Bioethics: Private choice and common good

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Almost from its start bioethics has been a child of its time, and a child of good fortune at that. In his 1954 book Medicine and Morals, Joseph Fletcher ventured the idea of personal choice as the highest moral value and the struggle against nature as medicine's most liberating mission. That was a bold combination at the time, but it turned out to have been prophetically popular, and by the late 1960s its force was becoming apparent not only in medicine but in the fledgling field of bioethics. Fletcher's grand themes needed only to be complemented by another great theme of the times, justice and equality, to catch fully that era in midflight.

History moved rapidly thereafter. In the Belmont Report of the mid-1970s, in the findings of the President's Commission in the early 1980s, and in the push for health care reform that became the mark of the late 1980s the focus on justice brought a powerful counterforce against a dominance of medicine by the market. By its focus on conciliatory, moderate regulation as the antidote to extremism of the right or left, and in its embrace of the regnant individualism of our day, mainline bioethics found a cultural niche for itself that has been remarkably productive. Its analysis and pronouncements are sought by the media, paid at least a nodding tribute by government and professional bodies, and fostered in hundreds of university courses and workshops.

What more could be asked? A good deal more, I want to suggest. As a field bioethics has displayed two serious deficiencies, exactly the kind that usually afflict golden children: it has failed to pursue with sufficient imagination the idea of the common good, or public interest, on the one hand, and that of personal responsibility, or the moral uses of individual choice, on the other. By its tendency to reduce the problem of the common good to justice, and the individual moral life to the gaining of autonomy, it has left a moral void.

Much more is needed and can be done. If for no other reason than the economic crisis of our health care system, reflection is needed on the common good and individual responsibility. Health care now captures one-seventh of the American economy, with expenditures expected to reach $1 trillion in 1995. Quite apart from the question of its fair distribution, does it serve our common life to spend that much money in the name of health in the first place? And quite apart from the important question of the government's role in providing health care, what is our individual responsibility to attempt to stay healthy so as not to unnecessarily burden our fellow taxpayers?

Above all, bioethics needs to develop the capacity to help individuals make good moral decisions in their own lives and to do so in the context of that most basic of all moral questions: how ought I to live my life? The health of the soul (as they might have put it in an earlier...
The scope and meaning of bioethics is best defined by the overriding questions that open up the field of both theoretical and practical bioethical inquiry rather than by the individual responses given to such questions by the most prominent spokesmen in bioethics. Whereas in the 1970s early bioethicists believed that bioethics is an arena for the application of philosophical theories of utilitarianism, deontology, and natural law thinking, contemporary policy-oriented bioethicists seem rather to be keen on framing ethical issues through political ideologies. Bioethicists today are often labeled “liberal” or “communitarian,” referring to their different understandings of the relationship between the individual and society. Choice alone cannot do that. For its part also, a society that itself lacks a compass, devoted only to fostering a minimalist civic accord, is in no less vulnerable a position. If there is no common picture of what biomedicine can do to foster a good human life -- if the very question of what constitutes such a life has been banished in the name of pluralism -- then that life will be pushed about in ways it is helpless to control, a frail ship that has lost its direction on a stormy, confused sea. The range of questions that a communitarian bioethics would pose could keep the field well and r common good’ (Callahan 1994: 30). The best we can do, in this widely accepted, pluralist view, is to create institutions that serve the common good of having open and transparent procedures, in which more substantive contending notions of interests and benefits can be debated and accommodated. Daniel Callahan, ‘Bioethics: Private Choice and Common Good’ (1994) 24 Hastings Center Report 28. ‘Individual Good and Common Good’ (2003) 46 Perspectives in Biology. and Medicine 496. John H. Evans, ‘Science, Biotechnology and Religion’ in P. Harrison (ed.), Science. Bioethics is the study of the ethical issues emerging from advances in biology and medicine. It is also moral discernment as it relates to medical policy and practice. Bioethics are concerned with the ethical questions that arise in the relationships among life sciences, biotechnology, medicine and medical ethics, politics, law, theology and philosophy. It includes the study of values relating to primary care and other branches of medicine (“the ethics of the ordinary”). Ethics also relates to many Bioethics & the Common Good book. Read reviews from world’s largest community for readers. Cahill. Cahill's essay traces the development of social bioethics over the past three decades and considers a current, significant problem for Catholic bioethics as an ethics of the common good: practicability. She uses the example of the AIDS crisis to show how such a bioethical system is being put into practice. Cahill teaches theology at Boston College and has been a visiting Cahill's essay traces the development of social bioethics over the past three decades and considers a current, significant problem for Catholic bioethics as an ethics of the common good: practicability. She uses the