintuitive. The situation tends toward the same direction with respect to social science and biomedical cooperation. Once again, Biomedicine co-opts social science insights into biomedical paradigms, turning dialogical interaction into a biomedical monologue (Gaines and Hahn 1982).

Part of the appeal of the “Too Many Choices!” story, of course, is that it casts Biomedicine as conscientious, responsible and self-critical. This view encourages conversation and collaboration between bioethicists and their scientific and medical colleagues. Moreover, since, for the most part, it is the biomedical establishment that has the resources to support Bioethics programs and research projects in the first place, this origin story has the political advantage of casting the field’s major patrons in a favorable light. Interestingly, however, there is another popular version of the technology explosion myth that seems equally powerful in shaping the field, but that cannot exploit this particular appeal.

### *Science Gone Mad!*

According to this second variation of the “Future Shock” story, the biomedical community plays a less laudatory role in the birth of Bioethics. Bioethics, according to this version, is not a creation of Biomedicine, but something constructed around and against it by other segments of society concerned about the uncontrolled nature of the “New Biology.” For example, having discussed Joseph Fletcher’s early (prehistorical) essays on medical ethics, David Rothman (1992, pp. 188–189) writes:

To revolutionize the field of medical ethics would require ... an entirely new set of questions to come to the fore, questions which would prompt a wider public to conclude that doctors alone, following the traditional precepts of medical ethics, could not resolve them. And, that is precisely what happened in the early 1960s.... A series of exposés involving the failure of researchers to obtain subjects’ consent to experimentation sparked widespread indignation.... Many outside and some inside the medical community became persuaded that investigators readiness to ... sacrifice the interests of some to the interests of others rendered them incapable of deciding what was or was not ethical in the conduct of human experimentation.... And it was from this premised that philosophers, lawyers, and legislators, who had heretofore devoted little attention to medicine, became deeply concerned with research ethics. A new group of commentators and actors had entered the field.

Moreover, as this suggests, these “commentators and actors” were reformers bent on containing or, at least, channeling a technological explosion that, like a nuclear chain reaction, had as much potential to endanger as to benefit the public. The relevant scientific episode for this story is not Christian Barnard’s heart transplantation or the cracking of the genetic code but, rather, the Nuremberg trials, the development of the bomb (cf. Caplan 1992) and, subsequently, the Tuskegee study (Brandt 1978; Jones 1993).

The germinal question for Bioethics in this view was whether the New Biology, if left unfettered, might lead to its own biomedical forms of holocaust (cf. Duff 1981). Thus, Bioethics can count among its pioneers not just nonscientists invited to comment on scientific quandaries, but renegade scientific whistle-blowers, like Henry Beecher, and investigative journalists, like Jean Heller and Shana Alexander (cf. Jones 1993). Attracted by expressions of public concern engendered by these journalists, academic social critics of science, technology and the “military-industrial complex” went on to help other public interest advocates. These other advocates included such people as government regulators and patient groups in order to erect a system of public oversight mechanisms that could monitor and control the freedom of scientists and physicians to allocate organs, prolong life, recombine genes, facilitate reproduction or conduct research. The subsequent need to gather and teach the information required for these committees and procedures to work, in this view, essentially accounts for the existence of the field today.

Of course, the major implication of this view is that, since Bioethics began with the public exposure and regulation of dangerous scientific and medical practice(s), this version of Bioethics’ purpose should remain the field’s primary mission. This story suggests that it is the bioethicists’ professional role to be a careful “doctor watcher” and to actively seek out and police problems in Biomedicine, even where they have not been recognized as such by the biomedical community. Such a role implies that Bioethics sets its own agenda and is not simply a field in service to Biomedicine. But, as a result, Bioethics must also have access to the research and practice it seeks to monitor, and this requires a publicly mandated presence in the biomedical setting.

In this view, bioethicists are appointed to medical schools and science policy committees to witness on behalf of the public rather than to help morally perplexed scientists. Thus, while hospital ethics committee consultations are usually optional clinical services, Institutional Review Board reviews are imposed regardless of the investigator’s confidence in the moral merits of his or her research. From this perspective, asking hard questions in the public’s interest about biomedically accepted practices—from “slow codes” to “blanket consents”—is expected of bioethicists. As a result, one of their most important professional virtues will be their own professional autonomy as “strangers at the bedside” (cf. Rothman 1992). As a result, scholars and programs that compromise their independence by “getting in bed” with Biomedicine are considered suspect.<sup>10</sup>

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<sup>10</sup> Like the ELSI (ethical, legal and social issues) program at the Human Genome Project. See Juengst (1996).

## The “Tower of Babel”: Bioethics as a Response to Cultural Pluralism

A second genre of bioethical origin stories also interprets the field as a response to mid-20th-century changes in the biomedical environment. In these stories, however, it is not an explosion that provokes the development of the field but, rather, a collapse: the collapse of a stable consensus about the values that should inform Biomedicine. These stories argue that, in the wake of society’s growing awareness of its own cultural pluralism, the limitations of medicine’s traditional tools for addressing moral problems became painfully obvious, both within and beyond Biomedicine. Bioethics, then, was born in an attempt to bring new resources to the task of making and justifying professional ethical decisions in the face of that growing relativism. Thus, for example, Albert Jonsen and Stephen Toulmin (1988, p. 18) write:

During the early twentieth century people in Britain and the United States had taken for granted a broad consensus about basic values. During the 1960s this consensus vanished, and even professionals whose good intentions had earlier been unquestioned (first, physicians) found their integrity being called into question: So there began a discussion of issues in professional ethics that has continued ever since.

From this vantage point, the development of new biomedical science and technological advances provided the occasion for the birth of Bioethics, but not the motivation; that came from the fact that the time-honored thought styles of traditional medical ethics no longer seemed to account for the diversity of moral responses with which those developments were greeted. Jonsen (1998, p. 372) says that “while we often point to the new science and technology as the cause of Bioethics, it is actually the discourse about the uses of science and technology—the differing views and values about human life that informs individual and social judgment about those innovations—that gives rise to bioethics.” Here, the origin of Bioethics resembles, in broad strokes, the pattern for “scientific revolutions” that T. S. Kuhn described: the existing paradigm for medical ethics was being undermined by increasingly visible anomalies, forcing the creation of a new, paradigmatic approach focused on addressing the weaknesses of the old while retaining as many of its accomplishments as possible. As Jonsen (1998, p. 3) says,

Bioethics did not begin with a Big Bang. It was a slow accumulation of concerns about the ambiguity of scientific progress that turned the old medical ethics into the new paths of bioethics. They worried that the old tradition of medical ethics was too frail to meet the ethical challenges posed by the new science and medicine.

Again, this basic story is elaborated in a number of ways, depending on the implications that bioethicists want to draw from it for their own understanding of their work. At the extremes, this story can lead to both the minimalist foundationalism of Tristram Engelhardt (1986; see also Nozick 1974) and Jonsen’s particularist casuistry, as well as Sherwin’s (1992) “feminist ethics of health care” (see also Tong 1997). However, all the variants share one common assumption: in

contemporary biomedical contexts, deductive moral arguments from first principles, whether secular or religious, are unlikely to be very satisfying with respect to many of the practical ethical problems faced by today's clinicians and researchers. Thus, for example, Engelhardt (in Jonsen 1998, p. 345) says:

In bioethics, the journey from the religious orthodoxies of the Middle Ages, through the rationalist hopes of modernity, to the disappointments of post-modernity, spanned less than 30 years. One has, during this brief period, been brought to look for theoretical and rational guidance, and then one is shown how little guidance is in fact available.... The challenge will be to live honestly in this improvised condition.

As Engelhardt suggests, while the challenge of "Future Shock" Bioethics is to cope with scientific excess in the absence of certain moral guidance, the challenge of "bioethics in the ruins" is to cope with philosophical poverty in the presence of conflicting moral points of view. While this vision is not as optimistic about the wisdom that bioethicists bring to Biomedicine, it at least provides the field with an intellectual mission of its own. Here, the main goal of Bioethics is and has been to find the best ways to make practical, moral decisions in biomedical contexts that can accommodate a robust moral pluralism. Thus, the story of Bioethics is the story of decision-making tools, mechanisms and methods: from dialysis committees and Living Wills to research rules, hospital ethics committees and national commissions, from principlism to casuistry, the ethics of care and consensus development (Engelhardt 1986).

Quite the opposite of "applying ethics," the admonition to bioethicists from the vantage point of this myth is Dan Clouser's famous maxim: "Never do philosophy around doctors until you absolutely have to." As Susan Sherwin (1992, p. 89) says,

Biomedical ethics is committed to developing analyses that can offer meaningful guidance in the morally troubling situations of real life, and it shares with feminist ethics a sense of frustration with the level of abstraction and generality (masculinist traits) that characterizes most traditional philosophical work in ethics.

Instead, the emphasis from this perspective is on developing a Bioethics that is broadly interdisciplinary, and to include as wide a range of voices as possible in Biomedicine's moral debates. Compared with the stories that portray bioethicists as either specialist consultants or public witnesses, this view suggests that bioethicists should be leery of drawing tight boundaries around the field or the "credentialing" of bioethicists. The resulting openness of Bioethics to plural views is an important and noteworthy consequence for our purposes. For example, Jonsen (1998, p. 345) writes that

In the strictest sense, [bioethics] is not a discipline. Bioethics has no dominant methodology, no master theory. It has borrowed pieces from philosophy and theology. In addition to these philosophical and theological pieces, fragments of law and the social sciences have been clumsily built onto the edifice.

The view of Bioethics, not as a unitary field, but rather as a congeries of approaches subsumed under the general mission of improving biomedical moral decision-making, decreases the likelihood of finding or employing one or several universal principles as a “content-full,” normative core for Bioethics. As Engelhardt says, “This is the price of postmodernity and the multi-perspective and multicultural vision it imposes. Bioethics remains in the plural” (in Chambers 1998, p. 11). But, for a community that includes members from a wide variety of professions and disciplines to start with, this vision has a good bit of practical appeal. At the cost of sacrificing some moral authority in the biomedical setting, the community can avoid the internecine interdisciplinary strife that could occur if the field had to limit itself to a single, substantive approach.

### **Bioethics as Proactive**

Not all bioethical historians see the field as originating in reaction to other cultural events. There are some strong minority voices that depict the origins of the field in anticipatory ways, as extensions of other ongoing social movements or as *de novo* attempts to anticipate the biomedical future. Clearly, the dominance of these stories, which are often woven together with the three above, traces the impetus for Bioethics to the civil rights movement and the concern for patients and human research subjects that grew out of America’s new focus on the rights of vulnerable minorities in the 1960s.

#### **“Up with Patients”: Bioethics as a Proactive Social Movement within the Health Care System**

One storyteller who gives a prominent place to this myth in his histories of Bioethics is Dan Callahan. He points out that the 1960s as a decade was a “spawning ground of a dazzling array of social and cultural reform efforts” (1995, p. 248). These included the civil rights movement, the rebirth of feminism, environmentalism, the antiwar movement, the rebirth in interest in normative/applied ethics within the academy and a “surge of individualism and transformation of cultural institutions (family, churches, schools)” (Callahan 1995, p. 249; also see Fox 1990; Muller 1994). The birth of Bioethics, he suggests, was largely just the manifestation of these social movements in the biomedical setting. Similarly, from the biomedical side of the fence, physician William Ray Arney (1982, p. 196) argued that in accounting for the rise of Bioethics, the “technology causes ethical problems” hypothesis has little explanatory value; “medicine, and especially obstetrics, has and will always will face difficult decisions involving life and death.” Instead, he points the reader to the broader burst of interest in and public discussion of ethical problems in the 1960s. He traces the origins of Bioethics to a “breakdown in the profession’s capacity to contain the ethical dimension of its work behind a professional boundary” (176), largely as a result of improved record keeping. Arney says:

Although ethics does not actively seek a confrontation with medicine, it is easy to see why they would come into conflict.... Ethics forces medicine down on the horns of its dilemma and medicine becomes a “double agent and advocate for the patient on one hand and an advocate of competing interests on the other hand.... Thus the ethicist is insisting that he must be made part of the medical team.... While not resolved yet, the give-and-take between medicine and ethics has refashioned some of the basic elements of the medical encounter. (pp. 195–197).

For writers focused on the more clinical side of Bioethics, this explanation all but eclipses any others. In “dating the advent of modern clinical ethics (or to use its full name, clinical biomedical ethics),” for example, Aronheim and co-workers (1994, p. 5) write:

Along with changes in the practice of medicine and the law that were taking place in this period, the civil rights movements also had an enormous effect on the emergence of bioethics in general and clinical ethics in particular. The “patients’ rights” movement was perhaps first apparent in the psychiatric hospitals, as those who were incarcerated as mental patients insisted that they did not cede all their rights on admission, whether voluntary or not. Later, the academic study of death and dying became closely identified with a growing popular movement in favor of “death with dignity” and in some more political conscious quarters with what came to be called the “right to die.” At this point it became nearly impossible to refer to changes in medicine without also referring to those in society, as patients were increasingly viewed as among the vulnerable and disadvantaged citizens whose civil rights had not been adequately recognized.

The subsequent history of the field, from this perspective, has been the story of efforts to recognize and protect those rights, punctuated by the cases, laws and public policies that have either helped or hindered this process—from Karen Ann Quinlan to the Health Care Portability Act. The bioethicist plays the role of activist and advocate in this story, whose ultimate allegiance is to the patients and human subjects at risk of being abused by the power differentials of the biomedical environment. Thus, service on a hospital ethics committee or Institutional Review Board means more than providing constructive ethics advice to the biomedical professionals, or standing public witness to the process or even helping to facilitate a defensible consensus: it means serving as an advocate for the patient’s point of view on the issue. Speaking from this perspective, it makes perfect sense, for example, when George Annas (1993, p. 3) says, “American Law, not philosophy or medicine, is primarily responsible for the agenda, development, and current state of American bioethics.”

This vision of Bioethics appeals to those in the field who subscribe to a progressive vision of social history: like the great reformers before us, it suggests that we are slowly working toward the biomedical utopia that, in theory at least, should be possible for humanity to achieve. It promotes moral courage as a principal

professional virtue for bioethicists, and animates calls for and discussions of “heroism” within the field (Friedman 1999).

Of course, because of the field’s heavy dependence on biomedical institutions, it also invites criticism by those who feel that bioethicists have become too compromised to play their original role. Historian Charles Rosenberg (1999, p. 38) writes:

Bioethics not only questioned authority; it has in the past quarter-century helped to constitute and legitimate it. As a condition of its acceptance, bioethics has taken up residence in the belly of the medical whale; although thinking of itself as still autonomous, the bioethical enterprise has developed a complex and symbiotic relationship with this host organism. Bioethics is no longer (if it ever was) a free-floating, oppositional, and socially critical reform movement: it is embodied in chairs and centers, in an abundant technical literature, in institutional review boards and consent forms, in presidential commissions and research protocols.

As a result, this “patients’ rights” vision of Bioethics has become the favorite of the field’s critics, and the origin story that validates it is the one usually told in order to frame their criticisms. Of course, in their version, the reformers did not succeed, but were instead seduced by the very power differentials they sought to equalize. For example, sociologist Charles Bosk (1999, p. 64) writes:

The typical account of bioethics coming into its present position in the medical center celebrates its “transformational” or “revolutionary impact” on medical practice. The claim is often advanced that with its emphasis on patient autonomy, bioethics played a large role in overturning a regime of physician paternalism and replacing it with one that was patient-centered. Such a claim overstates how much of a challenge bioethics posed to medicine.... The problems of medical practice, as defined by bioethicists, are ones of value in a relationship. Place the right values in the doctor-patient relationship and the problems disappear. From the perspective of bioethics, it was as if everything was right with the way medicine was practiced except for what was said and how it was said in certain very exceptional circumstances.

In fact, Bosk (1999, p. 64) thinks that the actual force behind Bioethics’ assimilation by Biomedicine was that

...Bioethics was a contemporaneous alternative to a more forceful challenge to medicine spearheaded by consumer and patient activists. This later challenge was more confrontational in tone, more intent on structural change and more focused on the politics of health care than was the bioethics movement. By assimilating bioethics, organized medicine was able to defang this other broader challenge.

As an origin story, the “patients’ rights” history of Bioethics has the psychological advantage of echoing popular American memories of the 1960s that have assumed mythic proportions of their own (e.g., see also Fox 1990). Documented connections between the founding of the field and the various social

movements of that period are scanty, however. In contrast, another story about the origin of Bioethics can point to the field's founding manifestos to support its claims. It is a story that also sees the field as a proactive attempt to address social problems involving Biomedicine.

### “Back to the Future”: Bioethics as a Proactive Anticipation of the Social Impact of Modern Bioscience

A recent manifesto calling for a new “deep and global Bioethics” states,

From the time the word was coined in 1970, bioethics—choosing the future world—has evolved into many approaches to what we must do, from clinical ethics to sustainable agriculture.... The concept ‘deep’ was made explicit in “Deep Bioethics,” but the intent was implicit in the word bioethics from its very beginning, when bioethics called for the integration of science and human values to ensure a bridge to the future.... Finally, medical bioethics should expand beyond the narrow focus of present clinical ethics that deals largely with individual patient/physician decisions in a corporate setting.... This effort bypasses the bioethics that was broadly defined in 1971 to include the dilemmas of dangerous knowledge in both environmental and medical activities. (Potter and Whitehouse 1998, p. 9).

In fact, Potter and Whitehouse seem correct, at least in terms of the initial uses of the word “Bioethics” and the efforts it was intended to label, for the word was Potter's own neologism. According to Warren Reich, the term “Bioethics” was initially employed almost simultaneously, but probably not independently, in 1970 by two scientific visionaries, Van Renssalaer Potter and André Hellegers. Both figures were striving to name a new field that would be devoted to forecasting the social consequences of the biological revolution and preparing the world for them (Reich 1994). For example, in his 1971 book, *Bioethics: Bridge to the Future*, Potter (1971, vii) wrote that

the purpose of this book is to contribute to the future of the human species by promoting the formation of a new discipline, the discipline of Bioethics. If there are “two cultures” that seem unable to speak to each other—science and the humanities—and if this is part of the reason that the future seems in doubt, then possibly we might build a “bridge to the future” by building the discipline of Bioethics as a bridge between the two cultures.

Potter's concerns in 1971 were primarily with the biological consequences of our new abilities to apply biology in medicine, agriculture and the environment, medical capabilities, the dangers of human overpopulation, the lessons of the “Green Revolution” and the lure of a new eugenics. At the same time, obstetrician André Hellegers at Georgetown began using the term “Bioethics” to label the attempts of his colleagues to anticipate the consequences of new developments in reproductive biology, genetics and medicine. It is likely that his usage derived from a chance encounter with the term in a popular magazine article about Potter's work (Reich

1994, p. 322). Both Potter and Helegers saw the field as an explicit attempt to integrate the sciences and the humanities into a form of social impact assessment that would supercede old disciplinary boundaries. For example, Potter (1971, p. 2) argued that, in the face of the biosphere's imminent crises,

We need biologists who respect the fragile web of life and who can broaden their knowledge to include the nature of man and his relation to the biological and physical worlds. We need biologists who can tell us what we can and must do to survive and what we cannot and must do if we hope to maintain our quality of life during the next three decades.

The job of these philosophical biologists would be to “propose and explain the new public policies that could provide a ‘bridge to the future.’” Potter (1971, ix) notes with praise that at this time in the U.S. Congress, “The obligation to the future has been recognized and the need for combining science with the talents of concerned individuals in the humanities is being met with new legislation calling for an ‘Office of Technology Assessment.’”

The assumption here is that through creative use of “moral imagination” and interdisciplinary dialogue between scientists and humanists, Bioethics can provide an effective form of prevention for social and environmental problems. This orients the field to the future, and makes public policymaking the natural arena for its deliberations. In this view, to the extent that bioethicists are caught reacting or responding to scientific surprises, they are simply playing catch-up with their main mission, which should be to anticipate and prepare for such developments in advance.

Today, Potter's original agenda for Bioethics is experiencing a modest renaissance of interest and critique, and its proponents are quick to cite this story of Bioethics' origin in their appeals. But despite its historical basis, this birth story of Bioethics has not enjoyed a wide following within the contemporary field and gets short shrift in most of its histories. As Reich (1994, p. 322) points out, “The entire Potter legacy—his coining of the word, his advocacy of a new discipline, his vision of global Bioethics—was overshadowed as another, eventually more renowned, Bioethics initiative was set in motion on a parallel track, largely under the influence of André Hellegers.”

This logogenic conflict is significant from our perspective, because it demonstrates that, in fact, these origin stories are not functioning primarily as histories at all. Rather, they are efforts to ground and define as well as justify the (or a) field as it exists today. Since early Bioethics quickly became caught up in efforts to redress past biomedical research injustices and address ongoing problems of medical practice, the original “horizon-scanning” conceptions of the field seemed irrelevant to most as an important point of origin.

On the other hand, the spirit of Potter's Bioethics does live on in interesting ways in some corners of the bioethical enterprise. For example, the idea that Bioethics should be essentially anticipatory continues to be a popular vision of the field among basic scientists and those bioethicists who pursue the ethical implications of research still at the frontiers of Biomedicine. It figured heavily in the rhetoric of the recombinant DNA debate and in the early bioethical literature on human gene

therapy: “The medical and commercial applications of gene splicing will test the moral and scientific wisdom of technologically advanced countries in their capacity to counteract the adverse possibilities of genetic technology before they are realized and become part of the social and economic fabric of society” (Krimsky 1985). More recently, it has been prominent in explanations by the Human Genome Project (HGP) of their plans to put aside funds for a project “anticipating and addressing the ethical, legal and social implications of new advances in human genetics.”

The manifesto of the HGP, coauthored by one of us (E.J.), is illustrative of this point of view:

It is a twentieth-century truism that science is not done in a vacuum and should not be pursued as if it could be. Good science affects its social context, and the practical effects of good basic science are often the most wide-ranging of all. Doing science in the real world means anticipating those interactions and planning accordingly. By pursuing the study of the ethical, legal and social implications of its scientific initiatives, the National Center for Human Genome Research assumes its responsibility to help make that planning timely, well informed, and productive for one important piece of modern science: the Human Genome Project. (Watson and Juengst 1992, xv).

Of course, it is not impossible to accept the story of the Potterian origins of Bioethics and simultaneously subscribe to any of the other origin stories discussed above. Most members of the field readily recognize that there may have been multiple forces at work in the genesis of Bioethics, and simply emphasize the ones that best suit their purposes in advancing a particular description of the field. However, all four of these myths do share an important common claim, i.e., the idea that Bioethics is a new intellectual enterprise that came into existence for the first time at the end of the 1960s. There is more conceptual tension between these four origin myths and the next one because it suggests that, in fact, Bioethics is not a field of recent origin at all, but merely the latest phase in the growth of a very old tradition of moral thought in the West.

### **Children of the Gods: Bioethics has Continuously Evolved**

In this story, Bioethics has a lineage, and the key to understanding the modern field is taken to be its genealogy rather than the specific events that stimulated its appearance in the late 1960s. For some, Bioethics is simply modern medical ethics, renamed to accommodate its expanded agenda of 20th-century issues and the variety of nonphysicians who have come into the field but are yet continuous with the professional moral tradition of Western medicine. For others, it is the offspring of traditional medical ethics—and an easily distracted, prodigal child at that. Either way, the foundations of the field are the moral precepts that have traditionally guided the healing arts in the West. Bioethics’ core mission remains to help the health sciences remain true to that path amid the challenges of their contemporary environment. Here, bioethicists are the custodians and interpreters of this tradition (and authoritative knowledge), whose role is to remind Biomedicine of its allegedly

time-honored ideals and explain how to be true to them in the context of the modern world.

This story is particularly useful as an antidote to two potentially corrosive criticisms of the field that the other origin stories can encourage: that the field, with all its postmodern novelty, interdisciplinarity and pluralism, is without foundation when it comes to justifying its “vacuous pronouncements” (see Juengst 1996, p. 66), and that the field, with all its strangers, social activism and futuristic concerns, has no business invading the real life of professional Biomedicine.

Thus, for example, Beauchamp and Childress, noted for their joint efforts to provide a “principle-based” foundation for Bioethics, are careful to link their effort to a lineage of moral thought they attribute to Western medicine’s classical foundation. They introduce their work by asserting that “medical ethics enjoyed a remarkable degree of continuity from the days of Hippocrates until its long-standing traditions began to be supplanted, or at least supplemented, around the middle of the 20th century” (Beauchamp and Childress 1994, p. 3). Similarly, in performing an imaginative “moral archeology” of the principles of modern medical ethics, Jonsen and Toulmin (1988) trace its foundations back 4000 years:

Imagine that we are going to do an archeology of the ethics of medicine. The ethics of medicine in western culture is a tradition for which we have literary evidence going back to the third and fourth centuries before the Christian era. Imagine that that long tradition is like a modern edifice built on the foundations of many previous buildings.... What are the earlier parts of this church, this pyramid, and this temple that have built up during the past 4,000 years of western culture? There are four levels that can be seen quite clearly in the successive foundations of that tradition we call medicine.... None of them has ever been completely abandoned, though some of them are quite deeply buried. They all affect the way in which we in western society and the United States think about medicine: what it is, what it should be, and how to deal with those people who come to practitioners for help.... The lowest structure we have any evidence about from history is the Greco-Roman practice of medicine.

Interestingly, Edmund Pellegrino uses the same story to describe the failings of the “principles” approach and to advocate a return to virtue ethics. He begins his history by bemoaning the fact that “medical ethics is now increasingly a branch of moral philosophy, more and more responsive to shifts in philosophical opinion and fashion” (Pellegrino 1993). He then outlines four periods in the development of modern Bioethics: a “long quiescent period,” in which the Hippocratic tradition was maintained as the core of medical ethics (till 1960); the emergence of “philosophical inquiry” and “principle-based moral theories” for bioethics between the mid-60s and the mid-70s; a period of “anti-principlism” in which theoretical approaches to bioethics diversified; and “the future,” which he casts as a “conceptual conflicts in ethics and the skepticism of moral philosophy challenge the very idea of a universal, normative ethic for medicine” (p. 1).

Here again, we see the idea of a collapse of unity as problematic (see also Engelhard 1986). And, here again, as with Jonsen’s “rehabilitation” of casuistry and

Engelhard's "retreat" to liberal (minimalist) fundamentalism, we see a retreat to older traditions of moral reasoning as the antidote for a perceived crisis.

For Pellegrino, this means returning to Greek virtue theory in search of moral guidance. Pellegrino suggests retreating into the Greek philosophical past, in order to bring order out of the chaos that (he feels) threatens the collapse of principlism and the challenge to 'primacy of principles.' Unfortunately, we know that the Greek virtues, established in and for a very patriarchal society, were attributed only to males, hardly a viable modern ethic. This retreatist approach again has a parallel in the anthropology of religion. We find studies of nativism and nativistic cults that develop when groups are threatened by change or competing power and values of outside groups. The same is exemplified by antimodern and anti-Western Islamic groups (often incorrectly called 'fundamentalist').

Grounding Bioethics in the history of Western medicine has obvious appeal to bioethicists faced with making their livelihoods "within the beast" of the medical establishment. But of all the origin stories about Bioethics, it is worth pointing out that this one is perhaps the least realistic as a matter of pure history and, as a result, one of the stories that is most obviously playing a justifying mythic role.

This "Children of the (Greek) Gods" position appears supportable until one realizes that the classical tradition was not known (except to Boetius and a few other monks) in the West until the Renaissance. That is, the Renaissance was less a 'rebirth' than a discovery and (re)invention of a Classical past. Thus, there has been no "long and continuous history tying the Greeks to the moderns" (or the postmoderns). In fact, the first three quarters of Western history passed without the benefit, among Europeans, of knowing much of anything of what came to be constructed as "Classical society" and its values.

We also note that, since at least the 19th century with Numa Denis Fustel de Coulanges (1973), conceptions of the Greeks as rational and "like us" are and were modern Western fantasies. Greek society was based on ancestor worship and patrilineal descent with partilocal residence. All statuses, citizenship, contractual relations, marriage, jural standing, the franchise, etc., were premised on membership in a patriline and ritually unified by the worship of the ancestors—the family gods, therein. Such membership was possible only through birth or adoption. Rational, they were not; but we have deleted their real culture in Western thinking and created a fictional ideal from which scholars often claim descent in philosophy, science and medicine.

It is a peculiar cultural tradition to consider the Greeks virtual gods in Western intellectual circles, from which all things good and rational are believed to have descended, peculiarly, to those in the West. Much research has shown that such a view was an attempt to exclude the non-European sources of Western sciences and arts that were, in fact, largely developed in Africa, the Middle East and India.<sup>11</sup> As well, Edelstein has taught us that the Hippocratic Oath was the work of a small sect most definitely outside of the mainstream of Classical Greek culture. Thus, the Hippocratic tradition is not part of the tradition alleged to have come down to us

<sup>11</sup> For example, Good and DelVecchio Good (1992), Hitti (1970), Menninger (1967), Onians (1951), Schiebinger (1993), and Young (1993).

from the ‘mainstream’ culture of antiquity. Nor were magic and superstition foreign or peripheral to their medical practices and beliefs (Edelstein 1967).

Pellegrino and Thomasma (1993) do not give a clear view of the local, rather than universal, nature of the virtues as outlined by the Greeks. The fact that they are exclusively male virtues (as was the embodiment of beauty [see Kuriyama 1993]) in the Greek worldview is not outlined. And the fact that the meaning of the virtues in the context of Classical Greek society varies greatly from our own is also unmentioned. As those writers see them, these are timeless virtues that should be taken up today to still the (allegedly) increasingly turbulent morally heterogeneous waters of contemporary medicine.

Indeed, the turbulence is in part the result of conflicts endemic to medicine, and is not the result of technology, though the latter may highlight pre-existing tensions. The central conflict in medicine is said to be the primacy of the covenant between patient and healer and the nature of self-interest in a modern medicine, which is increasingly made into a business with health and service as commodities for sale and profit (Pellegrino and Thomasma 1993).

In the anthropology of religion, a field we have mined to frame this essay, one topic of study has been religious dynamics. In this area of research we find reference to nativism and to nativistic movements (Aberle 1970; Linton 1943; Mooney 1965). Like the Ghost Dance of the Plains Indians, nativistic movements respond to current perceived crises and try to find a way out of turbulent, threatening times. Conceptually, nativistic movements usually harken back to the past, when things were, it is alleged, purer, better, more tranquil and more just. In the same way, the “continuity” stories of some bioethicists look back to the days of Classical Greece as halcyon days. While the storytellers usually suggest that there is no going back and we are stuck with what we’ve got after our fall from a universal grace (i.e., a unitary worldview and moral universe), the ideals and virtues of the (mythic) past continue to be held up as bulwarks against the current perceived ‘storm’ of diversity.

## Conclusion

Malinowski observed that, among the Trobriand Islanders, origin myths served to legitimize and demarcate the claims of different clans. One could imagine the same thing occurring in Bioethics, if those who saw the field’s principal mission differently began to segregate themselves into different bioethical tribes. Interestingly, however, that does not seem to be the way these different origin stories function within Bioethics.

There are many different ways in which Bioethics seems perennially poised to subdivide: for all its pluralism the field still shows sociological cracks along disciplinary, professional, generational and even topical lines. But most bioethicists seem comfortable accommodating, by degrees, all the bioethical missions we have described above and will, like the authors of the biblical book of Genesis, combine as many origin stories as necessary in order to explain them.

Clearly, some combinations of stories are more easily fabricated than others. It is not hard to imagine combining the “Science Gone Mad!” and “Up with Patients” (patients’ rights) stories, for example, or the “Too Many Choices!” and the “Tower of Babel” stories. Similarly, either of these pairs could be oriented toward the future and linked to Potter’s view of global, environmental Bioethics, or approached through the mythic moral tradition of medicine, as by Pellegrino. But most in the field are willing to embrace both of these basic attitudes of suspicion and support for Biomedicine—and then to apply them to a twin goal of surveying the future and mining the past. What causes this strange amalgam of origin myths and beliefs?

This is a question for another chapter in the cultural study of Bioethics; however, as a hypothesis for further research, we have a suggestion. It seems that in Bioethics, different origin myths do not necessarily serve as markers of self-identity, but may act as markers of the bioethicist’s audience and the task at hand on a particular occasion. In this situational view, thus, to explain the point of Bioethics to medical students, a combination of “Too Many Choices!” and “Children of the Gods” seems appropriate, while the “Tower of Babel” is more likely to be useful in catching the interest of humanities scholars. And, for defending the field against suspicious genome scientists, a judicious blend of “Back to the Future” and “Science Gone Mad!” might be indicated.

It is not surprising that a field as variegated as Bioethics would have multiple missions, with distinct origin stories to go with each of them. Our observations suggest that origin stories in Bioethics are forms of what Clifford Geertz (1983) calls “local knowledge.” While we presume to deal in universals, such as universal ethics, we are in fact replicating our own local (ethical) knowledge in the guise of universal ideology. As a result, it is no wonder that bioethicists and their interlocutors sometimes speak past one another, for not only are there many kinds of bioethicists, but also, it appears that there are multiple kinds of “Bioethics” that any given bioethicist might advocate. The label “Bioethics” is indeed a plural and seemingly serves to organize diversity rather than to label a theoretically, methodologically or practically homogeneous profession. The various bioethicists all refer to an element of the past to give their thoughts and actions an authoritative charter and, subsequently, membership and identity, in a field more diverse than its own practitioners often realize.

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