CHAPTER I: INTRODUCTION

Contemporary philosophy transcends both the traditional limits and conceptual articulations available to the discipline. It may be necessary that philosophy be redefined in terms of its interdisciplinary articulations that use philosophical method as a tool to analyse and understand issues in other disciplines. It is not the case that traditionally philosophy did not enter into a meaningful discourse with other disciplines such as natural and social sciences, religion and law. But the unique nature of contemporary/recent philosophy is that it articulates and enters into a discourse with disciplines whose boundaries were seen as impregnable - one such area is Bio-medicine.¹

Traditionally the terminology/language of such a discipline was seen as precise and practitioners of the discipline never recognised conceptual problems entering their field. An interdisciplinary approach to the problems has now given a new dimension to this discussion. ‘Clear’ and ‘distinct’ concepts have become ‘hazy’ and ‘questionable’, requiring proper articulation and clarification. The new discipline emerging from the discussions such as Bioethics calls for detailed studies of what is both implicit and explicit to the discipline.

The problematics of Bioethics as a discipline has its roots in the controversial character of ethics understood essentially from three perspectives; namely, when there is real inconsistency (and not mere verbal disagreement between two positions); when each
of the position is reasonable and supported by argument; and there is a possibility of
dialogue between the positions.

One should not expect from moral philosophers solutions to moral problems. The
maximum that one could expect is a direction to a debate and a pointer towards
alternative solutions and possible consequences thereof. Ethical theory is seen as
theory about reasons - "reasons for doing or refraining from doing something, reasons
for approving or disapproving of something, or reasons for believing or asserting
something about morality, virtuous or vicious conduct, good and evil rules, practices,
institutions, policies and goals."\(^2\) The task of ethics seen in varied ways, necessarily
includes the search for establishment of reasons for various sorts of things connected
with conduct and consequently becomes a matter of practical reason.\(^3\)

The most important response at this stage has to be to ethical skepticism, which in its
'crudest' form denies distinction between right and wrong. It is argued that if there is
no 'good' moral reason for treating one conduct as better than another, then all
conduct is on par, and consequently everything is permissible. Ethical dogmatism on
the other hand, 'dogmatically' argues that no reasons need to be given for ethical
views. In actual practice, one can find individuals who are morally neutral about some
ethical issue or the other. No one has, in practice, been consistently nonethical
regarding all issues. Ethical dogmatism, is however quite common among individuals
concerned about ethical issues. Ethical dogmatism invariably leads to failure to
recognise varied implications of ethical complexities, and subsequently leads to breakdown in communication.

Applied Ethics In The Context Of Ethical Discourse

The distinction between normative ethics, metaethics and applied ethics (AE) is important to understand the evolution of concepts in moral philosophy and their justification within the general framework of philosophy. However, at another level the emphasis on this distinction blurs in the context of AE discourse. The development of new AE disciplines seems to have resulted in an integrated discourse wherein questions of right conduct, questions of meaning and questions of contextualising and extending moral concerns are inseparable.

The normative questions of the nature of ‘what ought I (or we) to do?’ raise further questions and moral predicaments that reflect different categories of moral problems. John Ladd has identified four types of ought questions and their consequent categories while analysing the nature of normative questions, namely, ought questions arising out of conflicts of interest; ought questions arising out of moral dilemmas, ought questions arising out of ethical disagreements; and ought questions turning on the distinction between duties and other oughts.

Ought questions arising out of conflicts of interests are reflected in understanding ‘subjective values’ and the capacity/incapacity on the part of the individual to satisfy one’s interests. When an individual is forced to choose between interests, one is faced
with the moral problem of which interest should be satisfied. It is argued that the main function of ethics is to provide objective procedure for settling the conflict. Utilitarianism and Rawl’s ethical theory are addressing to these questions.

Ought questions arising out of moral dilemmas are reflected in situations where there is a conflict of duty. Such conflicts arise when an individual finds it difficult to perform one’s duty without failing to perform another. Such moral dilemmas are common in Bioethics. Moral dilemmas arise when all acts in questions are prima facie duties, whose status is in turn questioned. (Act utilitarians and situationalists do not accept this position).

Ought questions arising out of ethical disagreements are reflected in a pluralistic society divided by different ideologies, religions and cultures. In societies where there is disagreement over the rightness and wrongness of various kinds of conduct, an individual is in conflict regarding what he feels or recognises he ought to do and what others want him to do. The main question is whether his duty to respect ethical beliefs of others override his own recognition of his moral duty.

Ought questions turning on the distinction between duties and other oughts are reflected in situation wherein one is called upon to mediate or contrast between moral oughts and nonmoral ‘oughts’. Some moral philosophers distinguish between moral duties to oneself and to others, thereby widening the scope of moral action to include all human actions. Some others do not recognise duties to oneself.
Philosophers recognise various categories of *metaethical* questions. Broadly, there are questions concerning relation between ethics and conduct; there are questions concerning relation between ethics and facts; and there are questions concerning degrees of generalities regarding ethical propositions - all embracing super principles, moral rules and practices, and individual here and now moral decisions.

General discussions on metaethical theories consider four types of questions that in the ultimate analysis distinguish normative ethics from metaethics. The questions regarding meaning, the questions regarding nature of moral judgements, questions regarding justification of moral judgements and questions regarding interrelation of these issues. Although the questions regarding justification are said to be "central and most important" but for the present study and in view of justifying AE, the central questions in metaethics seem to be questions regarding meaning. As it is a common experience in moral discourse, after a long drawn argument and counter argument, participants of the debate move "back" to fundamental questions regarding *meaning* of terms employed in the discourse.

Robert Holmes while analysing the relevance of ethics, points out that although one may ask substantive moral questions in normative ethics, metaethics and applied ethics separately, the issues are so complex and interrelated that it is difficult to maintain their separateness. Holmes argues, that metaethical analysis provides better moral judgements in particular situations is not correct. Similar is the case with normative
ethics and applied ethics. Again, although it is important that metaethical clarifications are essential to normative and applied ethics, it is not necessary that one must wait for resolving of all issues before 'doing normative ethics' or 'defending moral judgements'.

Regarding the relevance of normative ethics to applied ethics, Holmes points out that although every discussion on AE presupposes normative ethics one may wonder whether a specific AE position is due to the consideration of a principle in normative ethical theory or the choice of normative ethical theory is determined by what one thought is morally right to religion, culture et al. Holmes, in conclusion, recognises the fact that solutions in applied ethics are accepted on the basis of undefended normative ethical theory. In fact, such solutions to moral problems are based upon personal moral convictions sometimes influenced by gender, class and racial biases. Holmes concludes that one cannot do neutral ethical analysis. In fact, according to Holmes, such an attempt "obscures, rather than avoids, the problems in trying to apply ethical theory to practice."  

From the above it is clear that the general theoretical problems of normative ethics and metaethics have direct application to human contexts thereby 'creating' applied ethics disciplines. However, there are many critics who feel that there is still serious gap between theoretical and AE. One of the criticisms is that most of the AE discussions presuppose the theoretical position of a school of philosophy or ideology. This makes it difficult to respond to philosophically divergent views. Again, in some cases, the
discussions tend to base themselves on not so clear moral principles ‘lifted’ from a theory known to be philosophically inadequate. Still again, there are applied ethical discussions that do not make any explicit or implicit reference to any ethical theory.

Presuppositions Of Applied Ethics

It is necessary at this stage to clarify some of the theoretical presuppositions of AE and also to delineate AE discourse from other similar discourses. Although moral philosophers have positioned themselves vis-à-vis the critiques of moral philosophy in general and AE in particular, there have been dissenters within this group as well. James M. Gustafson, Ronald N. Green, and Loretta M. Kopelman have attempted to clarify and lay bare the reasons for doubting the possibility of AE as an independent discipline within the overall intellectual discourses concerning man and nature.

There is no general definitional agreement regarding what constitutes AE. John C. Callahan defines AE as “that branch of moral philosophy, distinct from analytic or metaethics and theoretical normative ethics, which attempts to resolve specific moral issues and morally problematic cases that arise in different areas of practice.”

Although, moral philosophers engaged in AE have been criticised by their theoretically oriented counterparts, the level of interest and growth of AE discussions have almost questioned the need for a theory. This is particularly so when the existing ethical theory seems to have not been effective in providing solutions to practical affairs. There are, however cases where attempts are made to ‘blindly’ apply theory without
determining the appropriateness of such an exercise. Donald S. Klinefelter while rejecting scepticism regarding normative ethical theories expressed by Kai Nielsen and others, points out that merely because "no known normative theory has been able to meet all possible objections or silence all its critics, ... (it) is not sufficient reason to regard the enterprise as hopeless or intellectually bankrupt." H. T. Engelhardt argued that in spite of sceptical arguments that undermine universalistic claims of contemporary applied philosophy in general and applied ethics in particular, contemporary cultural needs not only promote interest in the subject, but the interest is growing intense rather than abate.

The reasons for such an interest in AE is obvious. The pluralistic society, fragmented by divergent religious and ideological understandings, differences regarding what is moral, social and political good etc., under the strain of accelerating scientific advancements and technological changes, looks for guidance in its decision-making processes. There seems to be however growth of critics denying the possibility of AE as much as there is growing interest in the subject.

James Gustafson while analysing the medical ethics/Bioethics literature observes four types of discourses, ethical, prophetic, narrative and policy discourse that function morally. Ethical discourse, for him, comprises of use of conceptions, distinctions and modes of discourse accepted in the discipline of moral philosophy and moral theology. The purpose of ethical discourse is to decide what one ought to do in particular circumstances in terms of intervention or non-intervention. The prophetic discourse
compared to ethical discourse is typified by concern for macro issues and its expressions are generally radical indictments. Underlying these expressions are fundamental issues regarding what is perceived as right and wrong. The prophetic 'exhortations' are usually passionate and employ metaphors and analogies to appeal to hearers' emotions. Gustafson also notices the apocalyptic nature of such a discourse. Gustafson observes narrative discourse, used mainly by Christian moral philosophers, is typified by a claim that since we are members of moral communities, our values are shaped by the 'formative narratives' of the community. These narratives are not arguments as in the case of ethical discourse. But since they arise within the context of decision making, they have implicit to them moral reasoning. The politics of biomedical research and the interest of government in medical care resulted in a new discourse, policy discourse. The literature on medical policy is not the sole concern of physicians, moral philosophers or religious leaders. The governmental commissions, recognising the interdisciplinary nature of the issues, have their own agenda based upon moral, social and political considerations, thereby creating policy discourse.

Gustafson concludes that ethical discourse is observed to be insufficient, so also the prophetic, narrative and the policy discourses. Each of the discourses contributes in a way to the formulation and resolution of issues in Bioethics in general and medical ethics in particular. He concludes arguing that "the location of choices, of the perceived moral uneasiness or possibilities, licenses each of the forms of discourses described, ... and the location of the uneasiness should determine the concepts,
glance, it may look like the phrase is used to describe or identify a form of behaviour that has negative moral connotations based upon an absolute moral principle. Both the common-sense use and the professional use by philosophers seem to allude to an all encompassing moral principle. The phrase "play God" as Edmund L. Erde points out does not seem to be used metaphysically. Even Richard McCormick in *How Brave A New World* seems to allude to an underlying moral principle when he refers to "play God". Erde suspects that the expression "doctors should not play God" is an imperative using either descriptive or referential words. For, it is pointed out that although one knows the meaning of the words involved, one does not know the meaning of the whole sentence. One should not assume that the above expression is similar to the expression (doctors should not kill people) as the earlier expression is not a genuine directive with descriptive content. Although at one level the two expressions may perform similar act, however at another level, the two are very distinct in their functions.

Erde points out various meanings of "play(ing) God", such as command, explanation of why an act is forbidden, warning against moral dangers, etc. He also observes that there is no common single meaning underlying the uses. He argues that even if there is 'family resemblance' among the uses, often "when such a phrase is used we do not know what it means". In conclusion, Erde points out that "to say that we do not have a meaning for the phrases is not (as some might mistakenly think) to say that the phrases are useless. They can tell us that we are in for a discussion of matters of reproduction or life and death and as such are just catch phrases. They can warn us to
go carefully and thoughtfully. More likely, however, they are used because they are so charged as to stifle, or at least slant, moral debate just where things are debatable. That is, the phrases are used in such a way that, if they work, the listener feels forbidden to discuss or think further about considering the action. The phrase frames mercy killing, for example, in taboo. But I believe that it is the frame that is wrong, not what is inside. In short, the phrase is used only where a killing (or some other action) might be proposed as a justifiable exception to the general moral injunction against killing (or whatever the other action is), but the speaker does not want to have anyone engage the possibility.” Similar analysis for other phrases and expressions will reveal objectives other than descriptive or moral theorising. Richard A. McCormick while noting that slogans are used as if arguments, had proposed a set of “rules for conversation” which will help to overcome the subversion of conversation. Avoiding slogans, metaphors, and other uses of language may help the applied ethics debates to be more objective in understanding of the varied moral perspectives.

**Theory Versus Practice Of Applied Ethics**

Engelhardt not only provides a strong logical argument for AE but shows how in practice, one can respond to those who bring into question the very enterprise of AE. One has to articulate AE in the absence of a single morally canonical sense of practical reason or of justice. He suggests two strategies instead of arguing for the impossibility of AE. One, we can accept plurality of moral rationalities and two, look for deeper structure underlying practical reason or justice. The two strategies, Engelhardt believes, are not mutually exclusive. They may at one level be seen as complementary.
The first strategy leads to abandonment of universalism in ethics thereby rendering AE as explication of particular moral worldview with reference to culture specific foundations. Such an AE "will provide different plausible accounts, which will be convincing only if one endorses the particular initial moral intuitions, thin theory of the good, or notion of proper rational choice that supplied the moral content for the applied philosophy one finally embraces." The inquiry into the deep structure underlying practical reason or justice reveals 'minimal general language for moral strangers' which is due to the universal nature of moral discourse, which in turn depends upon the common universal human nature and its communicative systems. The difficulties encountered in the inter-subjective communication on moral issues may be due to either fundamental grammatical or transcendental (sic. metaphysical) constraints.

All normative ethics is said to "applied" in the sense that ethics is expected to solve practical issues. But, as Klinefelter puts it, "applied ethics would appear to push this claim further in the director of moral casuistry or "quandary ethics" where cases are prior to principles and theories are made explicit only after the fact." Under these circumstances, it is imperative on the part of the moral philosophers (both theoretical and applied) to integrate ('mesh') together the theoretical and applied content "by testing and improving theory and for enabling applied ethics to rise above mere casuistry." As of now, there has not been any visible influence of recent developments in ethical theory on applied ethics, and vice-versa.
The contemporary philosophical developments and the demand for application of ethical theories has given rise to modification and reconstruction of traditional ethical theories. Further efforts are made to develop criterion to test the ability of a theory to resolve problems of application. Such efforts may not succeed in near future given the nature of ethical theory. However this does not mean that AE is not guided by the theoretical considerations and practical objectives while seeking directions of resolution of practical problems.

Moreover, the AE concerns cannot wait for the traditional theory to advance so that a clear criterion is laid for the resolutions of practical problems. Is it proper to look for such an advancement? The nature of ethical theories seem to point out that significant advancement in this direction will occur only if practical resolutions have acceptance among the moral philosophers. Fox and DeMarco suggest two-fold approach to ethics - "philosophers may need to continue their investigations in abstract ethical and metaethical theory - but with the idea of application in mind ...(and) application may need to proceed without complete dependence on existing theory, but not without concern for the generalizability of its arguments and conclusions." There seems to be a dual (negative and positive) dialectical relationship between theoretical ethics and AE. Neither of them can claim to grow on weaknesses of the other, nor can investigation into one be done in isolation from the other. Ethical theory will grow taking into account the consensus AE brings about, and AE will benefit from the advances of theoretical principles developed both at the normative and metaethical level. As a result, "the theory will be more responsive to the complexities of the
genuine moral problems and application … (will) benefit from the general understanding, rational consistency and co-ordination of judgements which theory can provide. AE is essentially based upon presupposition of plurality of opinions and disagreement while seeking solution to moral dilemmas. It is necessary that AE should seek procedures to change from disagreement to agreement while taking into account the practical political, social, economic and cultural constraints.

In spite of the fact that philosophers have attempted to identify various roles for AE and correspondingly identified types of AE, it should be accepted that AE teaching is essential for future professions in all fields of human activity in order to recognise the ethical problems in their respective fields, and provide professionals as well as public by and large with sensitivity and mental disposition to recognise sound moral precepts.

The Method of Applied Ethics

It is pertinent at this stage to recognise the importance of methodological presuppositions in the discourse of Bioethics. There are number of methods of argumentation that are likely to be encountered in ethical discussion identified on the basis of “appeal to authority”, “appeal to consensus”, “appeal to intuition” or based upon “dialectics” in the process of ethical reasoning. It may be pertinent to note at this stage that at one level the questions of methods or methodology is essentially linked up with question of nature of the discipline. At another level the inquiry into the nature of methodology will take us to the contemporary debate between analysis and phenomenology as ‘distinct’ contemporary philosophical methodologies.
Ronald M. Green conducted an assessment of ‘method’ in Bioethics by surveying almost entire literature on applied ethics. His assessment clearly points out that the most prevalent method simultaneously raises the question of value of the discipline itself, as the primary method of Bioethics is reasoned evaluation of normative arguments (same as that of moral philosophy). If there has been no consensus or agreement in the parent discipline, namely, general moral philosophy, how can we expect such an agreement in a derivative discipline employing the same method? In brief, Bioethics is not a different kind of discipline than ethics and “involves the self-critical application of modes of moral reasoning.”

K. D. Clouser argues that Bioethics (sic. medical ethics) “is a special kind of ethics only in so far as it related to a particular realm of facts and concerns and not because it embodies or appeals to some special moral principles or methodology...Bioethics is not a new set of principles or manoeuvres, but the same old ethics being applied to a particular realm of concerns.”

The above methodologically safe positions has been questioned on three grounds: (1) why should Bioethics employ the methodology of normative ethics instead of that of clinical medicine, law, economics etc. all of which contribute to making of Bioethics? (2) Since most of Bioethics has been vigorously discussed in the classrooms and seminar rooms of moral theology, why not Bioethics employ the methodology of theology that involves interpretations of sacred traditions, biblical scholarship and canon law? (3) Since the issues raised by Bioethics are clearly new and the traditional
ethical theory was not equipped with to deal with them, why is it not treated as a new
discipline with an entirely new method of its own?

Green responds to these objections by pointing out that in spite of the importance of
all the above questions, Bioethics draws most essentially methodology from ethics, on
which it depends upon for its reflection. It is true that the new discipline requires
interdisciplinary co-operation, but the core of the discipline remains ingrained in ethics.
The complexity of cases involved in Bioethics seem to point out to the plurality of
methods, compelling writers to reject the idea that all these methods merge into a kind
of reasoned moral justification. Whether there is plurality of methods will depend upon
one's position regarding the very notion of "applied ethics" which was found to be a
problematical concept by Green. It is obvious that "applied ethics" is not applied in the
sense of "applied science" or "applied mathematics" where there is a sound body of
knowledge that is to be applied to practical issues. At the same time one must
remember that ethics by its very nature is a "practical" enterprise whose objectives
include transformation of conduct. Besides, as we have argued somewhere else, ethical
theories have a dialogical relation to specific cases and instances of moral choice.
Green expresses the whole process in most succinct manner when he writes: "... work
in Bioethics - as in business ethics or other forms of professional ethics - is always in
some sense also "theoretical". It involves the effort to bring theory to bear on difficult
instances of moral choice both as a way of resolving these difficulties and as a way of
"testing" or confirming theory." It may be concluded that "Bioethics" though not
merely a sub-branch of ethics, it is very much part of the theoretical ethics and its
methods and the issues and problems it faces are identical with those of moral philosophy.

In a very interesting argument, Loretta M. Kopelman, argues that “applied ethics” is not a derivative subject, as there is no change when used that what is applied. Kopelman lays down a criterion of “epistemic privilege” to decide what would not be altered in the course of application. After analysing and finding that the claims for epistemic privilege by moral philosophers either in terms of principles, or specific judgements or background theories are untenable, Kopelman finds that even scientific theories cannot have ‘epistemic privilege’ in relation to moral claims. The “apply” of “applied ethics” does not express a derivative field, but “will have to include the possibility that what is applied can be re-evaluated, challenged, rethought, reinterpreted, or clarified, and that the so called fields are not fundamentally derivative.”

Bioethical discussions are the best example of a discourse where the distinction between methods of analysis and phenomenology get blurred and altogether disappears. In the present study the vocabulary and syntax used will neither distinguish the two methodologies nor will any effort be made to suggest that there is a definite distinction between the two.

In spite of the fact that it is customary to distinguish between two types of methodologies, in Bioethics discourse, both seem to be available leading to a belief
that the distinction is neither adequate nor meaningful. The idea of exclusiveness of methodology (sic. discourse or approach) seems to be replaced by an idea of spectrum or continuum wherein philosophical traditions are at one end dominated by elements of analytic philosophy and at the other end by phenomenology. No philosophy is either exclusively analytical or phenomenological.

That analytic philosophy was defined in terms of its method, namely conceptual analysis seems to be of the past. Philosophers (commonly regarded as analytic philosophers) like W. V. O. Quine and Donald Davidson go beyond the brief of conceptual analysis. Similarly, Edmund Husserl, Martin Heidegger and Jacques Derrida, both thematically and methodologically provide a detailed conceptual clarification à la analytic philosophy. On the basis of a survey of problems discussed by philosophers of analytic and continental philosophy, Dagfinn Follesdal concluded that analytic philosophy is a "particular way of approaching philosophical problems in which arguments and justification play a decisive role". In other words, the way of approaching (the analytic method) may be seen in the discussions of all contemporary philosophers whether analytic or phenomenologist or existentialist or Thomist or hermeneuticist. These philosophers are more analytic or less analytic. Similarly, the phenomenological "bracketing" and "distancing" in the process of reflection in the context of consciousness is common to all philosophers and philosophies, and depending upon their emphases on the process of self-reflection, they may be regarded as more phenomenological or less phenomenological.
The best example of such a ‘merging’ of the two methodological frameworks, can be seen from the recent discussions on “illness”. A brief study of phenomenon of illness reveals both the ‘meshing’ of the two ‘methodologies’ and the need to concentrate on three-fold discourse in ethics, namely, normative, metaethical and applied. Illness could be understood by providing both a phenomenological description as part of the reflective process and an analysis of the concept as used both in medical practice and common sense experience. Phenomenological approach involves radical disengagement or ‘distancing’ from our immediate experience in order to make explicit and be aware of the nature of such experience. Such a disengagement will make explicit the essential intentional structures which determine the meaning of such experience. Phenomenologists describe the phenomenon of illness in terms of meanings one subscribes to at pre-reflective and reflective levels.53

Phenomenological reflection makes us aware of the complexity of meaning of illness both as ‘lived experience’ and an ‘abstraction from lived experience’. Again, this reflection elucidates invariant features of illness-as-experienced apart from the varieties of its concrete instantiations.

Phenomenologically one will have to recognise illness from different perspectives such as that of physician, patient and relation of the patient. Illness assumes significantly different meaning depending upon the perspective. Again, since physical illness involves body, the manner in which the body is understood by all concerned is important to the understanding of medical practice.
Studies have pointed out that the biomedical model of illness is an incomplete model for medical practice. Illness is essentially ‘illness as lived’ and not a clinically defined disease as ‘a collection of physical signs and symptoms’ that can be measured by pathological tests. Positivism viewed illness as something physical and empirical. It could be viewed as biological abnormality or as a behavioural discontinuity. Biological abnormality is rooted in the idea that distress and disability are based on abnormal processes and changes in the human organism. Illness as a behavioural discontinuity comprises the full range of behavioural responses to pain and disfunction as determined by social, psychological and cultural factors.

Understanding illness has to take into consideration understanding of ‘health’ or ‘wellness’. The preoccupation with ‘illness’ based upon the new paradigm seems to have blinded the physicians from understanding health. Illness is based upon extreme forms of anxiety (patient anxiety of disability and death and physician anxiety regarding doing his utmost to save the patient) which is only aggravated when health problems are focused on illness rather than on wellness. Modern medical practice has reached a level that a person who is declared to be well is one who is not yet diagnosed (or has not visited a physician).

To make this point clear, study the risk factor hypothesis, the most important concept in medical practice. RFH is the central notion in medical practice whereby a physician after studying the measurable risk factors decides about the future course of action.
regarding the patient's health. Although in medical practice, cholesterol is seen as a single most important risk factor for cardiac problems, there is no known correlation between the two. The studies have concluded that RFH cannot be correct as risk factors measure only phenotype and not genotype, and the linear relation between risk factors and health problem do not operate in a dynamic system like human body.

What is then the alternative to RFH for detecting a disease? The non-western conceptions of medicine seem to suggest alternative to understanding of both illness and wellness. Besides, the longevity gene, the environment seems to determine the wellness of an individual. It is the environment that contributes towards disease state or alters the genetic disposition for a long life. And central to this, is the role of human mind which is capable of both negative and positive influence on health. In other words, disease is 'disease' in the mind. Holistically viewed and integrating both the knowledge of west and the wisdom of east, disease is due to combination of the inheritance of gene and the presence of environment that either positively or negatively contributes to longevity. Human mind controls the environment thereby either avoiding the disease or postponing its onset. It is important that we recognise that at any given time there are more people who are healthy compared to a small fraction that is ill.

World Health Organisation's definition of 'health' as 'state of complete physical, social and mental well-being' and not simply 'absence of illness and disease' provides a holistic approach of health. There is a tendency to define health in terms of capacity to
work or be functional and efficient. And health, in this sense is seen as maximal efficiency or effectiveness. And the inclusion of mental health in the general concept of health has led to the recognition of importance of environment and social stimulation.

Health being essentially related to the ‘body’, demands some clarification regarding what constitutes body in relation to health and illness as the “specific nature of man lies in his being in the body and in being through bodily existence open to the Other, ... to the world around him”38. One often observes patients being treated in a depersonalised and dehumanised manner in hospitals. Patients’ cries of suffering are ignored, and their both explicit and implicit wishes not taken into account while being treated. It is far too often that patients nowadays complain of being treated as a ‘piece of meat’ while being examined, tested, diagnosed and medicated. Patients complain that they never experience as being treated as persons with respect and consideration.

There are various reasons such as economics of the capitalist system, personal financial considerations of both the patients and physicians, advancement of modern testing procedures and diagnostic techniques that are cited to explain the ‘dehumanised’ treatment of patients in modern practice of medicine. ‘Justifications’ are also available for change in physician-patient relationship in modern medical practice. Third-party payment (insurance), governmental programmes involving paperwork and regulations, legislations with microscopic do’s and don’ts etc. interfere with free exercise of medical judgement.
The above reasons and justifications have greatly affected physician-patient relationship. However, there are more radical influences that are responsible for the paradigmatic change in the nature of modern medicine. It is essential that we understand the concept of self and human body that medical practice employs in its workings. Michel Foucault regards this paradigm whose roots go back to seventeenth century as “man-the-machine” model. Medical science views body “not primarily as a purposive and ensouled, nor as the scene of moral dramas, nor as a place wherein cosmological and social forces gather, but more as an intricate machine.” This model operates according to a variety of physical forces: electrical, chemical, etc. Disease is treated as manifestation of breaking down of the machine, and the duty of the physician is to ‘fix it’ using the scientific knowledge and rich experience that he has as a ‘mechanic’. The “man-the-machine” paradigm explains the “piece of meat” experience of patients and the phenomenon of dehumanisation. If the patient is primarily a body machine in need of repair, the personal interpretations, fears, wishes and sufferings of patients are seen as insignificant to medical practice. However, in the twentieth century, phenomenologists and ‘continental’ philosophers have attempted to understand and articulate the human body and its conditions in radically different modes, thereby overcoming the “man-the machine” fixation of seventeenth century rationalism.

Alternative paradigms have been suggested in the twentieth century as a result of critique of the Cartesian model. The most important among them is the phenomenological model based upon the radical shifts that occurred in West as a
reaction to positivism and scientism. One can recognise major trends in the twentieth century thought concerning the body. One is the critique of the conventional machine-model, and the other is the phenomenological and sociological critique. Phenomenology seeks to "bracket" all assumptions whether scientific or metaphysical to allow for a direct awareness of the phenomena of our daily experience. The phenomenologists would argue that once we "bracket" the Cartesian assumption that body is like any other physical body in the world, the "lived body" surfaces in our experience. The body is very different from other physical objects as it is capable of sensing and moving, of emotion and cognition that "constructs" the world. A sick body is not a broken or non functional machine, but a self with a world transformed. A 'diseased body' "undermines our sense of self autonomy, our relations with others, our habitual experience of space and time." 40

There are other critical representations of the machine-model and alternative models which have been suggested by the Marxists thinkers and feminist philosophers. Feminists, for instance, disembodied reason, and directed their attention on the body and aspects of the person associated with the body, gender, emotions, sexuality, reproduction, praxis and the like.

This alternative phenomenological model to the body-machine, tries to "rehumanise" medicine as it (the phenomenological model) allows us to understand illness as 'experienced-illness'.
One of the serious objections to Bioethics as a discipline is that issues in Bioethics tend to take the form of dos and don’ts leading to a skewed understanding of ‘Bioethics’. Several authors have criticised the discipline as being foundationless and theory free, thereby rendering ‘fuzzy’ the concerns that have both political and economic implications.

Towards A Secular Bioethics

In this last section of the Introductory chapter an attempt is made to juxtapose AE discourse vis-à-vis the traditional normative ethics. Most of the literature available on AE in general and Bioethics in particular has religious presuppositions. The debates often tend to grow on the expected religious or canonical lines. Historically, Bioethics is recognised as part of Moral Theology, which was primarily meant to solve practical moral problems in relation to Christian religious teaching. In due course of time, attempts from other organised religions saw both social and religious legislations in countries dominated by single religious traditions.

Paul F. Camenisch\textsuperscript{41} in Religious Methods and Resources in Bioethics, has brought out the relationship between Bioethics and various religious traditions from Semitic to oriental religions and laid bare their methodological foundations. Katherine K. Young\textsuperscript{42} argues that Hindu Bioethics is framed by the larger concept of Hindu dharma that defines public morality which is considered both as universal and eternal. Shoyo Taniguchi,\textsuperscript{43} found the entire Buddhist ethical system directed towards the gradual weakening of one’s self-centeredness (tanha) which leads to the experience
of happiness at both personal and social levels. The above is attained by the elimination of \textit{tan\(\text{h}a\)} and thereby elimination of \textit{dukkha}. John Kelsay\textsuperscript{44} finds that Islamic Bioethics reflects the conviction of the continuing validity of the Islamic mission (viz. bear witness against polytheism and injustice by proclaiming values consonant with monotheistic faith) and the struggle of the Islamic community to restore its role of leadership in the world.

Although, there are AE concerns that are primarily secular in nature such as environmental ethics, professional ethics, etc., bioethical discussions have by and large remained rooted in cultural tradition in general, and religious tradition in particular. It is necessary that one clearly understands the religious and secular nature of Bioethics in order to have a significant dialogue within and outside the communities in which the bioethical expressions are founded.

Engelhardt’s agenda is to frame a secular Bioethics in the sense that the understanding of issues must be common to all communities, traditions and ideologies. Such a Bioethics must be such that it is ‘free from’ not only a particular religious community but also from a particular secular community.

The foundations of secular Bioethics can be laid, if we locate “conceptual and value commitments of individuals in approaching and resolving biomedical problems - simply as rational individuals without (reference to) the special illumination of some divine grace ... (and functioning) as the logic of pluralism (will ensure) peaceable negotiation
of moral intuitions". 45 At a practical level such a secular Bioethics will help to resolve problems of biomedicine wherein individual physicians, nurses, patients and other persons of divergent moral views interact. It will also ensure that no particular religious tradition imposes its view on others.

Engelhardt while arguing for secular ethics, agrees that it may not be able to defend all the moral pursuits of religious individuals and ideologies. The common minimal ethics that it ensures is seen as the limitation of secular reasoning and it should not be argued that the concerns of religious individuals and ideologies are irrelevant.

Secular Bioethics, as envisaged by Engelhardt, contributes towards a tolerant health care system wherein individuals of various diverse moral perspectives interact. It further insures that people do not run to “false prophets” for resolution of moral dilemmas when the same could be resolved ‘through analysis sustained by communities of inquiring individuals’.

NOTES

1 Biomedicine has developed into a discipline as a result of advancement in research, oriented towards the goals of medicine. The traditional model of medicine dealt with physicians’ concern with the patients’ illness which was capable of objective verification. And as an extended concern the entire profession of medicine concerns itself with complete physical, mental and social well being. Biomedicine therefore taking into account the traditional medical model at one stage, made its objective applications of natural sciences to medicine. At a later stage, the application of natural, behavioral and social sciences to medicine became the focus of attention of biomedicine. Attempts to incorporate scientific methods in the medical and clinical practice rendered biomedicine as the foundational discipline upon which medical success was dependent.
Contemporary discussions of Biomedicine not only presuppose the above historical stages of development, but focus its attention on the ethical priorities, the societal goals and political experience of contemporary societies. Biomedicine has a multiple of dialectal relationships to society, polity and ethics thereby influencing the future directions of medical practice.


3 Kant had to find place for ‘ethics’ in practical reason as he failed to justify it in his transcendental deduction. Kant does not prove that we are bound by a moral law by putting forth a theoretical proof that we possess a free will. On the contrary he holds that we must possess a free will because of our indubitable recognition that we are in fact bound by the moral law.

4 Normative ethics is referred to as investigation into the contents of moral principles/virtues in the context of human condition. The resultant systems dictating “what is morally right conduct” are recognized as ethical systems. The prior questions regarding the meaning of moral terms, and their relation/comparison to other concepts are part of metaethical discourse. Although the discussions on meaning of moral terms, relation between subjectivity and objectivity of moral judgment, the problem of relation between moral belief and factual belief etc. are of recent origin (part of analytic tradition) they are logically prior to issues in normative ethics. AE though it lacks definitional consensus has been widely used and the same is reflected in the development of specific ethics such as Medical Ethics, Environmental Ethics, Bioethics, Professional Ethics. The major criticisms against such ‘practice’ is that applied ethical precepts tend to be of the nature of do’s and don’ts and the same are not often justifiable within the context of ethical theory. More specifically, no ‘field’ of AE theory is ‘observed’ in most of the discourses of AE. S. R. L. Clark while reflecting on the need for such a theory, compares AE to learning of a craft which is not merely by being taught a set of axioms which include the rules for their own applications but we learn a craft by beginning to practice it. The development of theory for AE though logically prior, is historically later. (S. R. L. Clark, “Abstract Morality, Concrete Cases” in J. D. G. Evans (ed.), Moral Philosophy and Contemporary Problems, N.Y., Cambridge University Press, 1987.)

5 Richard T. Garner and Bernard Rosen recognize these type of questions to be central, as these questions would lead to the fundamental issue of justification of moral reasoning as a whole. (Moral Philosophy, N. Y., Macmillan Co., 1967.)


7 Ibid. p. 157.


15 J. L. Austin, in Philosophical Papers, Oxford, Oxford University Press, 1979, p.235 defines performative utterances as "utterance that looks like a statement and grammatically would be classed as a statement, which is not nonsensical and yet is not true or false".


17 Ibid. p. 608.

18 Ibid.


20 Engelhardt by 'moral strangers' means individuals participating in moral debates, but without sufficient moral premises to provide the basis for a resolution of their dispute. Whether there are such individuals who do not have a 'sufficient moral premises' is disputable. In fact, it would be a challenge to communication theory that individuals can come together on a debating table without common premises to proceed.

21 Donald S. Klinefelter, (1990), p.16.


24 Ibid. p.18.

25 James M. Brown analysed the AE investigations as of four types. (1) Application of ethical theory; (2) Sound, well-grounded ethical theory being applied to practical problems; (3) Non-philosophers (other disciplines) supply the problems and philosophers supply and apply the theory; (4) Professional or occupational ethics is just ordinary ethics applied to the professions or occupation.
The methodological presuppositions of the new discipline reflect the traditional disciplines from which the new discipline has emerged. However, the nature of philosophical enterprise leaves a dominating stamp on the framework as rational justification and clarification of concepts within the discourse of ethics (both normative and metaethical) becomes the central objective.


By “epistemically privileged principles” Kopelman means that the principles are self-justifying or known by intuition. (Cf. Loretta M. Kopelman, (1990). p. 202.)

Ibid. p. 215.


S. K. Toombs points out that at pre-reflective level a patient recognises that ‘all is not well’ while reporting alien or unusual body sensations. At this level these symptoms are not recognised as signs of illness. At the reflective or intuitive level, the various bodily sensations are seen in a totality that transcends the individual symptoms and recognises them as “disease”. (cf. The Meaning of Illness, London, Kluwer Academic Publishers, 1993, pp.31-33.)

Biomedical model of illness/disease primarily focuses on the disfunction of the biological organism and patophysiology of the disease state. The roots of this model go back to Cartesian mechanistic model.

Two studies (The Pooling Project Data (PPD) and Helsinki Heart Study (HHS)) have shown that RFH is not a reliable theoretical construct. PPD after analysing 10 studies of risk factors and their capacity to predict future events (heart attacks) it was found that out of people with more than 6 risk factors, over a period of time only 10% suffered a heart attack. Further 60% of those who suffered heart attacks over a period of 10 years, had one or no risk factors. In HHS two groups, (intervention group with all risk factors and the other control group) were studied in a longitudinal study of 20 years. It was found that the intervention group had twice as many total deaths and thrice as many cardiac arrests as compared to control group where no intervention to correct risk factors was made (Cf. B. M. Hegde, “Wellness - A New Concept”, Journal of Indian Medical Association, Vol. 94, No. 8, 1996.)
Stehbens in *The Fat Hypothesis of Atherosclerosis* studied cholesterol as *risk factor* and not only found that there is no significant correlation between heart attacks and cholesterol, but found similar relation between TV sets sold and heart attacks, which medicine did not take seriously. (Cf. B. M. Hegde, 1996.)

Sāṅkhya-Yoga prescribes yoga as solution to all health problems. It prescribes control of mental states (*Cittavṛttinirodha*) for controlling the desires, anger, hatred, jealousy, frustrations etc. The *yogic* prescriptions of various *prāṇāyāmas*, primarily breathing techniques are meant to avoid diseases and increase longevity.


Ibid. p. 5.


