



Received: 03 August 2015
Accepted: 13 January 2016
Published: 17 February 2016

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SOCIOLOGY | RESEARCH ARTICLE

A sociological analysis of ethical expertise: The case of bioethics

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Abstract: This paper examines the question of ethical expertise and does so in the context of bioethics or, more accurately, applied ethics and the ethical governance of the life sciences. This analysis builds on a perspective set out in a previous paper and develops it further such that it relates to democratic processes. I argue that the academic practice of applied ethics exhibits a particular logic, way of thinking or *eidōs*. Drawing on work in the history of science I present the logic of this practice as underpinned by a particular set of values or *ethos*. This can be contrasted with what Bernstein calls the democratic *ethos* as well as that of everyday moral agents. Using the framework of expertise developed by Collins and Evan's—which differentiates between ubiquitous, contributory, and interactional expertise—I suggest that (bio) ethicists should modulate their expertise depending on the particular nature of the *fora*—academic, public, and policy-making—they are speaking in.

Subjects: Bioethics; Ethics Philosophy; Philosophy; Sociology

Keywords: bioethics; ethical expertise; democracy; *ethos*; *eidōs*; sociology of morality and ethics; sociology of philosophy

1. Introduction

This paper considers the notion of ethical expertise and, while it does so in the context of bioethics—a multi- and inter-disciplinary endeavor—the focus is on the philosophical discipline of applied or practical ethics. It builds upon and extends a previous analysis that had similar concerns but took medical ethics as the context for analysis (Emmerich, 2015a). Therefore, for present purposes, bioethics is considered distinct from medical ethics, and is primarily construed in terms of the ethical problems raised by research in the life sciences. It also encompasses the ethical analysis of the actual, potential, and imagined biotechnological advances that such research might, in the future, produce. In this view, bioethics as a whole is directly linked to the issue of governance and, therefore, committed to

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PUBLIC INTEREST STATEMENT

This paper presents a discussion of ethical expertise as something that can be associated with the academic discipline applied philosophical bioethics and those who practice it. The focus of my analysis is on the relation between such researchers and the way in which the life sciences are, or should be, governed in the contemporary democratic context. I argue for the ethical modulation of such expertise with regard to policy-making processes and with respect to the promotion of broader public debate in an inclusive key.

furthering discussion of bioethical issues beyond its academic borders. As considered here, the question of (bio)ethical expertise is, then, intimately connected to the domain of politics and, at least in the case of societies organized in accordance with its principles, the democratic process.

As this suggests, rather than articulating a philosophical or meta-ethical account of ethical expertise, the below enquiry adopts a more sociopolitical perspective and presents a relational analysis of ethical expertise. My purpose is to move past the ethical expertise of (bio)ethicists considered on its own terms and, instead, focus on the expertise (bio)ethicists necessarily exhibit when they act in relation to (and as part of) the broader social, cultural, and political milieus in which issues of a bioethical nature are examined, considered and engaged. My interest is in theorizing the role (bio)ethicists play in our collective responses to contemporary (bio)ethical concerns. Given my generalized approach, the account on offer remains primarily analytic. As such, rather than offering an empirical account of ethical expertise in action, I proceed on the basis that (bio)ethical expertise is a social, cultural, and, most significantly, political fact of modern life. Given the existence of bioethicists and the role they play in various academic, policy-making, and public forums, this presumption is, I would suggest, justified (Bogner & Menz, 2005; Engelhardt, 2002; Harvey & Salter, 2012; Littoz-Monnet, 2014; Pustovrh & Mali, 2015).¹ The task is then to theorize the expertise of such ethicists in order that we can properly comprehend, examine, and understand the nature of their contribution(s). In so doing, we can consider the way(s) in which it can be appropriately exercised in a given the particular sociopolitical context at hand—namely that of contemporary liberal democracies. As such, this paper can be construed as offering a biopolitical take on applied (bio)ethics and as an exercise in the ethics of ethical expertise. It can also be related to the sociology of ideas, intellectuals and, in particular, philosophy (Camic & Gross, 2001; Collins, 2000b; Fuller, 2009; Heidegren & Lundberg, 2010; Kusch, 2000).

The existence and management of expertise, particularly scientific expertise, is an issue for democratic forms of government (Agassi, 2014; Brown, 2009; Fischer, 2009; Miller, 2007; Nicolas, 2011; Turner, 2001, 2011; Weinberg & Elliott, 2012; Weingart, 1999). The response, at least in part, is to insist that facts do not determine values. Thus, experts, and those who solicit their advice, are enjoined to carefully ensure that any factual evidence and scientific opinions are given in such a way that they are free from any value-laden, and therefore political, influences. While such “solutions” can be stated in apparently simple terms, putting this into practice is not easy. As discussed below, science is not a value-neutral or entirely apolitical endeavor and the advent of applied (bio)ethics has complicated matters further (Weinberg & Elliott, 2012). On the face of it, applied ethics would not only appear to be an expert discourse but one that is concerned with values and not simply facts. (Bio)Ethicists are experts in the normative *evaluation* biotechnologies and medical practices. If expertise is not limited to the domain of facts, then it would seem to be the case that “technocratic” forms of government are more viable than previously thought and, at least in some arenas, could well replace democratic forms. If matters of morality, ethics, and value can be subject to expert evaluation and, as one commentator has put it, the public has neither scientific nor ethical expertise (Levitt, 2003), then why commit to democracy and not to technocracy? If values are no longer an assumed dimension of scientific expertise but can be subject to “objective analysis” by experts in (bio)ethics, can democracy claim to serve any *moral or ethico-political* purpose? Would we not all be better off if we let the experts decide?

Such views are troubling and a desire to reject them is, I would suggest, an implicit factor in the rejection of ethical expertise by the majority of bioethicists, particularly for those whose work is located within the domain of applied or practical ethics (Archard, 2011; Cowley, 2005, 2012; Gesang, 2010; Noble, 1982). Nevertheless, as I have suggested, it is clear that such bioethicists are often called upon to act as experts, both in public debates and in political—policy-making and policy-administrating—forums (Bogner & Menz, 2005; Engelhardt, 2002; Harvey & Salter, 2012; Littoz-Monnet, 2014; Pustovrh & Mali, 2015). Bioethicists cannot refuse to understand themselves as experts when they clearly act as such. Furthermore, a failure to acknowledge the contribution of expert’s risks compromising the demands of democratic forms of government. Given the role played by contemporary (bio)ethicists, meta-ethical rejections of ethical expertise are largely beside the point. If we

are to make proper use of (bio)ethical experts and (bio)ethical expertise, which is to say in a manner consistent with democratic forms of government, then we must examine the reality of its existence. It is imperative that we develop a reflexive understanding of ethical expertise, not only so that it might be subject to appropriate controls—both internal and external—but so that it be recognized and not mistaken for the input of “lay persons” (Emmerich, 2009).

Consistent with my previous analysis, this paper makes use of Collins and Evans (2007) account of expertise. This framework allows a distinction to be drawn between the kind of moral expertise that is *ubiquitous* and exhibited by everyday moral agents and the more specialist *contributory* expertise linked to the disciplinary practice of academics, such as applied (bio)ethicists. It also introduces the notion of *interactional* expertise. While this has been developed in order to understand the essentially social and cultural nature of expert, academic, and disciplinary practices—and accommodate the way in which some appear to have expert knowledge in respect of a particular domain but are, nevertheless, unable to directly contribute to that domain—it can also be considered in “bipolar” terms (Reich, 2012). Interactional expertise “means grasping the conceptual structure of another’s world” (Collins & Evans, 2014, p. 14 Note 3) and has been positioned as an essential component of successful “trading zones” between disciplines (Collins, Evans, & Gorman, 2007; Gorman, 2010). As a multidisciplinary field, bioethics can be considered one such “trading zone” indicating that interactional expertise is essential to any attempt at bioethical interdisciplinary and to the broader communication of bioethical scholarship.

As the notion of interactional expertise is fundamentally concerned with the way that, in seeking to make use of expertise, we must traverse the boundaries that divide different conceptual worlds, it can be seen as offering an essentially relational perspective. Given my argument is that it is vital that ethical experts grasp the conceptual structure of the sociocultural worlds, they comment upon (e.g. the conceptual structure of medical culture) or that their work directly influences and contributes to (e.g. democratic processes of policy-making and governance), the notion of interactional expertise presents a way to understand the relationship between the conceptual world of the domains “expert” and “non-expert.” Despite being termed “conceptual,” such worlds are social structures, embodied by those that inhabit them, and their reality (or realization) has a necessarily tacit component. If ethical experts are to fully grasp the conceptual worlds of others, they can only do so by being embedded in the relevant field(s). Given that applied ethicists are not just academic experts but also democratically enfranchised ordinary moral agents we can presume that, like all other citizens, they are positioned within an “ordinary” or “everyday” conceptual world(s) as well as that which pertains to their disciplinary field. Thus, the idea that an awareness of such worlds can be brought into a reflexive and mutually edifying dialog with ethical expertise should be considered an achievable goal.

This paper also continues to focus on the specific expertise of applied or practical ethicists, rather than on the larger question of bioethical expertise.² In the previous paper, I argued that the fields of “medicine” and “applied ethics” differed in their respective ethos and that the normative dimensions of their fields of practice, their respective “common moralities,” meant that the forms of ethical reasoning native to these fields also differed. This difference was captured by the term *eidos*, the contextual or cultural “logic” that informs the practice of (ethical) reflection.³ In such a view, the (bio)ethical expert cannot claim to determine the ethics of medical practice. Instead, they should seek to develop an interactional expertise with medical professionals and do so in such a way that the conceptual structures of their respective ethical worlds can be brought into a mutually edifying dialog. In this paper, I follow a similar strategy: I attempt to show that the respective ethos of academic (bio)ethics and democracy differs in such a way as to require a similar development of interactional expertise.

However, in considering the expertise entailed in the ethical analysis of life sciences and biomedical technologies and the sociopolitical role played by those who produce such analyses, the argument cannot, as was the case in my previous paper, rely on the fact of “medical morality” (Fox &

Swazey, 1984; Kleinman, 1995, p. 45). Instead, something the previous essay left relatively implicit needs to be made explicit. Here I offer clearer articulation of the view that academic (bio)ethics is practiced within a particular a social field and, therefore, within a normative cultural context, which is to say within a particular morality or ethos. This conditions the way in which applied (bio)ethics is practiced as it conditions its *eidos*, the *socio-logic* or mode of thought constitutive of the discipline. Part of the task is, then, to examine how this ethos differs from that which underpins the political process of policy-making and the bioethical governance of the life sciences. The attempt to do so is, in part, reliant on the suggestion that the insights offered by historical and sociological analyses of science can be transferred to the field of bioethics and, more specifically, the philosophical endeavor of applied or practical ethics. In particular, I draw on the work in the history of science (Daston, 1995; Daston & Galison, 2007). This work offers an analysis of the ethos—or moral economy—of science and suggests that it fundamentally informs the practice of science. A similar point can be made about academic disciplines in general (Wellmon 2015) and I therefore argue that the *field* of applied ethics has particular ethos, one that informs the logic or *eidos* of its practice. Subsequently, I compare this disciplinary ethos to that of democracy, both its “procedural” (or “institutional”) and “agonistic” forms. Doing so facilitates the claim that if it is to be legitimately exercised beyond its academic borders, then the expertise of applied ethicists ought to be modulated by the ethos of democracy.

2. The ethos of applied philosophical ethics

According to Anderson, “the way we argue now” is marked by an “anti-ethos ethos” (2005, p. 178). This is, I would suggest, an apt description of applied (bio)ethics and, therefore, reflected in its *eidos*—the *socio-logic* of its practice. While the notion of an anti-ethos ethos can cover a range of intellectual realities, the idea can provide us with a sense of the way in which expert (bio)ethicists think. However, before more fully exploring this idea, it is worth considering what is being said when one suggests that applied ethics—understood as a disciplined and culturally situated *eidos*, *socio-logic*, or mode of thought—has an underpinning ethos. In the first instance, it is the suggestion that the disciplinary practice of bioethics is constituted as, or within, a particular social or cultural field that, as such, has normative structure or a *morality*. The disciplinary norms that guide the methodological practice of ethical argumentation are social norms and, thus, there is a thick moral context within which thin ethical analyses are produced. It is, perhaps, easiest to understand this point in relation to socio-historical analysis of scientific practice. In her “The Moral Economy of Science,” Lorraine Daston has presented similar ideas. She considers a moral economy to be:

a web of affect-saturated values that stand and function in well-defined relationship to one another. In this usage, “moral” carries its full complement of eighteenth- and nineteenth-century resonances: it refers at once to the psychological and to the normative ... Here economy also has a deliberately old-fashioned ring: it refers ... to an organized system that displays certain regularities, regularities that are explicable but not always predictable in their details. (Daston, 1995, p. 4)

Daston is explicit that while a moral economy “is not a matter of individual psychology [they] are about mental states, [in the sense that they are about] the mental states of collectives, in this case collectives of scientists, not of lone individuals” (Daston, 1995, pp. 4–5). In support of this statement she draws on Fleck’s idea of the “thought collective” (*Denkkollektiv*) extending it, as she suggests Fleck would, to encompass the *Gefühlkollektiv*, the affective dimensions of social and cultural life and the “ways of feeling” that a “collective”—or socioculturally (re)produced group—has in common. The social or sociological dimensions of science and scientific practice and, for that matter, philosophy and philosophical practice reveals the fact that “whatever fundamental, eternal, or transcendent verities there *may be*, we approach them only via the temporal - and social - world in which we exist” (Kusch, 2000, p. 690). Philosophy, like science, aims at objectivity and universality. However, philosophy, like science, is a disciplined sociocultural practice engaged in by disciplined social-cultural actors. Such practices and actors can only emerge as the result of historical sociological and anthropological processes that constitute social fields and within which cultural actors

engage in situated practices that have histories and genealogies. Before an individual can engage in any disciplined practice they must be inducted into the field, the collectivity and, therefore, its traditions and (social) practices. Thus, Daston suggests that:

“Apprenticeship into a science schools the neophyte into ways of feeling as well as into ways of seeing, manipulating, and understanding. This is a psychology at the level of whole cultures, or at least subcultures, one that takes root within and is shaped by quite particular historical circumstances” (Daston, 1995, p. 5).

The sociocultural dimension is ineradicable from the kind of perspective being articulated here. Like scientists, (bio)ethicists are inducted into particular ways of feeling, seeing, manipulating, and understanding; they are inducted into the particular moral economy of academic ethics and, thereby, its particular *meta-moral psychology*. As an academic discipline applied (bio)ethics can be considered a specialist form of ethical analysis associated with a constitutive psychology. This psychology or “ethical mindset” differs from that operative in more mundane or everyday contexts. The implication—that our everyday mode of ethical thought differs from that of specialist or academic (bio)ethics—invites the question of whether, and to what degree, those who have not been trained in this academic mode of thought can engage with (bio)ethics. Such a view cannot be dismissed by committing to academic (bio)ethics as *the* right way to do ethics and positioning everyday ethical reflection as in some way deficient. Given that moral agents cannot be ethically required to do something that cannot be done, academic ethicists cannot insist that others *ought* to practice ethics in a manner they are not able to do. As such our concern should be with how the insights of applied philosophical ethics are presented to the wider world; with how the discipline of bioethics, the bioethical thought collective, functions in relation to the broader moral culture of which it is a part.

If we return to Daston’s analysis we can consider her as examining how various temporally and spatially located moral economies of science “have structured key aspects of how scientists come to know” and how the moral economy of science structures the epistemological dimensions of its practice (Daston, 1995, p. 5). Quantification, empiricism, and objectivity form the locus of her attention and she demonstrates that, in different social and cultural contexts, they have been used and “operationalized” differently. They are not simply functions of the epistemological commitments of particular scientific cultures but of its collective “moral, emotional and aesthetic elements” (Daston, 1995, p. 24). The moral economy of a science is part of its historical epistemology its examination aids our understanding of

how scientists at a given time and place dignify some objects of study at the expense of a great many others, trust some kinds of evidence and reject other sorts, and cultivate certain mental habits, methods of investigation, and even *characters* of a distinctive stamp. (Daston, 1995, p. 23)

While Daston is conducting a historical investigation of the moral economies of science her attention can be considered “sociological.” Her focus is on the socially accepted (and negotiated) nature of methodology as the primary normative structure of any science or scientific culture. As we have seen, she is suggesting there is a link between the ethos, or character, of the social field and the character, or “habitus,” of the individuals who populate such fields, the character of the scientist.⁴ Elsewhere Daston and Galison give stronger articulation to the connection between the sociological and the characterological suggesting that

[e]thos was explicitly wedded to epistemology in the quest for truth or objectivity or accuracy. Far from eliminating the self in the pursuit of scientific knowledge, each of the epistemic virtues depended on the cultivation of certain character traits at the expense of others. (Daston & Galison, 2007, p. 204)

For Daston and Gallison, the moral economy of science is ingrained in individual scientists and thus we find them considering the scientific ethos in terms of “the habitual disposition of an

individual or group” (Daston & Galison, 2007, p. 40), dispositions which condition practice. This resonates with Bourdieu’s social theory and his conception of habitus, understood as “[s]imultaneously a theory of socialization and a theory of action” (Bennett et al., 2013, 12). Nevertheless, I adopt a more restricted conception of ethos that, in Bourdieuan terms, positions it as a social structure and operative at the level of the field. However, the fact that Daston and Galison also tie it to the notion to the psychology, mental habits, and character traits of scientists indicates it is linked to their expertise. It is the specific epistemological ethos of science, and academic disciplines more generally, that grounds claims to superior knowledge and expertise. In this view, the social character—or habitus (Meisenhelder, 2006)—of the expert is tied to the disciplinary ethos in which their knowledge is embedded.

Our common sense understanding of the methodological and epistemological commitments of science is as guarantors of unbiased and value-free knowledge production and, therefore, of its ability to produce a singular authoritative form of objectivity or truth. However, Daston and Galison’s analysis suggest we consider objectivity as an *epistemological value*. They suggest that while it “is perhaps conceivable that an epistemology without an ethos may exist, we have yet to encounter one” (Daston & Galison, 2007, p. 40). Here and elsewhere objectivity is revealed to be “an attitude or ethical stance” (Daston & Galison, 2007, p. 52) and, therefore, part of the historically and culturally variable ethos of science.⁵ Understood as a value, as part of an ethos, objectivity underpins the epistemological and methodological aspects of science as a sociocultural practice. As such, the sociocultural values or ethos of science do not call into question its claim to knowledge but, instead, underpin the facts it has to offer as they are produced in accordance with a particular epistemic ethos that values objectivity.

Thus, while one might think that the practice of science (and applied ethics) involves a studied indifference to, and elimination of, “values” and their influence on the disciplined production of knowledge (moral and scientific truth, or at least justified beliefs), this is not an entirely accurate description. While their respective disciplinary practice certainly involves the neutralization of certain values this is, in practice, achieved through adhering to another, quite specific, set of values or ethos. It is this fact, that scientists (and applied philosophical (bio)ethicists) hold certain values such as objectivity, that brings them to devalue and eliminate other common human values from their practices. As Daston and Galison note:

“If objectivity seems indifferent to familiar human values, this is because it is itself a code of values ... [Not everyone will] acknowledge resolute passivity or willed willlessness as values worth aspiring to. These are values in the service of the True, not just the Good. But they are genuine values, rooted in a carefully cultivated self that is also the product of history. The surest sign that the values of objectivity deserve to be called such is that violations ignite indignation among those who profess them. Viewed in this light whether objectivity is a good or bad thing from a moral standpoint is no longer a question about alleged neutrality towards all values, but one about allegiance to a hard-won set of coupled values and practices that constitute a way of scientific life” (Daston & Galison, 2007, p. 53)

This is not to deny that “the ultimate forms that moral economies assume within science, and the functions that they serve, are science’s own” (Daston, 1995, p. 7). Indeed, it is to assert it. However, it does suggest that while “science” (and, analogously, applied ethics) aims at a singularly objective and fully authoritative knowledge, i.e. knowledge that transcends the social conditions of its own production, such hopes are never fully realized. Knowledge, moral or scientific, is always value-laden and cannot, therefore, be singular, ahistorical, asocial, or acultural. Values, such as objectivity, are not only central to the production of knowledge but they are culturally and historically variable (R. Collins, 1988, p. 690). Therefore, any knowledge produced is similarly variable.

Given the forgoing discussion, we can more fully appreciate the suggestion that bioethics is an exemplar case of the “anti-ethos ethos” (Anderson, 2005, p. 173) that characterizes the way we argue now. Anderson’s message is that the values underpinning our ethical discourse, such as

objectivity, act to eliminate certain normative, moral, or value-laden facets of social life from the debate. So, for example, we might think that in the flow of everyday life familial relationships have normative importance. It is a matter of social morality that one ought to respond differently to ones mother, father, and siblings than one does to a stranger. One can say the same of other social, as opposed to bio-social, relationships such as friends, work colleagues or doctor–patient relationships. *Ceterus paribus*, it seems a greater social transgression to refuse to sponsor the charity walk of a work colleague than to refuse the same to someone one has just met. The fact of a social relationship can engender, or at least modulate, normative demands.

However, in applied ethics the normative dimensions of such relationships are given short shrift. A common example case in applied ethics runs as follows: given only one can be saved, should one save the life of a spouse or the life of another who happens to be the only individual in the world who knows how to cure cancer. Furthermore, many argue that the fact a patient happens to be a parent should not give them priority access to life-saving medical treatment over another who stands to derive equal benefit. Applied ethics focuses its analysis on the philosophically constructed conceptual category of “moral status” and rejects the relevance of any aspect of our social identity. This perspective is apparent across a range of examples including abortion, infanticide, trolley dilemmas, and arguments concerning euthanasia (Rachels, 1975; Thomson, 1971, 1985; Tooley, 1972). The dynamic of debates considered in terms of “lifeboat ethics” confirms rather than challenges this disjunction between “philosophical ethics” and “social morality.” Social and sociological factors only become active within such debates if and when the applied ethical options have been exhausted (Hardin, 1974; Harris, 1985).

My point here is not to argue that applied (bio)ethics is based on a philosophically flawed moral theory. Rather it is to point out that applied (bio)ethics adopts a particular perspective underpinned by a specific moral ethos. This ethos and its (ontological and epistemological) assumptions may or may not be shared by other moral agents and my or may not be “operational” in other cultural contexts and social fields. Furthermore, these “meta-ethical” questions cannot be resolved independently of any underlying (moral) ethos. Meta-ethics remains an arena in which conflicting values are expressed. Thus, issues around abortion and infanticide cannot be resolved by appeal to the objective category of “moral status” and the independent question of precisely when a fetus or neonate can be said to have this moral status. Such ontological, metaphysical, and epistemological debates cannot be conducted in a manner that is entirely independent of their ethical implication. Certainly, as Fuller points out, metaphysics and epistemology can “provide a politically safer ground to carry on arguments with serious, but largely implicit, value implications” (Fuller, 2000, p. 249). However, while they are often, but perhaps not always (Toulmin, 1981), politically safer they are not value-neutral.

It is not difficult to find examples in bioethics where the resolution of an ethical issue is sought in meta-ethics or in a (methodological) return to “principles.” Debates about (bio)ethical expertise are a case in point—rather than engage with the practical fact of ethical expertise applied (bio)ethicists’ tend to dismiss its existence on meta-ethical grounds (Archard, 2011). However, by disregarding the sociopolitical reality of bioethical expertise, we risk being unable to make proper use of it or effectively control its influence. Similar questions are raised by the tendency of bioethics to prescribe ethical methodology rather than substantive ethical positions while affecting innocence as to the serious, but largely implicit, value-laden nature of such methodologies, and of meta-ethics itself. Hämmäläinen’s (2009, p. 546) argues that whether a moral philosopher inclines toward “theory” (the various forms of modern moral philosophy) or “anti-theory” (broadly, virtue ethics) is not simply an intellectual matter but of what she calls “spirit” and what I would call ethos—the underlying values that inform our philosophical perspectives. One can think similarly of the bioethicists’ inclination to consider ethical expertise as a matter of meta-ethical justification or as a fact of contemporary social life; it is a function of the ethos they inhabit.

Given the above discussion, it seems possible, once again, to embrace the idea of (bio)ethical expertise as a contributory form of expertise while rejecting the implication that such experts possess a culture wide or transcendent “moral authority.” If we take the view that the bioethical expert is responsible to the normative structure of their discipline, which is to say situated within its particular ethos or morality, then they can be considered to be a specialist in a particular *eidos*, a way of ethical thinking native to applied philosophical ethics. Given the discipline of applied (bio)ethics, and its associated social field(s), is a relatively recently development we might expect its advent to be connected to the development of Anderson’s notion of an anti-ethos ethos. While Anderson identifies it with the proceduralism of Habermas and Rawls given the terms of the debate it can also be identified with modern moral philosophy and, perhaps, enlightenment philosophy itself (Anderson, 2005, p.24 & Chapter 7). Thus, despite being linked with the casuistic tradition, applied (bio)ethics can be considered a new and innovative phenomena (Collins, 2000a; Jonsen & Toulmin, 1992). One aspect of its novelty is, precisely, its connection to modern moral philosophy and its anti-ethos ethos.

The advent of applied ethics and its underpinning ethos has meant that “ethics,” as opposed to meta-ethics or moral philosophy, has been formally taken up as a form of philosophical enquiry and therefore subject to the kind of analysis characteristic of the discipline (Collins, 2000a). Thus, the field has undergone significant development in a relatively short space of time. However, while the kind of analysis engaged in by (contemporary, applied or “modern moral”) philosophy might exhibit certain forms of reflexivity—notable those related to “semantic ascent”—it does not encompass all possible forms of reflexivity, only those compatible with its anti-ethos ethos. For forms of analysis that seek to contextualize our contemporary ethical and moral practices, we have to look to the social sciences broadly conceived. As the above discussion of Daston and Gallison’s work suggests, it is only through the insights and perspective offered by historical, sociological, and anthropological analysis that we, and bioethics, can achieve a more sophisticated degree of insight into its own nature.

Furthermore, we might think that such “wide” reflexivity has an important moral dimension. When (inter)acting as ethical experts bioethicists must exercise a wider form of reflexivity than that native to the disciplinary practice of applied philosophical bioethics. This is the case precisely because morality and ethics are aspects of everyday life—because we are all moral agents—and because everyday moral agents exhibit a ubiquitous expertise. These moral agents are embedded in various “modes of social life” (Winch, 1990), all of which differ from the one that constitutes the disciplinary field of applied (bio)ethics. Therefore, everyday moral agents differ from expert ethicists in the way that they do morality and ethics; they exhibit their own ethical *eidos* and moral ethos. As a mode of social life, applied bioethics is not, in any strong sense, incommensurable with these other modes of social life—after all, outside of their academic pursuits, (bio)ethicists exist as everyday moral agents. Nevertheless, applied ethics cannot, practically or ethically, seek to replace the moral culture of others with its own. For the most part, applied (bio)ethics is an aspect or “sub-culture” of what can be described as a cultural whole. As such it stands in relation to these other modes of social life, their ethos and *eidos*, and thus can, in principle, engender the kind of co-productive relationship identified by Brodwin (2008). Ethical expertise can, and should, be understood in relation to broader moral practices that are not embedded in the disciplinary ethos of applied (bio)ethics.

This is consistent with the view that formal or applied ethical analysis stand in relation to common morality (Archard, 2011; Beauchamp, 2003; Clouser & Gert, 2004; Engelhardt, 1991; Evans, 2006; Gert, 1988, 2004; Gesang, 2010; Hester & Swota, 2014; Veatch, 2003). For example, in their *Principles of Biomedical Ethics* Beauchamp and Childress’ present the four principles as offering “an analytical framework that expresses the general values underlying rules in the common morality” (Beauchamp & Childress, 2009, p. 12). Such claims mean that formal (bio)ethics and, for that matter, moral philosophy remains connected to the wider moral and ethical practice of the culture(s) within which it is embedded. However, Randal Collins’ suggests that, as a philosophical project, first-order ethical analysis marks something of a break with and challenge to our “common morality” and certainly to accepted norms (Collins, 2000a). Furthermore, the emergence of applied ethics is part of a general

shift in moral philosophy that rendered ethics, as opposed to meta-ethics, respectable philosophical terrain.

As the history of moral philosophy is one of first-order ethical conservatism, the arrival, and widespread adoption, of radically new ethical perspectives requires socio-historical explanation. Collins suggests that:

“[B]ecause of developments in the craft of argument itself, or new conceptions of reality ... ethical thought has not generally led the way to greater sophistication in epistemology or ontology ... In other words, the ordinary non-intellectual world generates its own conflicts and movements which shift moral conceptions, and philosophers sometimes seize on this as fresh material for their reflections” (Collins, 2000a, p. 205).

At first blush, this might strike one as an invitation to recapitulate the origin myth that bioethics arose in response to a particular set of moral and ethical challenges raised by advances in biomedical technology (Fox & Swazey, 2008). However, this is not the case. Rather Collins' suggestion is that the new conceptions of reality prompted by the practice(s) of biomedicine (both clinical and research) gave rise to moral and ethical problems which, on the basis of their ubiquitous moral expertise, were responded to *by the actors involved*.⁶ Only subsequently were these debates taken up by moral philosophers as part of wider, historically rooted, developments in the discipline which then gave rise to applied (bio)ethics as an intellectual community.⁷

In this view, applied (bio)ethics has emerged from cultural developments in contemporary society, in philosophy, and in biomedicine. However, Collins argues:

“[W]hat constitutes an intellectual community is precisely the organizational insulation which allows a network of arguers to turn inwards upon their own accumulated concepts and problems above all pursuing the puzzles of abstraction and reflexive criticism” (Collins, 2000a, p. 166).

The establishment of applied (bio)ethics is, at least in part, the establishment of a (philosophical) sub-culture with a not insignificant degree of (reflexive) autonomy from the wider cultural ethos. Thus, while “[i]ntellectuals may cloak what they are doing in the claim that they are solving crucial problems for the society ... that is professional ideology” (Bernstein, 1998, p. 166). In this view, it is not clear that applied (bio)ethics is, in fact, interested in remaining connected to our “common morality” at least no more so than is rhetorically empowering for individual bioethicists and the discipline as a whole.⁸ Nevertheless, my point is not to deny that bioethics is connected to our common morality but, rather, to suggest that, first, this connection may not be the source of strength it is often made out to be and, second, that the notion of a common morality implies a homogeneity that may not, on reflection, be justifiable.

I have been arguing that we adopt the perspective that applied (bio)ethicists are specialists in a particular *eidos* or way of ethical thinking and that this *eidos* has particular underlying normative commitments that differ from the those of society as a whole. If this is the case then we can follow Evans in thinking the common morality claim is nothing more (or less) than rhetoric precisely because the “moral action” of applied (bio)ethics involves a “process of specification [and this] is not even claimed by proponents to be based on anything to do with how the public thinks” (Evans, 2006, p. 227). The question appears to be one of specifying the common morality such that it can be culturally reconciled with applied (bio)ethics. As such it is with examining the various grounds on which expert bioethicists encounter particular forms of “common morality.” Given Collins and Evans (2007) account of expertise, this becomes a question of how bioethical expertise can and should *interact* with various forms of ubiquitous moral expertise possessed by everyday moral actors. In my previous essay (Emmerich, 2015a), I examined this in the context of medical ethics. Here my concern is with the contribution bioethical expertise makes to bioethical questions that are addressed at a societal level. The question is therefore: what moral ethos should expert bioethics adopt in interacting

with public debate and quasi-political and policy-making bodies? Furthermore: what difference does the ethos of these fields make to the way in which bioethical expertise can and should be offered, exercised and adopted? As posed, the concern is with the ethics, morality, or interactional ethos of *public* bioethics (Montgomery, 2013) and how academic (bio)ethicists should modulate their contributory expertise when acting in non-academic contexts. The public exercise of bioethical expertise should not be understood as being solely rooted in the morality of its own disciplinary structure, but as also subject to the broader moral culture or ethos of democracy.

3. Bioethical expertise in a democratic context

The first thing to note about the following discussion is that considering bioethical expertise in a democratic context does not mean, simply, considering it in relation to the actuality of any one “really existing democracy.” Rather it involves considering it in relation to the *ethos* of democracy.⁹ Like objectivity and universality, the idea of democracy is constituted by set of values, by an ethos. Bernstein is correct when he suggests that “there is no democracy - in *theory* or in *practice* - without a *democratic ethos*.” (1998, p. 105). Nevertheless, the ethos of democracy is multiple realizable, there are various ways in which we might create a democratic society and institutions. As with morality and ethics and, indeed, any ethos and eidos, the ethos of democracy underdetermines its eidos. Therefore, no specific theory of democracy is being assumed.¹⁰ As this suggests, the specificities of a particular democracy and its democratic practices legitimately vary and may do so within the same cultural context or nation state. For example, one might think that some questions might be considered to require a referendum, while others do not or that particular political debates are best responded to by different democratic forms (representative, direct, procedural, aggregative, participatory, reflexive etc.).¹¹ Clearly differing democratic processes to be used to address differing questions within the same political system (Rosanvallon, 2011). Of course, as with meta-ethical debates and ethical methodologies, arguments about which form or value of democracy might be used or expressed in particular democratic processes cannot be considered as value-neutral or in isolation from the subsequent practical questions they will be used to answer. Such “meta” debates remain as *political* as the practical questions themselves. As such they are unavoidably embedded within the ethos of democracy.

Given that differing theoretical and practical approaches to democracy are embedded with the “democratic ethos,” we might wonder what, exactly, this underlying but underdetermining ethos is, as well as if and how it can offer us any insights or guidance for the public or democratic exercise of bioethical expertise. Anderson suggests that the “procedural-universalist project,” something linked to both applied (bio)ethics and contemporary democratic practices, involves “the aspiration to impartiality, the constant attempt to break free of the horizon(s) of one’s ethical life, and the dedication to the right over the good” (2005, p. 177). Bernstein is clearer and, by way of definition, offers the following:

“a democratic ethos [is] an ethos that conditions and affects *how* discussion, debate, and argumentation are *practiced*. Such a democratic substantive ethos does not by itself determine specific norms, values, and decisions [It involves] a *willingness* to listen to and *evaluate* the opinions of one’s opponents, *respecting* the views of [others, particularly] minorities, advancing arguments *in good faith* to support one’s convictions and having the *courage* to change ones mind when confronted with new evidence or better arguments” (Bernstein, 1998, p. 290).

While one might suggest that the ethos of applied philosophical ethics also involves such things as a willingness to listen; to respectfully evaluate the opinions of others; to advance arguments in good faith; and to have the courage to change ones mind; it nevertheless seems clear that the ethos of applied ethics is not “democratic.” Furthermore, while we might think that both applied ethics and democratic process aim to achieve their aims and objectives *methodologically* they have quite different ends: where applied (bio)ethics aims to uncover *objective* moral truth, democratic enquiry might be understood as aiming at the construction of a form of moral truth that is *representative* or,

perhaps, *consensual*. The ends of applied (bio)ethics are achieved through detailed arguments encountering robust criticism. Its goals are realized though a *single-minded* epistemological rigor. In contrast, while democratic processes have their own methodological and procedural commitments through which their epistemic goals are achieved, democratic ends are achieved though the *plural-minded* expression and accommodation of multiple perspectives. Democratic policy-making does not (or should not) aim to deny the multiplicity of constitutive perspectives or to adjudicate between them, at least not *philosophically*. This is not to say some may be deemed to be more or less sensical. Nevertheless, insofar as is possible, the aim is mutual accommodation, compromise and the exercise of collective moral responsibility under conditions of “good faith” moral and ethical diversity.¹² While not wishing to suggest the way in which such aims are accomplished are obvious, settled or easily implemented, these are the aims of democracy in the context of bioethical policy-formation and governance (Fischer, 1980; Wagle, 2000).

While the democratic ethos differs from that which informs the practice of applied ethics, we might think that they evince no small degree of similarity or, at least, some degree of affinity. Bernstein’s aim is to demonstrate the existence and relevance of the democratic ethos for Habermas’ political theory, thereby showing that the supposed “value-neutrality” of his proceduralism is, in fact, one way of valuing neutrality for democratic purposes (Bernstein, 1998; Mouffe, 2000). Furthermore, Habermas’ procedural approach to political discourse and democracy as a whole is a significant aspect of Anderson’s analysis of “the way we argue now” (2005, Chapter 7), discussed in the previous section. It therefore seems reasonable to extend these arguments to many of our existing democratic culture(s), at least those that can be characterized as modern liberal democracies. Consequentially, we should not conclude that, because it is embedded within an anti-ethos ethos and democratic practices are not, the *eidos* of applied (bio)ethics is incompatible with the ethos of democracy. Rather is that both bioethics and democracy are possessed of an anti-ethos ethos but, nevertheless, each context has a somewhat different ethos. Thus, the logic that guides the practices of applied ethics and democracy are not mutually exclusive and it is possible for applied (bio)ethicists to operate within and contribute to democratic fora. Nevertheless, in so doing the (re)new(ed) context, the change of field, will impact on the guiding logic(s) of practice.

While I do not wish to oppose Anderson’s argument that *procedural* democracy ought to become more open to cultural and moral diversity—something that we might value with greater or lesser degrees of intensity depending on the concern at hand—I do wish to maintain that there is a strong sense in which contemporary secular democracies are right to embody an anti-ethos ethos. This is because, as Gregg (2003) proposes, it may well be that the best way to support a range of *thick moralities* is through the adoption of a *thin politics*. If, as appears correct, we think of applied philosophical bioethics as offering a thin ethics then we might expect it to exercise a good deal of influence over bioethical policy-making. After all “[i]n liberal, secular, democratic societies, Moralität, not Sittlichkeit, is generalizable” (Gregg, 2003, p. 102).¹³ A thin ethics will naturally connect with a thin politics because their respective *eidos*, or ways of thinking, are similar. The precise reason for this is the similarity between their underlying values and moral norms; they both have an anti-ethos ethos. However, a democratically made policy *ought*, insofar as is possible, to seek to be representative and consensual, instantiating a compromise between diverse moral communities. It should not simply implement the particular view of any one (set of) applied (bio)ethicist(s).

How, then, should the applied (bio)ethicist speak in the context of policy-formation and, indeed, in wider public and political debates? Bioethics is not unrelated to public debate and wider moral communities. It can have a great deal of influence over the way people think and the ongoing (re)formation of our moral culture(s). Ethicists should take care when exercising their expertise in public. In this context, what is required is not the exercise of their contributory expertise but for forms of what Collins and Evans (Collins & Evans, 2007) call *interactional expertise*. Certainly this is based upon their contributory expertise but it is not that expertise per se. The difference between an academic’s contributory expertise and their pedagogic expertise offers a similar example. We might also compare the idea of public bioethics (Campbell, 2012) to the recent emergence of the public

communication of science. Indeed, given that bioethics often involves explaining science as part of presenting the ethical view we might think bioethics can become part of this activity. However, while such activities may involve informing people about scientific developments and bioethical perspectives, it is not pedagogic in the way that would be the case when engaging with students. Following the rejection of the “deficit model,” the public communication of science is based on dialog and participation, modes which respect, rather than denigrate, the laypersons knowledge and perspective and which evince a greater affinity with the ethos of democracy (Bucchi, 2008). Such approaches can inform the public exercise of ethical expertise.

Precisely because of the ubiquitous moral expertise of the laypopulation, and their concomitant moral agency and ethical autonomy, bioethics has more reason than science to adopt a dialogical or participatory approach to its public role.¹⁴ When adopting such a role and articulating their position to a public audience, the expert bioethicist should take care to present their views in a manner that is comprehensible to the audience, that is honest about its demerits as well as its merits, and with an awareness that the ethos in which it is rooted may not be shared both those addressed. While my focus is on applied ethics there is a clear role here for the social sciences in examining, analyzing, and articulating the ethos and ethical perspectives of various communities, cultures, and “interest groups” (or publics). Such interest groups are often constituted by advances in the biosciences and biomedicine and, furthermore, may play an important role in shaping “public opinion,” something that should not be left to the media and non-academic researchers.¹⁵ Through engaging with this work applied philosophical bioethics can develop a greater appreciation for contemporary moral and ethical diversity. One would hope that this would influence their analysis and contributory expertise as well as their public activities and interactional expertise.

However, in my view, applied ethicists should not merely rely on social scientific bioethical research to give them insight into the moral cultures of others. They themselves should actively seek out opportunities for dialog and to develop mutual comprehension. Acquiring the tacit knowledge that underpins a culture and its practices develops interactional expertise. This is best accomplished by being embedded within that culture. This is a task that some applied philosophical bioethicists have already been engaged in. However, it remains largely unrecognized precisely because the culture(s) they are embedded within is that of the bio- and life sciences. As discussed in the previous article, bioethics is now part of medical culture, and some of its practitioners are embedded within it. This is also the case with biomedical research. If one needs demonstrable examples of this consider the way in which some percentage of large grants in the biosciences are often reserved for analysis of the Ethical, Legal and Social Implications (ELSI). Academic bioethics and research into the biosciences are mutually supportive endeavors with overlapping cultures.

My point is not to argue that it is wrong for bioethics to be so embedded but, merely, that applied ethicist might consider developing their interactional expertise in relation to other people, groups, and perspectives. Such activities might feedback into the contributory expertise and activities of bioethicists. In so doing, additional insights might be developed and given further articulation in the bioethical literature. This is not to argue that all bioethicists should undertake such endeavors nor is it the suggestion that bioethicists abandon their discipline and become sophists for hire. However it does, I think, connect with a recent argument that modern (analytic) philosophy, or at least some part of it, should become a less specialized and technical activity by becoming embedded within and part of other practices and cultures (Frodeman, 2013; Frodeman et al., 2012). This is an important part of the task philosophy faces if it wishes to maintain relevance in the modern world. Furthermore, this task is one faced by many, if not all, experts and is a function of our current democratic ethos. Today, participatory politics trumps democratic elitism predicated on a technocracy or “epistocracy” (Estlund, 1997). This does not mean that there is no role for elites or for the technocratic skills they offer, rather it is as Bachrach suggests:

[A]lthough democracy as a political method is defined in terms of procedural principles, it is invariably defended on the basis of its service to the interests of the people. (Bachrach, 1967, pp. 94–95)

Bioethicists would do well to reflect on how their expertise can be brought into the service of the people, to the ethos of our shared democratic culture(s) and to reflect on the question of how, when acting in public and exercising power, they can ensure they do so in a manner that is “morally, politically and scientifically responsible” (Addelson, 1991, p. 111). What this would amount to is a democratization of bioethical expertise; the development of a specifically interactional form of bioethical expertise more fully embedded in the democratic ethos and the ideal of public service as an aspect of that ethos. Democratization is usually understood as a sociological process involving the introduction of democratic institutions and the movement “from less accountable to more accountable [forms of] government” (Potter et al., 1997, p. 6). We might compare this process of “democratization” to that of professionalization. However, there is an aspect of democratization that is not fully captured by this comparison, until we recall that, codified or not, the development of an ethics (a morality or ethos) is a necessary part of professionalization (Freidson, 1970; Macdonald, 1995). Professionals act with professionalism. Democratizing bioethics means that when (inter)acting with and in public and political discourses expert bioethicists should endeavor to conform to democratic, and not just “applied philosophical,” norms. Such a perspective would, I think, be consistent with Rosanvallon (2011) ideas about contemporary developments in the institutionalization of modern liberal democracies, i.e. the emergence of reflexive democratic institutions beyond those that can be explicitly identified as being part of the government.

This interactional expertise would, certainly, modulate the contributory expertise of applied philosophical bioethicist but it does not erase or overrule it. Adopting this approach would embrace the fact that the specialism of applied (bio)ethics is not the sum total of human moral practices in this domain. It would act as a corrective to those who seek to insulate applied (bio)ethics from policy and politics, who see (academic) ethics as having priority over the public, policy, and politics. For example, Radcliffe-Richards argues there is “a crucial distinction between debates about policies or actions that are under consideration, and debates about what constraints or limits should be imposed on those considerations from the outset” (2012, p. 134). This might be the methodological case within applied ethics but to maintain that it is the case in public, policy-forming and *political* contexts is to arrogate to ethicists a form of a priori ethical authority that is deeply questionable and reminiscent of theocratic, rather than democratic, approaches to government. Such methodological commitments are central to the contributory expertise of bioethics but importing them into democratic processes that have an incompatible ethos is deeply concerning, both morally and politically. If their contributory expertise is to be properly recognized applied (bio)ethicists must develop an interactional expertise. This latter expertise must not mistake the field of democracy for that of their academic endeavors, and it ought to be configured accordingly.

4. Conclusion

In this paper, I have sought to address the problem of ethical expertise by making use of ubiquitous, interactional, and contributory expertise (Collins & Evans, 2007) and the concepts of ethos and eidos. My use of these terms follows and furthers the way I have previously developed them (Emmerich, 2015a, 2015b, *in press*). Whatever the merits of the above, it is certainly the case that further work is required to articulate a social or practice theory of morality and ethics based within the concepts of ethos and eidos. This is no easy task and will require a renewed and interdisciplinary approach to morality and ethics. Writing in a similar context, Addelson has noted that renewing “moral theory requires changing ourselves and our work” (1991, p. 129). More or less explicitly, my argument is aimed at recognizing the need for greater disciplinary diversity and interdisciplinary cooperation in bioethics and in moral philosophy or moral theory more generally (Rawls, 1974). As such, it is positioned against those who seek to minimize the role of the social sciences in bioethics and normatively locate “applied ethics” as not only the autonomous heart of bioethics, and as the heart of human moral life itself.

Nevertheless, one might legitimately complain that the focus on applied (bio)ethics has meant that the scope of “bioethics” as a whole has been neglected. If we are to grasp the nature of *bioethical* expertise fully it would seem necessary to examine its existing multi- and inter- disciplinary

nature. By reducing the scope of my enquiry, I have relied upon a somewhat caricatured vision of applied (bio)ethics. As a result, it may be that I am guilty of “baiting bioethics.” Nevertheless, this is something that is now a venerable tradition and part of bioethics itself. Indeed, as Gorovitz (1986) acknowledged in the article that originated the term, it has much to contribute to the overall well being of the field.

Some might still wish to object that if there is no underpinning *philosophical* or *meta-ethical* warrants for ethical expertise then the forgoing discussion is moot. To maintain such a position is to remain within the disciplinary perspective of analytical or modern moral philosophy. While philosophy may once have been *the* master discipline, embodying of a love of wisdom, the (search for the) good life and the foundation of citizenship such claims are, today, at best illusionary and border on hubris. At worst, they are simply rhetorical and political exercises, they cannot be maintained in an era of professional philosophy. Applied (bio)ethics is not immune to the contemporary academic tendency toward (hyper) specialization. If we are to understand the expertise academic ethicists have to offer, we must develop a reflexive insight into the wider public, political, and cultural role(s) they fulfill. To do so requires going beyond the insights and analysis offered by the “analytic tradition.” As Addelson suggests:

“With their expertise justified by the enlightenment orientation analytic philosophers have refused to discuss their actual place in the ruling apparatus. For them, the large questions of scholarly authority and responsibility are moot” (Addelson, 1991, p. 118).

Those philosophers who, for meta-ethical reasons, deny and, indeed, assert the existence of (bio) ethical expertise have misconstrued what is important about the concept. What is important is its public, political, and cultural role. What is important is the practical relation between ethical expertise and wider society, not its philosophical foundations.

This role cannot, of course, be fully examined outside of a theoretical perspective. I offered one such perspective in the first part of this paper and did so by drawing on Daston and Gallison’s analysis of the history of science. However, philosophy is unlikely to provide sufficient resources as “[w]e need a moral theory that is useful to us, given our positions of authority ... [Contemporary] philosophical theories [of applied ethics] ... do not take into account the processes by which moral and empirical truth are enacted” (Addelson, 1991, p. 128). What is needed is a renewed examination of moral theory fit for the purposes at hand. As an Enlightenment project, the theoretical perspective(s) offered by modern moral philosophy are simply not up to this task. The truth of this perspective is increasingly obvious in anthropology, sociology, and psychology (Abend, 2013; Hitlin & Vaisey, 2010; Lambek, 2010; Lapsley & Narvaez, 2005; Narvaez & Lapsley, 2005; Zigon, 2008). A renewed philosophical engagement with morality cannot proceed in ignorance of these disciplines. If bioethicists are to develop an understanding of bioethical expertise, then it must be accomplished on the basis of a theory that “makes scholarly sense and that can be enacted as we try to do responsible service as scholars and teachers and policy advisors” (Smith, 2007, pp. 128–129). We must understand (bio) ethical expertise in relation to the ubiquitous moral expertise exhibited by moral agents in general.

As Collins and Evans (2007) explicitly offer a normative theory of expertise then, as my discussion makes clear, we should expect this theory of bioethical expertise to guide the future exercise of such expertise. It is a theory that can be enacted, and therefore one that refuses or dissolves the gap between the descriptive and the prescriptive, between facts and values. Across the social or human sciences there is an increasing recognition of the normativity of theory or, to put it another way, its *reflexive* consequences (Smith, 2007). The most obvious examples of this phenomenon have been explored under the rubric of biopolitics and my argument can be seen as an extended call for a biopolitics of (applied) bioethics (Rose, 1998, 2007, 2013). More than this it is an argument that bioethics should become a human science, an argument I have only once found being made elsewhere (Langsdorf, 1988). Nevertheless, many have called for an increase in (social or sociological) reflexivity on the part of bioethics and, indeed, moral theory (Fox & Swazey, 2008). The preeminent

sociologist of philosophy, Randall Collins, suggest that there “are sociological reasons to expect that the twenty-first century will be a period of increasing innovativeness in ethical philosophy” (R. Collins, 2000a; p. 177). In my view, the theoretical style of this innovation will be the sociological philosophy (and philosophical sociology) that many have called for, including some of those discussed here (Addelson, 1991; Chernilo, 2014; Collins, 2000a, 2011; Fuller, 2000). If, for the democratic purposes, we are to forge and enact a new moral theory, then it is unavoidable that “philosophers should become sociologists (and vice versa)” (Addelson, 1991, p. 129). Moral philosophy or, at least, “moral theory” will become increase marked by the kind of social reflexivity characteristic of the social sciences and cultural theory. Bioethics is well positioned to lead the way.

Funding

The authors received no direct funding for this research.

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Citation information

Cite this article as: A sociological analysis of ethical expertise: The case of bioethics, Nathan Emmerich, *Cogent Social Sciences* (2016), 2: 1143599.

Notes

1. Although some rule out “ethical expertise” in the sense of providing *answers* or *responses* to moral questions, it is worth noting that the bioethics literature is replete with casual references to the expertise bioethicists have to offer (cf. Parens, 2015 p.12).
2. Given the multidisciplinary nature of bioethics, there may, in fact, be no question of bioethical expertise. Instead, there may be a number of expertises constitutive of bioethics. However, we might consider if interdisciplinarity is greater than the sum of its parts and if this entails a distinctive form of bioethical expertise, at least for some who work in this field.
3. The term *eidos* is a relatively novel one. My use of it relates to Bateson's (1958) novel development of the term. I have discussed and developed the term in more detail elsewhere (Emmerich, 2015a, 2015b, in press).
4. As Anderson makes explicit the terms *ethos* and *character* are intimately related. It is also worth noting that she draws on Daston and Gallison in a manner similar to my own (2005, p. 3 fn.3 and 7).
5. One should note that in this passage, and throughout their treatment of objectivity and its histories, Daston and Gallison use the terms “ethics” and “morality” in manner opposite to my own. Thus, ethics is associated with *ethos*, while morality refers to specific normative rules to which one may be held account i.e. to an *eidos*. Certainly there are differences between our respective conceptions, we are not just using one word in the place of the other, nevertheless their meaning is sufficiently close to my own for the above reading to do the work to which it is put in this essay (Daston & Galison, 2007, pp. 52, 40).
6. We must, of course, credit all those actors involved including those acting from a religious perspective who, unlike or at least not to the same degree as philosophers and the subsequently conceived “applied ethicist”, appreciate and, rightly or wrongly, see themselves embedded within the thick moral *ethos* of contemporary culture. Even when acting intellectually they see themselves as moral actors not moral analysts. To use another moral idiom they seek proximity not distance.
7. In his “Death Before Dying” Belkin (2014) provides an interesting example of this trajectory in relation to brain death.
8. Of course one might offer the counter-argument that the degree to which it is empowering for both individual and the discipline as a whole is quite significant. Expert bioethicists’ are offered exciting opportunities for power and influence. However, the not unjust response would be that those bioethicists who present the socially, culturally and, over all, politically acceptable face of bioethics are far more likely to be accorded such invitations than those whose substantive views go against the (relevant) grain. This latter, of course, being in something of a flux, at least relative to previous historical timeframes.
9. As a normative construct, the democratic *ethos* may not, in practice, be correctly expressed, it may be overruled or deformed by other (normative) imperatives. What is the case may not necessarily be what we think ought to be the case. Nevertheless “[e]ven when the democratic *ethos* is betrayed - as it so often is in “really existing democracies” - we can still recognise its normative power” (Bernstein, 1998, p. 294). This is also true of the *ethos* of applied philosophical bioethics as it is the *ethos* of democracy, medicine, or any other (social or cultural) morality. By way of an example, consider the fact that there is a tendency toward adopting technocratic forms of politics and policy-making, particularly in the context of expertise. While technocratic and, for that matter, bureaucratic processes have their place within the democratic context (and *ethos*) they should not dominate, exclude, or obstruct democratic processes. Technocratic and bureaucratic processes should facilitate democratic policy-making. My argument is, precisely, that when acting in democratic context, including the “public domain,” bioethical experts should do the same (Amy, 1984; Bernstein, 1998; Evans, 2006; Fischer, 1990; Straussman, 1978).
10. While no (capitalized) “Political Theory” is being assumed my discussion of the democratic *ethos* does invoke something about the nature of (lower case) “politics.” It is agonistic. Consequentially elements of ethico-political debate are often antagonistic and ineradicably so. My question therefore concerns the *ongoing* role of the (bio) ethical expert in ethico-political debates, debates that are only ever settled temporarily (Mouffe, 2000).
11. Morison provides a good indication of various forms democratic values that might be considered constitutive of the democratic *ethos* e.g. openness, access, responsiveness, interactivity, accountability, and proportionality (2004, p. 138 & 144).
12. For example, consider the Warnock Report. It is an excellent example of mutual moral accommodation and of the power of such accommodation to successfully shape the moral landscape for a significant period of time (Wilson, 2011).
13. Hegel's *Moralität* (imperfectly) maps onto the way in which I have been using the term *ethics* while *Sittlich-*

keit connects with morality or moral ethos.

14. It is worth noting that the moral agency and ethical autonomy of individuals qua individuals is both a meta-ethical commitment of applied philosophical bioethics and embedded in the democratic ethos. Indeed “individualization” is part of the contemporary anti-ethos ethos associated with bioethics, democracy and modernity itself.
15. This is not because the media or non-academic researchers are misguided in their representations of public opinion but because, strictly speaking, the public opinion does not exist (Bourdieu, 1979). Rather there are competing accounts and constructions rooted in differing aims, objectives, and power structures. As such it is important that academic social scientists exercise their aims, objectives and power in this arena. Not least because its ethos is one which promotes the voices (and values) of the sociologically disenfranchised and who are often powerless to influence debates.

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