PROJECT MUSE®

Speaking Truth to Power

Hilde Lindemann

Hastings Center Report, Volume 40, Number 1, January-February 2010,
pp. 44-45 (Review)

Published by The Hastings Center

DOI: <https://doi.org/10.1353/hcr.0.0215>

➔ *For additional information about this article*

<https://muse.jhu.edu/article/370361>

Speaking Truth to Power

by Hilde Lindemann

In his thoughtful and wide-ranging *Future of Bioethics*, Howard Brody sets out a program designed to keep bioethicists busy for at least the next twenty years. Reflecting critically on his own status as a male physician who enjoys a certain degree of social prestige, Brody calls on bioethicists to follow feminist ethics in attending closely to the operation of social power, not only within the practice of medicine, but also within their own work. His call for a self-reflexive, socially critical, and inclusive bioethics is welcome indeed.

Brody first conceived of this book by thinking about an eclectic set of topics that he felt bioethicists had paid scant attention to. The topics had little in common, but as he began writing he realized that it was his treatment of them that pulled them together: continuing a project he started with the publication, in 1992, of *The Healer's Power*, he was trying to do bioethics in a way that sides with the powerless against those who would exploit them. He therefore deliberately excluded topics that, in his view, can be dealt with in the usual way by using the intellectual apparatus that already resides in a bioethicist's toolbox. His book focuses only on those topics that he thinks require new theoretical approaches (or at least considerably refined older ones) designed specifically to help bioethicists examine how social power shapes the way they themselves think and write. In that way he hopes to map out a shift toward the bioethical equivalent of Thomas Kuhn's "revolutionary science" (p. 8).

After introducing his project, Brody's next four chapters—on bioethics' interdisciplinary base, patient-centered care, evidence-based and pay-for-performance medicine, and community dialogue—take up issues he sees as crucial if a power-sensitive bioethics is even to get off the ground. Interdisciplinarity is important because narrative theory, history, religion, and social science can help bioethicists become attuned to power disparities, while community dialogue helps bioethicists assure that those with little power are heard. Patient-centered care and the debates over evidence-based medicine and pay for performance are important because they arise especially within primary care medicine, which Brody sees as the least powerful and prestigious of all the medical specialties.

These topics, he suggests, can be dealt with in the ordinary way, without the use of any special theoretical apparatus, but there are five others that in his view require nonstandard theory as well as closer bioethical scrutiny: cross-cultural concerns, race and health disparities, disabilities, environmental and global issues, and critical assessment of new technologies. Like the topics of the earlier four chapters, these are interesting and thought-provoking. They are also, of necessity, quite sketchy. The book is basically programmatic, a prolegomenon for the future of bioethics, and like any prolegomenon, it exhibits many blank spaces to be filled in later by others who answer the call for a careful examination of how abusive power relations work in bioethics.

Before tackling the topics in those five chapters, Brody pauses to lay out the nonstandard theoretical model he believes is required for dealing with them properly. "The model," he says, "is derived from one form of feminist ethics and addresses an aspect of power disparities that, if not understood, could undermine careful ethical reflection" (p. 104). He notes that the world looks "very different depending on whether one is a member of the (relatively) powerful or the powerless group" (p. 107) and then goes on to claim that when members of the powerless group attempt to confront the more powerful group with their own view of how things are, "they encounter a dismissal that takes the form of bemused puzzlement" (p. 108). Well, possibly. But they might also encounter truncheons, fire hoses, ridicule, contempt, or incomprehension. Sometimes their stories get no uptake at all. (In this passage Brody attributes the phrase "damaged narratives" to me, but that is not what I call these stories of resistance—I call them counterstories. The "damage" here is done to oppressed people's identities, by a dominant group's bigoted and hurtful stories about them.)

Brody then examines the principle of respect for autonomy, explaining that "at one level," feminist criticism was content to invoke it but "to insist upon its wider application" (p. 112). Another sort of feminist criticism "cuts deeper." In *Moral Understandings*, for example, Margaret Urban Walker points out that only a narrow swath of life involves interactions among relative strangers who appeal rationally to rules and principles to resolve moral conflicts. "Within that narrow swath of human life, appeals to the principle of autonomy work just fine. But outside that narrow world of what Walker calls the 'theoretical-juridical model' of ethics, is all of the rest of life. . . . Walker reminds us that a very large swath of life consists of important

The Future of Bioethics. By Howard Brody. Oxford University Press, 2009. 272 pages. Hardcover. \$49.95.

human relationships, in which the pertinent moral tasks are, not to reason from rules and principles, but rather to understand each other and to treat each other responsibly” (p. 112).

Walker, however, does not think that the theoretical-juridical model of morality—a view of morality as a general, systematically unified *knowledge* that, when it is brought to bear on a specific situation, tells the moral agent what to do—“works just fine” for interactions among strangers. On the contrary, she rejects that model entirely, arguing instead for a view of morality as a kind of responsiveness to people and things worthy of care and attention. This morality is a *social medium* in which people employ their shared moral understandings to carry out, contest, or negotiate their responsibilities. She sees morality, then, as something that arises from and goes on between and among people. The task for (bio)ethicists is to see which moral understandings sustain various practices of responsibility, to test whether these understandings are equally intelligible from all social positions, and to try to find out whether the particular way of living they produce is better or worse than other ways we know or can imagine. Her account is feminist because it is designed to capture social features of morality—including unjust distributions of power—that the theoretical-juridical model hides.

The discussions following Brody’s theoretical chapter could have benefited from a more lavish use of the theoretical tools Walker actually puts at his dispos-

al. Most of Brody’s chapter on disability, for example, is devoted to Martha Nussbaum’s corrective to Rawls’s theory of justice, which, by Rawls’s own admission, is inadequate to the problem of fair treatment of people with disabilities. Nussbaum’s own theory of justice revolves around a list of “central human capabilities” that seem to come from nowhere in particular (perhaps pure practical reason requires them?). This list includes the abilities to experience the range of human emotions, to plan one’s life, and to use one’s senses to imagine, think, and reason. It also features opportunities for play and leisure and the right to political participation (p. 163–64). But sensitivity to the vulnerabilities of disabled people isn’t a matter of consulting a cut-and-dried shopping list of capabilities and applying it to individual cases. Nor can the knowledge of how to respond to those vulnerabilities be determined a priori. Does Nussbaum speak for people with disabilities? If so, on what authority? If not, why does Brody listen to her rather than to the people who are the focus of concern in this chapter? What would dwarfs, or the hard of hearing, or bonded caregivers of severely intellectually impaired people make of Nussbaum’s list of capabilities? Here, if anywhere, the slogan “Nothing about us without us” seems clearly applicable, yet Brody has apparently failed to appreciate fully what his call for a self-reflexive bioethics requires of him.

He fares better in the section of the chapter dealing with resource allocation,

where he asks disability activists to “do a cost estimate of what resources might be required to meet the legitimate needs of today’s population of persons with disabilities in the United States.” This at least is a call for dialogue with the people who would actually be affected by such allocations. All the same, I wonder if the focus on health care costs here, in this context, is itself an expression of able-bodied privilege, given that most people with disabilities are no less healthy than anybody else.

Had Brody signed on fully to the variety of feminist ethics that views morality as something we do together, he might have been less sanguine about dividing bioethics into issues that require attention to power and issues that don’t. For if feminist ethicists are right to see morality as essentially social, and to see society as shot through with abusive power arrangements, then all of bioethics needs a thorough conceptual overhaul.

It is, however, terribly difficult to change one’s most deeply entrenched habits of thought—and even more difficult to weed out from one’s attitudes and assumptions the ones that were long ago shaped by disparities in social power. Brody’s book stands as testimony of his valiant efforts to do both. Despite its occasional missteps, this book is on the side of the angels. Should other bioethicists answer its call to speak truth to power, the future of bioethics would be bright indeed.