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RELIGION'S RELATIONSHIP WITH PUBLIC BIOETHICS:
A CRITICAL HISTORICAL ASSESSMENT AND PRAGMATIC METHOD FOR INCLUSIVE
DISCOURSE

The Nuremberg Tribunal of 1947, in which the practices of Nazi doctors were placed under intense ethical and legal scrutiny, raised awareness of the need for sustained ethical analysis and moral deliberations regarding a variety of medical practices and new biotechnological developments. It served as a catalyst for the development of a universal set of medical ethical norms and principles, codified in the Nuremberg code of 1948, which included among others norms emphasizing the ethical importance of consent, the principle of non-maleficence, and the need for risk-benefit analysis; interestingly enough, this was the same year that the Universal Declaration of Human Rights was being drafted.

From the development of the Nuremberg code in 1948, which primarily dealt with the treatment of human research subjects in response to the horrific experimentations performed by Nazi doctors, many of the early bioethical cases of the 1950s, 1960s, and 1970s held a shared penchant for controversy and thereby attracted a high degree of public attention as well as the interest of lawmakers and public policy advocates. These early cases included, among others: what is now referred to as the "God Squad," which was a Seattle hospital admissions and policy committee in the 1960s that had been deciding which patients in renal kidney failure would receive dialysis, and therefore, ultimately deciding who lives and who dies; the advent of accurate prenatal genetic testing for hereditary diseases in the 1960s, which called into question the ethicality of the treatment of persons on such bases; as well as the case of Karen Quinlan in 1975, a twenty-one year woman who had fallen into one of the deepest comatose states called PVS¹ that raised a myriad of questions regarding the personhood of PVS patients, the legality and morality of withdrawing medical treatment and whether or not the practice of withdrawal ought to be considered a form of euthanasia. Along with many others, these cases prompted much philosophical and theological reflection on a variety of issues including: the role of new medical technologies, the role of science in society, the nature of medicine and the life sciences, and the ethicality of various biotechnological developments, and the panoply of novel medical interventions they made possible, was underway.

It was not until the year 1970, however, that the term "bioethics" was coined by the biochemist and oncologist, Van Rensselaer Potter.² V.R. Potter had

¹ PVS stand for: permanently vegetative state. This is a state in which there is no evidence that the patient has: self-awareness, awareness of the environment, the ability to behave voluntarily, sensory perception, or linguistic capacities.

² Van Rensselaer Potter, "Bioethics: the Science of Survival," *Perspectives in Biology and Medicine*, 14 no. 1 (1970): 137-153.

envisioned bioethics as a new discipline that would combine morality and biology and who had hoped that it would lead to a new global way of life characterized by respect for the environment and the fusion of moral thinking with the life sciences. However unfortunate it may be to those of us attempting to reunite environmental and biomedical modes of inquiry, this is not the path bioethics took. With the founding of the Hastings Center in New York in 1969 by Daniel Callahan and Willard Gaylin as well as the inauguration of the Kennedy Institute at Georgetown University under the direction of André Hellegers in 1971, the term “bioethics” was used to connote the existence of an applied academic field focusing on ethical issues in the medical and natural sciences in the Hellegers’ work, whose usage of the term was almost simultaneous with, yet allegedly unaware of, Potter’s own usage of the term in his book entitled: *Bioethics: a Bridge to the Future* (1971), which was published the very same year the Kennedy Institute opened. As a term and a new fledgling field, “bioethics” quickly gained public recognition as a bio-medically oriented area of applied ethics that sought to influence medical law, public health policy and clinical practice, leaving the bio-medical understanding of “bioethics” to overshadow Potter’s more holistic vision.³ Aside from the lamentable divorce that occurred between environmental and medical ethics during the birth of the new field we now call “bioethics,” from the start, the bioethical enterprise acquired a highly public character, which ironically made the theoretical underpinnings of the new field of bioethics to be more influenced by political theory than by biological or ecological theories and discoveries.

Influenced by the prevailing ethos of the mid-twentieth century, from the Nuremberg commission (1947-1948) onwards we have repeatedly witnessed myriad attempts to establish sets of ethical norms that were intended to have universal applicability and which persons from various nations, faiths, cultures, and fields could agree to and find compatible with their own traditions of thought and worldviews. From its inception bioethics acquired a public character as the field sought to sift through the moral ambiguity and solve the ethical and policy dilemmas posed by many of the novel biotechnological and bio-medical developments taking place during the late twentieth century. However, that which is too often overlooked is just how much the socio-political climate of 1960s and 1970s American society would come to impact the field of bioethics. The social unrest and political change that produced the civil rights movement, anti-paternalistic attitudes, a deep mistrust of authority and society-wide calls for secularization all had a deep influence on the new field of bioethics. This eventually resulted in the patient rights movement, which was accompanied by a mistrust of physicians and clinical institutional bodies and helped bolster the ideals of autonomy as a guiding force in the newly emerge discipline. Consequently, informed consent, freedom of choice and equality became integral features of much

³ Van Rensselaer Potter, *Global Bioethics: Building on the Leopold Legacy* (East Lansing, MI: Michigan State University Press, 1998).

bioethical analysis and came to define the public face of the bioethical enterprise. As the sociologists of bioethics, Renee Fox and Judith Swazey, have observed,

The particular historical period in which the field of bioethics developed in the United States was 'a time of social ferment and protest in American society, spearheaded by the civil rights and anti-war movements[...] with their emphasis on individual rights and choice as fundamental bases of freedom, equality, and justice...' what was then the nascent field of bioethics attracted a sizeable number of persons who had been intensively engaged in these movements...⁴

Furthermore, insofar as civil rights liberalism in the United States tended to emphasize *rights to undifferentiated citizenship* in its quest to combat forms of discrimination and insofar as its calls for equality were often coupled with the quest for commonalities, this movement not only promoted individualism but also the hope of transcending ethnic, racial and religious differences. Hence, the ideals of individual autonomy and the transcendence of difference found their way into bioethical thinking and the primary task of bioethics quickly became the search for a common morality and creation of shared ethical precepts.

It must be noted however, despite its public character and despite its quest for a common morality, precisely because the new field of bioethics raised deep questions concerning human nature, such as: the relationship of humans to technology, the meaning of life, the meaning of suffering, the definition of death, and the nature of illness, it thereby attracted a number of religious philosophers, theologians and scholars of religion who would join the interdisciplinary cohort of thinkers that also included secular philosophers, physicians, and lawyers. This early contribution of religious thought in bioethics came primarily from Jewish and Christian philosophers, such as Paul Ramsey and Hans Jonas, and such figures had been in dialogue with secular philosophers, medical practitioners and persons whose training was in law and or politics. With a strong presence of persons trained in the Judeo-Christian tradition in its formative years, bioethics has always had a relationship with religion yet, the influence of religious thinking, per se, would always be constrained by larger social constraints and a general inclination toward matters of public policy. As the bioethicist Albert Jonsen has noted,

Bioethics began with many persons of faith coming to the discussion of the questions. This does not mean that bioethics began in religion. Individuals from quite different denominational backgrounds and with very different training addressed the issues. Almost all these participants employed ethical

⁴ Renée C. Fox and Judith P. Swazey. *Observing bioethics*. (New York, NY: Oxford University Press, 2008), 154.

methods that allowed them to analyze the moral problems in terms and with concepts that were not explicitly theological or denominational. Almost all of them did so because of the audiences they addressed.⁵

Even though many of the religious and secular ethicists alike shared the common goal of seeking universal moral truths, the languages employed to express such universals were distinct and often hard to translate. Since the vocabularies of many theologians or persons of faith could be highly saturated with religious terminology that could only be appreciated by members of their respective faiths, many of the religiously-trained bioethicists, such as Leon Kass, Edmund Pellegrino and Paul Ramsey, spoke a secular language at the round-table of bioethics. In what appears to have been an attempt to prevent miscommunication and misunderstanding, bioethical lingo took on a secular tone, leaving those who represented both religious and secular strains of thought in a position in which they could postulate arguments and defend their positions in a common vernacular. As Dan Callahan, the founder of the Hastings Center, had reminisced, "once the field became of public interest...there was great pressure (even if more latent than manifest) to frame the issues, and to speak, in a common secular mode". Arguably, the 1971 publication of John Rawls' highly popular book, *Theory of Justice*, (coincidentally the same year that the Kennedy Institute and V.R. Potter's work on bioethics came to be) also came to influence the ways in which the members of this fledgling field decided to conduct themselves in their public deliberations and modes of decision-making. The cluster of Rawlsian concepts, such as: "public reason," "reasonability," "reflective equilibrium" and "overlapping consensus," were an excellent resource for attempts to formulate arguments and express normative claims in such a way that theologian and atheist alike could potentially accept; at least in theory. I say: 'in theory,' because with the wisdom of hindsight, we can now say that: along with the secularization of bioethical discourse and a growing concern with public issues that spawned a turn towards law and public policy, we witness the roots of the marginalization of religious voices in the bioethical arena. While this might not have been the initial intention of those enacting such measures in bioethical discourse, it has had negative affects not only on the role of religious involvement in mainstream bioethical thought but also on the ability of religious persons and communities to abide by their own moral traditions in clinical contexts and to have a voice in the formation of public-policies that bear upon their ability to act according to their religious beliefs.

As bioethics developed further, the universalistic ethical aims that arose in the beginning continued to dominate the field. This eventually led to the rise of a variety of critics who wished to focus on the particulars of situations, contexts, and cases as comprising distinct ethical concerns and hence warranting unique moral conclusions (i.e. situationalism, contextualism,

⁵Albert Jonsen. "History of Religion and Bioethics," in *Handbook of Bioethics and Religion*, ed. David E. Guinn. (New York, NY: Oxford University Press, 2006), 33.
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relativism, and casuistry) that also included calling attention to the fact that persons coming from distinct religious and cultural backgrounds often held differing ethical perspectives and employed tradition-specific modes of moral reasoning to the cases at hand. Rather than take the view that these unique forms of religious and cultural moral reasoning — many of which purport to possess universal moral precepts themselves — could be compatible with the goal of forging a common morality grounded in shared truths, they were often pitted against one another in mainstream bioethics due to the prevailing attitude that paying attention to tradition-specific modes of moral reasoning would undermine the universality of the normative project at hand. As Fox and Swazey note,

The contrasting tendency of American bioethical thought has been to dichotomize and polarize the notions of universalism and particularism, and even to view them as antagonistic antitheses...Within this overall framework, the overall skew of the field is tipped in the direction of an intellectual and moral preference for universalism, in the form of transcendent principles that 'rise above' the particularities of historical circumstances and tradition, and of social and cultural context and locale.⁶

Ultimately, it was the alleged failure of these particularist schools to provide adequate normative principles that could serve as a guide to action in any context imaginable and set common standards that led to their marginalization, in a field involved with policy-making. A universalizable ethical code set the agenda and the secularization of moral concepts pervaded the field, eventually culminating in the immense popularity of Tom Beauchamp's and James Childress' universalistic *Principles of Biomedical Ethics*. Their extremely well-known and widely accepted version of principlism became the foundation of western bioethical inquiry and set forth four 'universal' principles: 1) Autonomy 2) Nonmaleficence 3) Beneficence 4) Justice [Beauchamp & Childress 1979]. Commenting on the principles that he helped create and champion Beauchamp has written, "In truth, these principles do not deviate from what every morally serious person already knows as a matter of general knowledge." (Beauchamp & DeGrazia 2004, 58) Beauchamp goes on to argue that, "[t]he common morality should not be regarded as merely one morality that differs from moralities embraced by other individuals or communities. The common morality contains universally valid precepts that bind all persons in all places." [Beauchamp & DeGrazia 2004, 58] With the tone of these statements, the message being conveyed is that anyone who does not agree with these principles must not be a "morally serious person" and hence, must be implementing a deficient form of moral

⁶ Renée C. Fox and Judith P. Swazey. *Observing Bioethics*. (New York, NY: Oxford University Press, 2008), 158.

reasoning if they diverge from the parameters of the 'obvious common morality,' namely: principlism.⁷

During the late 1990s when multiculturalism was all the rage across a plethora of academic disciplines and when many efforts to embrace pluralism were being made, James Childress — the original co-author of the four principles approach and, himself a scholar of religion, adopted a more moderate view than Beauchamp. Yet, despite his attempt to acknowledge the importance of pluralism, still ended up maintaining an exclusionary attitude toward religious voices when it came to matters of public bioethics. Illustrating this point, Messikomer et al discuss and quote Childress when they write,

"While religious viewpoints are important for "stimulating the public imagination," Childress said, he believes that a rationally based philosophical mode of reflection is the appropriate set of premises to use for his "model of public reasoning and justification" or "justification to others," if one is thinking about "how to help a ...secularly-based public institution...[in a] liberal, democratic, pluralistic society" (Childress 1999)."⁸

The problem with Beauchamp and Childress' approach is not their aim to construct a shared moral ground to which arguing parties can appeal. Aside from the insistence on the universal nature of the four principles proposed, a morally serious problem with their approach is that they themselves are the ones postulating the principles and norms said to be 'universal' rather than allowing a variety of people coming from distinct moral traditions to voice their perspectives, share their points of view, and actually come into agreement on a shared set of mutually justified precepts.⁹ All too often common morality approaches to bioethics, such as Beauchamp and Childress', demand assimilation to the principles they claim are "common" yet, which do not sufficiently draw upon, or seek input from, the panoply of distinct moral traditions that guide people's modes of moral reasoning. We cannot expect any sort of consensus on a set of policies or guidelines if the members of the society who will necessarily be affected by the norms guiding such proposals have not been involved in the processes of deliberation and discourse themselves.

⁷ The allure of principlism has been that it offers a simple and ready-made moral code that can be easily taught, especially in medical schools and other clinical contexts, and that it provides a standardized framework in which the non-ethicist can begin to deliberate about the moral conundrums and ethical dilemmas that arise in a clinical setting. Despite its simplistic approach to moral theory and its hostility toward pluralism, Beauchamp has continued to argue for its merits both in terms of "moral seriousness" and theoretical rigor rather than its practical usefulness in particular clinical contexts.

⁸ Messikomer, Carla M., Renee C. Fox, and Judith P. Swazey. "The presence and influence of religion in American bioethics." *Perspectives in Biology and Medicine* 44, no. 4 (2001): 485-508, 502.

⁹ Tom Beauchamp and James Childress. *Principles of Biomedical Ethics*, 7th edition. (New York, NY: Oxford University Press, 2012).

More recently, in a special report on National Bioethics Commissions of the United States published by the Hastings Center, Childress contributed an essay in which he reflects on his time spent as a commissioner for the National Bioethics Advisory Commission (NBAC), which convened from 1996 to 2001. A unique feature of this commission, when compared to all the others ever convened by a U.S. president, was the NBAC's attempt to take a variety of explicitly religious perspectives into consideration in some of their deliberations; an issue that Childress addresses in a section of his essay. Childress explains the NBAC's rationale for inviting religious ethicists to share their perspectives was, amongst other reasons, because they believed that "all voices should be welcome to the conversation."¹⁰ Again, while herein Childress acknowledges the value of religious pluralism, despite the NBAC's attempts to incorporate religious perspectives into its deliberations on the issues of stem cell research and cloning, however, the representatives of the religions were not exactly invited as interlocutors in the conversation as Childress suggests.¹¹ Rather than being 'welcomed to a conversation' the representatives of the religious faiths were called upon to provide *testimony* regarding the stance of their respective traditions on these issues at hearings. This testimonial format did not invite the representatives of these faith groups to join their discussions as contributors to the dialogue and equal partners in the conversation itself. Instead, it situated the commissioners as investigators rather than co-participants in a dialogue. In my view this directly hindered the ability of the NBAC "to determine whether 'various religious traditions, despite their distinctive sources of authority and argumentation, reach similar conclusions...'"¹²

During these hearings, the Commission sought to *inform itself about such perspectives* rather than attempting to *actually engage such perspectives*.¹³ The Commission itself aspired to find a convergence of views amongst these various religious perspectives, yet did so without having the representatives of those perspectives fully engaged as participants in the dialogue. If the representatives of the various religions joined the commission as

¹⁰ James Childress. 2017. "Reflections on the National Bioethics Advisory Commission and Models of Public Bioethics," *Goals and Practice of Public Bioethics: Reflections on National Bioethics Commissions*, special report, Hastings Center Report 47, no. 3 (2017): S20-S23, S21.

¹¹ National Bioethics Advisory Commission (NBAC). *Cloning Human Beings*, Report to the President of the United States of America, (Rockland, MD: National Bioethics Advisory Commission 1997). See also National Bioethics Advisory Commission (NBAC). 1999. *Ethical Issues in Human Stem Cell Research*, Report to the President of the United States of America, (Rockland, MD: National Bioethics Advisory Commission 1999).

¹² Childress, James. 2017. "Reflections on the National Bioethics Advisory Commission and Models of Public Bioethics," *Goals and Practice of Public Bioethics: Reflections on National Bioethics Commissions*, special report, Hastings Center Report 47, no. 3 (2017): S20-S23: S21.

¹³ National Bioethics Advisory Commission (NBAC). *Ethical Issues in Human Stem Cell Research*, Report to the President of the United States of America, (Rockland, MD: National Bioethics Advisory Commission 1999).

interlocutors, they all would have been able to genuinely converse with one another and therefore would be able to clarify misconceptions and would be better equipped to determine where a particular concept espoused by another was either akin to, or compatible with, a concept present in one's own paradigm of thought. This would have been a far more fruitful way to engage religious perspectives on bioethical issues. Without a full-fledged interfaith, intercultural and interdisciplinary dialogue, consensus is extremely difficult to achieve because dialogue encourages mutual recognition of the similarities and differences and actual conversations regarding the compatibility and incompatibility of their respective beliefs, values and ways of understanding bioethical issues.

Conversely, in a testimonial and informative context, like that which occurred in the NBAC, the analysis and examination is highly superficial insofar it is only the "expert" commissioners who attempted to detect and compare the religious points of view. In its attempt to discover similarities amongst the religious positions, all that the commission had to work with was freestanding ideas abstracted from each tradition, which it then attempted to compare rather than set up a context in which the commissioners could simultaneously witness the interaction of these worldviews as well as be part of that conversation themselves. This is a major disadvantage when one is trying to find a convergence of perspectives. The representatives of the religious traditions may have been able to interpret each other's perspectives in such a manner as to illuminate modes of compatibility between their respective concepts and modes of reasoning, which may otherwise have been overlooked by the commissioners. Having several perspectives present in the comparative process is as important as having many perspectives present their views on a given topic. *Distinct interpretive lenses may not only be a cause of disagreement but may be able to provide new insights as to where commonalities exist and where conceptual bridges may be formed.* Different interpreters may perceive different conceptual links amongst the various perspectives and hence, may increase the chances of arriving at consensus.

We cannot expect consensus to be achieved after a body of impartial observers examines the brief testimonies of a few individuals over a relatively short period of time. A genuine dialogue amongst people holding a diversity of perspectives is crucial for the process of forging an authentic consensus. It is not a surprise then that not much progress was made in achieving their goal of finding a convergence of perspectives. If the aim is consensus or "conceptual convergence," which indeed it was in the case of the NBAC, then an on-going process of dialogue in which no single mode of reasoning is given authority or privilege must be initiated. Otherwise, all we are presented with is a failed attempt at coming to terms with pluralism that is unable to produce substantive resolutions to the problems raised by religious, cultural and moral diversity in bioethical inquiry.

But why, one might ask, dwell on a commission that met over twenty years ago? Because, despite all its flaws, this was the last time that religious voices were invited, either to testify or to join the discussion a public bioethics forum in the United States. While this speaks to the highly secularized vision of American society that was still operative in mainstream bioethics circles at the turn of the millennium, not much has changed since then. In 2012, Timothy Murphy called for the implementation of an explicitly “irreligious bioethics” in the *American Journal of Bioethics*¹⁴ claiming that, “[i]rreligion treats all religions with a hermeneutic of suspicion”¹⁵ and, arguing that “irreligion has value for the field [of bioethics] by contrasting theological views with a philosophy of immanence, namely a repudiation of any alleged transcendent reality....”¹⁶ With his position that bioethics ought to repudiate theological or transcendental points of view, it is no surprise that Murphy argues against allowing religious faith claims into the arena of bioethical discourse as equal interlocutors, stating that “a secular analysis of healthcare...usually brackets religions from the analysis rather than challenge them directly.”¹⁷ Rather than seek engagement amongst secular and religious perspectives alike, Murphy’s position is even more exclusionary than prior positions and, with a growing number of supporters, demonstrates the persistence of anti-religious sentiments within mainstream bioethics.¹⁸ Even when they are not as overtly hostile towards religion as Murphy, many bioethicists are still defending a staunchly Rawlsian conception of excluding religion from public bioethics, with Leonard Fleck writing,

Can religious arguments provide a reasonable, justified basis for restrictive (coercive) public policies regarding numerous ethically and politically controversial medical interventions, such as research with human embryos, pre-implantation genetic diagnosis, or using artificial wombs? With Rawls, we answer negatively. Liberally reasonable policies must address these controversial technologies on the basis of public reasons accessible to all, even if not fully agreeable by all.¹⁹

In agreement with Fox and Swazey, I would argue that,

[This] penchant for [secular] universalism is rooted in the overarching conceptual framework within which American bioethics has developed. Its regnant paradigm was brought into the field and made prominent within it

¹⁴ Timothy Murphy, “In defense of irreligious bioethics,” *The American journal of bioethics* (AJOB) 12 no. 12 (2012): 3-10.

¹⁵ *Ibid.*, 7.

¹⁶ *Ibid.*, 12.

¹⁷ *Ibid.*, 9.

¹⁸ Boaz Goss and Jeffrey Bishop, “Secular Dreams and Myths of Irreligion: On the Political Control of Religion in Public Bioethics,” *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, Volume 46, Issue 2, April 2021, Pages 219–237.

¹⁹ Leonard Fleck, *Bioethics, Public Reason, and Religion: The Liberalism Problem*. (Cambridge, UK: Cambridge University Press, 2022), synopsis.

by philosophers...[most of whom] were trained in the Anglo-American tradition of analytic philosophy...with its emphasis on ...utilitarian, neo-Kantian, and contractarian outlooks.²⁰

The widespread popularity of principlism, Rawlsianism and other secular universalist approaches to bioethics, with their hostile attitudes toward non-analytic modes of moral reasoning, be they religious or otherwise, has led not only to the exclusion of those employing religious language, though not always those with a religious agenda, but also of those whose religious belief systems and correlative systems of morality do not conform to the widely accepted modes of reasoning present within the mainstream currents of the field of bioethics, which for the most part have upheld a highly secularized vision of society, a highly rationalistic understanding of ethical discourse, and a highly individualistic understanding of both political liberalism and of human wellbeing. This is where the sociopolitical context in which bioethics was born has had a major impact on the development of the field and the ways in which public bioethical deliberations continue to take place.

In *Bioethics in a Liberal Society: the Political Framework of Bioethics*, Thomas May has noted that,

[B]oth the cultural history and political institutions of the United States are decidedly focused on liberal individualism. The liberal political framework is vital and nonnegotiable, as a starting point in our discussion of bioethics decision making....This context governs our social relations....In short, the role that moral beliefs play in bioethics will be limited, in a social context, by the political rights of individuals.²¹

May argued that autonomy and the positive liberty of individuals play a crucial role in bioethical decision-making insofar as personal autonomy and positive liberty are foundational ideas in the socio-political context in which bioethics emerged and continues to function. He rightfully cites the work of Rawls²² and Mill as emblematic of the type of political liberalism governing society and subsequently, which creates the political framework in which bioethical deliberations occur. Consequently, whatever the conclusions of our bioethical deliberations might be, they will always be constrained by the limits that this political framework places on social behavior. The ability to pursue a vision of the good and to act on one's moral convictions in bioethical contexts is largely dependent upon that which is deemed permissible in our sociopolitical circumstances. I would argue that a major part of the problem is that even liberal political thinkers who defend freedom

²⁰ Fox, Renée C., and Judith P. Swazey. *Observing bioethics*. (New York, NY: Oxford University Press, 2008), 158.

²¹ Thomas May. *Bioethics in a liberal society: The political framework of bioethics decision making*. (John Hopkins University Press 2003), 4.

²² John Rawls, *Political Liberalism*. (New York, NY: Columbia University Press, 2005).

of conscience in liberal democracies often neglect the nuances and complexity of communal identities in their advocacy of individual freedoms (i.e. Martha Nussbaum²³) and those who defend multicultural minority rights often advocate individual autonomy at the expense of collective religious concerns despite their interest in respecting diverse cultural groups (i.e. Will Kymlicka²⁴).

Additionally, as evidenced by the various aforementioned comments, many liberal democratic thinkers tend to view the use of religious language and the expression of religiously based claims in the public sphere as inappropriate, if not unwarranted and something which ought to be prohibited (i.e. John Rawls, Richard Rorty, James Childress, Leonard Fleck). While no moral perspective, religious or otherwise, ought to be propounded dogmatically – in that doing so undermines mutually respectful processes of democratic deliberation – I would argue that we risk dogmatism not by allowing religious voices to be expressed in the public arena but rather by structuring the discourse as a debate rather than as a conversation. A strong foundation of consensus is built from mutual learning and mutual deliberation not from tirades and argumentation.

Moreover, too many bioethicists, such as Timothy Murphy, have misunderstood the very phenomenon of secularity itself as maintaining some sort of objective neutrality that somehow precludes religious reasons from being expressed within the public domain. The political philosopher Charles Taylor has claimed that we can understand secularism in one of three ways.²⁵ The first entails conceptualizing secularism as the effectively emptying the public sphere of all religiosities and or references to religious conceptions of reality. The second is one in which secularism is thought to refer to the phenomenon that religious beliefs no longer influence people's behavior or guide their ways of life. And the third entails the prevailing presumption of disbelief in public society so that it is presumed that most people no longer hold religious beliefs that would come to bear upon their ethico-political deliberations. Since the secularization thesis of the 1970's, which predicted the international decline of religion and religiosity in the public sphere, has proven to be false, we would be mistaken to either presume disbelief or to assume that religion no longer guides people's ways of life and moral concerns.²⁶

Hence, when contemplating what it means to live in a such a post-secular world we might wish to conceive of notions such as "liberal neutrality," and

²³ Martha Nussbaum. *Liberty of conscience: in defense of America's tradition of religious equality*. (New York, NY: Basic Books, 2008).

²⁴ Will Kymlicka. *Multicultural citizenship: A liberal theory of minority rights*. (New York, NY: Oxford University Press 1995).

²⁵ Charles Taylor. *A secular age*. (Cambridge, MA: Harvard University Press, 2007).

²⁶ Rodney Stark, "Secularization: R.I. P.," *Sociology of Religion*, 60 no. 3 (1999): 249-273.

"separation of church and state," not in terms of maintaining some unachievable degree of value-free objectivity in our public deliberations but rather in terms of maintaining State-based and public non-preferentiality towards different religious and cultural perspectives when enacting laws and policies. In this way a variety of diverse religious and non-religious modes of reasoning may be granted access to the public forum and can enter our public-oriented bioethical discussions without violating the tenants of liberalism. To do so, however, we would be remiss if we simply allowed any such public forum to become an entire free for all and did not also attempt to provide guidance to the interlocutors involved. This is where a method of discourse specifically designed for coping with interfaith and intercultural dialogue in public bioethics is required.

*Pragmatic Perspectivism:
A Method for Coping with Religious Pluralism in Public Bioethics*

Pragmatic perspectivism is what I have been calling the method I have been developing over the past two decades. This method of discourse consists of a three-tiered process of consensus-building. During the first stage, interlocutors will be seeking agreements on mutually justifiable sets of revisable norms and precepts. During the second stage, interlocutors will be asked to recognize that they will necessarily encounter disagreements over what they consider to be the 'proper' interpretations or applications of the norms and precepts that have just agreed upon. During this second stage of consensus-building interlocutors will be seeking to set guidelines of *hermeneutical diversity*, which would supplement any norm, precept or policy. This stage of the discursive process is crucial because it attempts to arrive at an agreed upon set of distinct yet acceptable interpretations and to explore interpretive limits in a way in which all interlocutors are expected to search for ways of accepting pluralism and hermeneutic diversity that are indigenous to their own moral traditions. This way, no one is being forced to accept pluralism and the precepts themselves still retain a certain degree of normativity yet, would each be flexible enough to allow for multiple modes of employing it from the outset. The benefit of implementing a supplementary *policy of hermeneutical diversity*, or *interpretive pluralism clause*, so to speak, is that it may work toward ameliorating future conflicts and disagreements over the appropriate interpretation of principles, and policies, and the inevitable debates that occur over the specification of norms.

Finally, interlocutors would enter the third stage of this consensus-building process when differences are so great as to become irreconcilable and when perspectives have become evidently incommensurable. Within this third and final stage, interlocutors are requested to discover the parameters of permissibility, or in other words the ethical limits to what they may find tolerable within a diverse society. The reason why this last stage is imperative

is because, to support an idea or practice is to accept its validity, accept its goodness, or to accept and endorse it as being morally correct whereas giving permission need not entail the belief that the act being performed is in and of itself good or morally praiseworthy in any way. If understood as part of a practice of tolerance, invoking the notion of permission enables interlocutors to actively support particular values and endorse particular practices without having to impose their values on either the other interlocutors involved or consequently, the members of the various religio-cultural communities and associations that are constitutive of the larger society.

Stage 1: Mutual Justification of Shared Norms

It is of utmost importance to note that interlocutors will not be seeking agreement on universal moral truths, nor will they be requested to enter into contractual agreements that may potentially require them to compromise their core beliefs, nor will they be requested to appeal to a shared mode of moral reasoning. This is because this method aims to discover moral propositions that are justified by people employing distinct modes of moral reasoning with the aim of discovering ethical guidelines that do not necessarily require the adoption of deeper ontological or metaphysical commitments. In this sense, consensus is being construed as a dynamic process in which agreements that do arise are taken to be tentative or provisional rather than as indications of absolute or universal truths.²⁷ Unlike other theories of discourse ethics, *pragmatic perspectivism* argues that mutual justification must be conceptualized in terms of being able to discover moral norms that all parties may agree to yet, possibly for very different reasons. The focus should be on the fact that our group of interlocutors, regardless of how varied the perspectives of its members, justifies a given policy rather than focusing on holding shared reasons for a given norm. Hence, the legitimacy of a policy will indeed rest upon mutual justification however, this does not necessarily imply that mutual justification entails shared modes of justifying the ethical norm or policy that the group agrees is legitimate.

Consequently, each stage of discourse, including this first stage, must involve a continual in-depth exchange of ideas amongst the interlocutors involved. Therefore, we must also come to realize that the belief and value systems, which are constitutive of our perspectives, possess a structure and a hierarchy that will necessarily be compared as we discursively attempt to understand one another's perspectives and points of view. Before we begin to compare different perspectives however, we must be certain that they are the

²⁷ Although, pragmatic perspectivism does not deny that some interlocutors might view these concurrences as "moral truths" it does not require that we view them as such for the purposes of establishing public bioethical guidelines or policies. Rather, any points of agreement can be seen as revisable pursuant to further developments in the discourse itself.

same kinds of perspectives; that is to say, that they are distinct points of view on the same sorts of things. In those interlocutors coming from diverse religious, cultural and philosophical moral traditions often employ different moral vocabularies to express their ethical perspectives we must be certain that we are discussing the same topics before we proceed to critically compare them. As the philosopher Donald Davidson notes,

Before conscious comparison is possible, our own standards of consistency and view of the general character of the world have entered essentially into the process of determining what others think. A meaningful comparison depends on first having placed both minds in nearly enough the same realm of reason and the same material realm.²⁸

We must ensure that all participants in the conversation are not only talking about ethics and morality but also that, to some degree, we understand the other's moral vocabulary so that we are sure we are discussing the same types of moral topics. Hence, while a more critical component should not be absent from an ethical conversation, within this first stage of dialogue, the interlocutors must work to ensure a mutual comprehension of each other's respective moral languages. Without either a willingness to learn one another's moral languages or the presence of a moral translator fluent in the multiple moral languages being spoken in the discussion, everyone may very well continue to speak past one another thereby perpetuating a clash of moralities rather than cultivating a meeting of minds.

Furthermore, we must also not confuse the act of finding enough common ground — in terms of ensuring that we are discussing similar themes and issues and speaking within a common frame of reference — necessary for comparison and translation with the process of discovering shared moral truths or the act of forging agreement on such truths. If we fail to differentiate between understanding one another's views and agreement on truths we dash any hopes we might have had for achieving a feasible consensus. This is because when shared moral truths are the aim of our conversation an interlocutor will be prone to skepticism at the first sight of a concept, claim or idea that is, at least *prima facie*, incompatible with, or contrary to, her own beliefs and values. Moreover, positing agreement on moral truths as the primary purpose of discourse stifles understanding by hindering an interlocutor's receptivity to the points of view and modes of reasoning of others. Remaining focused upon the truthfulness of another interlocutor's assertions and viewing oneself as being involved in an intentional attempt to produce deep moral agreement breeds mistrust of others by lending itself to proselytism. In such a scenario interlocutors will be more prone to convincing others of the truthfulness of their claims rather than attempting to use their words in such a way as to best convey their own perspectives to one another

²⁸ Donald Davidson. *Problems of Rationality*. (New York, NY: Oxford University Press 2004), 70-71.

and facilitate mutual understanding amongst the group. Additionally, if interlocutors are suspicious that others are attempting to convert them, they will be far less likely to trust that the others are attempting to understand their perspectives and take them into consideration when contemplating any mutually binding guidelines that might be enacted as a result of the discourse. Overemphasizing the discovery of commonly held moral truths undermines the entire process of cultivating mutual understanding and thwarts the viability of ongoing pragmatic consensus and hence, has no place in this discursive method.

Stage 2: Coping with Hermeneutical Diversity

We move to stage two once a set of ethical norms has been mutually justified by our group of interlocutors yet, when there still exists disagreement regarding the importance of, or application of, each norm or precept; each norm could be interpreted in radically different ways by different religious traditions. Firstly, given the nature of the *pragmatic perspectivist method*, there is an attempt to respect such interpretive differences from the outset in that no one is required to alter or amend their religious paradigm, religious vernacular or modes of moral reasoning. By allowing and encouraging distinct perspectives to justify similar concepts in their own unique ways, *pragmatic perspectivism* acknowledges that there will be hermeneutical differences from the outset yet does not see this as a threat to the possibility of consensus, as it is envisioned in this method. The key here is that any *similarity and compatibility* of concepts must *not be conflated with identity*, and *consensus must not be conflated with unanimity*.

Secondly, if we incorporate the notion of *indigenous pluralism* into our dialogical process itself, we may be able to allow for a degree of interpretive differences and still work toward an overall consensus regarding particular issues. *Indigenous Pluralism* is an idea developed by the theologian David Hollenbach in his work on conflict resolution in the Middle East and which maintains that religious traditions must look within their own paradigms of thought for autochthonous ways of respecting the interpretive differences of other traditions.²⁹ Hollenbach says, “each community must find a basis for respecting the distinctiveness of the other communities within the structure of its own belief. The task then is not the homogenization of the religious faiths but of their development in a new direction.”³⁰ This later suggestion forms the crux of “indigenous pluralism.” It is meant to serve as a means of respecting other traditions while simultaneously retaining the particularities of one’s own faith in one’s endeavors to uphold shared norms and create the foundation of a common ethical framework. Applying, Hollenbach’s notion of “indigenous pluralism” to such a scenario would entail encouraging

²⁹ David Hollenbach. *Justice, peace and human rights: American catholic social ethics in a pluralistic world* (New York, USA: Crossroad Press 1998).

³⁰ *Ibid.*, 122.

different traditions to respect pluralism from within the boundaries of their own paradigms of thought by requesting that they search for ways of accepting these interpretive differences amongst distinct groups when dealing with the guiding norms of bioethics.

However, it is crucial to note that, moral and hermeneutical differences are not only present after the creation of an agreement upon a given set of principles but are present from the outset of any endeavor that attempts to formulate and implement new norms or policies. It is not as if these different value systems and interpretive schemas magically appear after shared norms are created. Hermeneutical diversity may indeed be an obstacle for the smooth and uniform application of shared norms and guidelines however it is hardly an unforeseen phenomenon at the outset. Implementing Hollenbach's notion from the outset and during a consensus forming process, as opposed to after norms and guidelines are established, would seem to provide more of a guarantee that mutual respect will be maintained. We can do so by requesting that the various traditions' present in the dialogue look for indigenous concepts of respecting pluralism itself, at least in regard to a particular issue and given certain agreed upon limitations.

This guideline of hermeneutical diversity would serve as a supplement to a given norm, say for instance a norm of autonomy or beneficence, and would allow for an agreed upon range of varying interpretations of said norm within any policy seeking to advance said norm. *Thus, we may be able to move toward the establishment of subsidiary norms, policies, or clauses which would allow for such hermeneutical differences from within the structure of the agreed upon guidelines.* In this way we could include something like an *interpretive pluralism clause* in any policies that would also specify the range of agreed upon interpretations of the core norm or precept under discussion. In this way, a degree of interpretive difference could be allowed and supported by the various perspectives and may be justified not by a foreign mode of reasoning but from within the parameters of each interlocutor's own epistemic context. Therefore, the principle itself would still warrant a certain degree of respect and would retain a certain authoritative quality, yet it would be flexible enough to allow for multiple modes of employing it from the outset. This suggestion makes the guidelines we seek to establish more concrete than if we were to avoid defining our norms all together – merely postulating a number of vague concepts that could potentially have an unlimited number of interpretations – yet retains a degree of flexibility which is absent from formal definitions. The benefit of implementing *interpretive pluralism clauses* is that they may work toward preventing future conflicts and disagreements that arise when principles, precepts or norms are interpreted differently.³¹

³¹ Precisely how the implementation of a policy of hermeneutic diversity and the incorporation of indigenous pluralism would look in practice will be demonstrated and discussed in further detail in the sub-chapter that deals with conscience clauses in debates surrounding uniform determinations of death.

Stage 3: The Parameters of Permissibility

Now, we turn to stage three. At this point our interlocutors will have exhausted the extent to which they can accept different interpretations of mutually agreed upon precepts and will have arrived at a point in which ethical consensus on that which is considered good is no longer possible. This would be a situation in which the ethical perspectives and epistemic contexts, of what the late bioethicist Tristram Engelhardt called “moral strangers,” collide.³² Hence, striving for agreements on what will be considered socially impermissible rather than morally virtuous will have to suffice in order to achieve peaceability and uphold religious liberty in our religiously and culturally pluralistic circumstances.

Take the issue of abortion for example, often pro-choice and pro-life advocates often speak past one another, insofar as the reasons they assert for the norms and policies they support are founded upon entirely distinct sets of values, that even if commensurable in a particular interpretive schema, often clash as a result of incommensurable interpretations of those values. For instance, a pro-choice supporter might espouse the values of autonomy and equality, implementing them as the basis for her argument that abortion is ethically permissible and ought to be legal insofar as women have the right to choose what happens to their own bodies. Such modes of reasoning will claim that autonomous agents have the capacity for self-determination and must be ensured the ability to exercise it in social and clinical contexts. Here, the self in question is a competent adult human person and the values being espoused are socio-political and ethico-political in nature.

A pro-life advocate, on the other hand, might very well hold no objection to the values of autonomy and equality per se however, will often not interpret these values in such a manner that leads her to believe in the ethicality of abortion. The values that our pro-life advocate might implement in her mode of reasoning on this issue could be the sanctity of life and human dignity, which will often be inseparable from her ontological belief that human personhood begins at conception. Here, the concept of self at play, while still holding broader social implications, is bound to a deep onto-metaphysical belief regarding the nature of personhood and the dignity of non-rational forms of human life. If it is believed that an embryo bears personhood and that all persons have an inherent dignity, which would be violated if that life were to be terminated, then regardless of this interlocutor's position regarding an adult agent's autonomy and equality in socio-political situations, she will most likely maintain that no human ought to be allowed

³² Tristram Engelhardt. *The Foundations of Christian Bioethics*. (Exton, PA: Swets & Zeitlinger Publishers, 2000).

to terminate the life of, thereby violating the innate dignity of, another human life.

This is not to say however, that our pro-choice interlocutor does not necessarily hold a deeper ontology — as is often the case, she might very well believe that human personhood arises at a later stage of gestation and hence, does not consider the embryo a full-fledged human person bearing the same degree of dignity or worthy of the same degree of respect as others. Thus, any attempt to resolve the matter by delving deeper into each interlocutor's respective comprehensive doctrine will not resolve the issue; *though it can enable a deeper mutual understanding of the perspectives in question and the nature of the debate and hence, is still an important part of the discourse.*

The greatest problem we face in such a case is not the disagreement regarding abortion per se, but rather the fact that our interlocutors not only employ different values as the basis for their modes of reasoning on the issue but also hold different value-hierarchies, distinct onto-metaphysical schemas and appeal to different sources of moral authority. There can be no deep moral agreement in this situation because of the divergent modes of moral inquiry being implemented by our interlocutors. Engelhardt, for instance, would have eschewed my prior calls for consensus claiming that in these all too familiar irresolvable moral debates we have two “moral strangers” locked in conflict as a result of their incompatible moral languages, values and modes of reasoning. His solution is to abandon our quest for consensus altogether and enact a *modus vivendi* approach to coping with controversial bioethical issues founded upon a principle of permission.³³

I certainly agree that once we have arrived at a point in the conversation in which our prospects for consensus seem bleak, requiring tolerance as a minimum standard would appear to be the prudent move. However, despite the existence of staunch moral conflicts and the impossibility of discovering consensus we do not necessarily need to adopt Engelhardt's grim picture of a struggle between “moral friends” and “moral strangers” in order to incorporate the ideas of toleration and permission into our conceptual framework. Rather than propose a notion of toleration based upon self-interest and or indifference, as is often the case in *modus vivendi* thinking, and rather than ground our notion of permission solely on individualistic conceptions of consent and personal autonomy, *pragmatic perspectivism* suggests an interpersonal and more nuanced basis for enacting policies of toleration and for incorporating the notion of permissibility into our conceptual framework. Furthermore, unlike *modus vivendi* theorists, the pragmatic perspectivist only turns to *tolerance as a last resort*, after sustained efforts have been made toward discovering commonalities, points of agreement, compatible concepts and a convergence of values.

³³ Tristram Engelhardt. *The Foundations of Christian Bioethics*. (Exton, PA: Swets & Zeitlinger Publishers, 2000).

Writing on human rights, bioethics, and multiculturalism, the bioethicist, David Thomasma had once called for tolerance to serve as the basis upon which “a solid intercultural foundation for bioethics” can be established.³⁴ He claimed that the “virtue of our times must be that of toleration, combining within it both a deep commitment to our own values and an appreciation, even celebration, of the values of others...”³⁵ I agree that a robust form of tolerance is indeed necessary if genuine cultural and religious pluralism is to be maintained in a peaceable manner and that the practice of toleration must serve as the minimum standard by which engage one another in a religiously diverse discussion on bioethical issues. However, we must be cautious about the ways in which the notion of “tolerance” will figure into our conceptual framework. For instance, contrary to Thomasma’s proposal that *tolerance* is a “virtue,” the moral philosopher Bernard Williams has cautioned against thinking that toleration must be conceived of as a virtue claiming that, “we should be careful about making the assumption that what underlies a practice of toleration must be a virtue of toleration. All toleration involves serious difficulties, but it is the virtue that most drastically threatens to involve conceptual impossibility.”³⁶

Ultimately, no single virtue or value ought to be postulated as being foundational or overarching so what we require is a formulation of toleration that is neither a supreme virtue in and of itself. Given the fact that we only make an appeal to toleration when faced with deep incommensurability amongst persons it is extremely important that our notion of toleration not be founded upon an underlying value, which is presumed to be shared from the outset, and that it is not exalted as a virtue or principle in and of itself. I believe that we ought to conceive of *toleration as a practice* that all can participate in rather than a virtue or value to be adopted as to avoid the all too familiar problems that arise when values conflict and conceptions of virtue come into competition. As a practice, toleration will entail active interpersonal engagement and will not be divorced from our more general promotion of recognition and mutual understanding in an attempt to avoid fostering a detached indifference amongst diverse groups.

While we can agree with Thomasma that an appreciation of and recognition of the values held by others is necessary if a peaceable pluralism is to be upheld, we should be wary of the language of “celebration” for several reasons. To celebrate moral diversity puts us on a slippery slope toward relativism, which is something that we have been trying to avoid by emphasizing the fact that multiculturalism be a strictly political rather than

³⁴ David Thomasma, “Evolving Bioethics and International Human Rights: Autonomy and Human Rights in Health Care.” *International Library Of Ethics, Law, and the New Medicine*, vol 36. (2008), 17.

³⁵ *Ibid.*, 18.

³⁶ Bernard Williams, “Tolerating the intolerable” in *The Politics of Toleration: Tolerance and Intolerance in Modern Life*, (Edinburgh, UK: Edinburgh University Press, 1999), 66.

comprehensively moral ideal. Moreover, celebration implies either such a deep level of agreement that the parties involved will rejoice in their discovery of shared values or, such a deep appreciation of differences that value incommensurability becomes a joyous occasion. On the contrary, toleration requires that one find a way to permit a belief, practice or act that s/he dislikes, disagrees with, or even finds repugnant in some way. On a very pragmatic level toleration entails coming to terms with differences and coping with pluralism. As George Carey, the 103rd Archbishop of Canterbury once stated, "we cannot both 'like' and 'tolerate' something at the same time. The terms are mutually exclusive."³⁷ To concur, tolerating and celebrating are mutually exclusive practices. While a celebration of differences might be a wonderful cosmopolitan ideal that is often invoked it is highly impractical to hope for or request that such a deep acceptance of each other's values is needed for a peaceful coexistence in society and fruitful deliberations in public bioethics to take place.

What is required is a notion of toleration that attempts to avoid the sterility and reliance on self-interest of highly individualistic notions of toleration by offering an interpersonal, rather than selfish, motivation for accepting toleration as something that is desirable. Carey aptly describes genuine religious toleration as that moment when someone holds her own beliefs so strongly that to part with them is equivalent to the death of one's identity yet, simultaneously recognizes how integral the other's beliefs, practices, community, and values are to that person's identity, way of life, and mode of being that s/he tolerates what s/he perceives to be false beliefs out of a respect for the other. Writing on the dynamics of tolerance he demonstrates how toleration needn't be thought of in terms of acceptance of another's views in order for it to be a deep-seated expression of a desire for truly peaceable encounters that go beyond a merely procedural account of what toleration require. Carey writes,

Genuine religious toleration is achieved when people hold their religion as so important, so absolute, that to part from it is to die, and yet at the same time realize from their absolute center of being that another person's values and beliefs are just as important and just as real.³⁸

To tolerate, one must recognize how integral the other's beliefs, practices, and community are to that person's existence. We can agree with the political philosopher Charles Taylor that what "we are looking at here is that we all *recognize* the...value of different cultures; that we not only let them survive, but acknowledge their *worth*."³⁹ Where Thomasma is correct is that an

³⁷ George Carey. "Tolerating religion" in *The Politics of Toleration: Tolerance and Intolerance in Modern Life*, (Edinburgh, UK: Edinburgh University Press, 1999), 45.

³⁸ George Carey, "Tolerating religion" in *The Politics of Toleration: Tolerance and Intolerance in Modern Life*, (Edinburgh, UK: Edinburgh University Press, 1999), 52.

³⁹ Charles Taylor, "The Politics of Recognition," in *Multiculturalism*, ed. Amy Gutmann (Princeton, NJ: Princeton University Press, 1994), 64.

appreciation of another's beliefs and value system is indeed going to be necessary for peaceful co-existence. What we can do is insist that an integral feature of endorsing the practice of genuine toleration is acknowledging the worth of the other's beliefs and the importance they bear on his/her life. Even if one cannot agree with or accept the truthfulness of another's perspective and has failed in attempts to find points of convergence or compatibility amongst the two sets of beliefs, the practice of genuine toleration requires that the ways in which another values his/her perspective is appreciated and accommodated.

Hence, toleration is not necessarily contingent upon an acceptance of the validity of another's beliefs nor need it be conceived of in terms of either indifference or celebration of difference but rather has as its basis an empathetic stance towards the importance and value the other places on such beliefs in the overall framework of his/her life and conception of self. Therefore, toleration can be construed as respecting the other as s/he is rather than as s/he should be and despite staunch disagreement can entail a mutual respect that is unhindered by assimilation or the homogenization of religious, cultural or moral paradigms. Without postulating a comprehensive moral theory or robust theory of value, this view of toleration appeals to a common feature of human existence and emotional experience and goes beyond simple reliance on mutual benefit for endorsing tolerance. It enables the realization of a means of endorsing toleration that is based upon neither predetermined ethical or political values nor upon notions of celebration, indifference or self-interest. By conceptualizing the practice of a genuine toleration in this way it is unnecessary to conceive of it as an overarching virtue and hence, can make it more amenable to promoting interreligious, intercultural, and interspectival moral discourse when irreconcilable perspectives clash.

Conclusion

Having paid special attention to religious pluralism, the issues of the secularization of bioethics as well as that of adequately confronting moral diversity within bioethics have been the main topics of our discussion. After having critiqued the role of liberal individualism and universalistic principles within contemporary bioethics, we have explored the viability of forging a religiously and morally pluralistic bioethics in which this panoply of distinct voices may not only be heard but also accommodated and ultimately represented within, and incorporated into, the process of forging policies and norms that are to serve as the guidelines of this new field and which are meant to protect the different members of our diverse society.

In our diverse society both individuals and communities must be free to pursue and perpetuate the traditions and practices that will enable the

realization of their respective visions of human flourishing. Consequently, the types of policies we enact and the bioethical norms we adopt must not seek to eliminate moral diversity by enforcing a common comprehensive moral doctrine that will infringe upon the pursuit of diverse life plans but rather seek to establish a minimal set of parameters of permissibility that will enable multiple ways of life to simultaneously be pursued while still setting limits to what we consider tolerable. This is why I have argued for a method of discourse that is able to quest for consensus while simultaneously maintaining a respect for, and making possible the accommodation of, incommensurable moral and ontological differences amongst religious traditions and philosophical systems.