

Those were the days: looking back at the future

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Abstract

The central idea of this “article” is that certain developments such as extreme simplification, the politicisation of medical ethics, the “normative industry” and “empirethics”, may seriously threaten the (future) practice of medical ethics.

25th of November 2025, Rotterdam, Europe

THOSE WERE THE DAYS: LOOKING BACK AT THE FUTURE

Nowadays, in 2025, there are no more conferences. There is, of course, no need for bioethicists to meet face to face anymore - the information superhighway has put paid to that. At the beginning of the millennium the European Commission devoted all the biomed funds for research on biomedical ethics and ethical, legal and social aspects, to financing an electronic network to which all European bioethicists were linked. Good service: electronic publications, legislation, reports, the computers are still happily humming and everything is available to all participants. No more excuses. No more re-inventing the ethical wheel. There is of course the small problem that reading all the material is a more than full-time job. But then these are the days of summaries and mastering the art of selective reading. Meetings are, of course, held by videophone. Efficient! I do miss the dinners though. Far more interesting than the meetings, I often thought.

Let me take you back to the optimistic nineties of the past century.

From popular to popularisation

Those were the days, my colleagues. Bioethics was popular. It was considered important. Optimism reigned. Many studied the field. People still believed in normative conclusions and policy statements based on those conclusions. Medical practice and

Key words

Medical ethics; multidisciplinary; popularisation.

research provided us with a new problem at an average of one a week. Many politicians suffered from bouts of severe ethicolism, for which, thank God, there was no cure. Medical ethics was professionalised, saving it from the image of a hobby of a few “deviant” idiosyncratic ethicists. In the beginning “real” ethicists, the moral philosophers, were called upon. Simultaneously the call for multidisciplinary became very strong. Those who worked with bioethicists were, after a few courses in ethics, also called bioethicists. (Very expensive courses, mind you. The knowledge acquired in a course was proportional to the enrolment fee. So they said.)

By 2003 there were only two ethicists on the Board of the International Association of Bioethics. The rest were replaced by representatives of patient organisations and politicians. Bioethicists felt like the famous violinist in JJ Thomson’s analogy: dependent for life support on someone else. And we all know about the moral obligations of the person providing the life support . . .

Some ethicists, especially the older ones looking forward to their retirement, prided themselves on their success. This was their *raison d’être*: making themselves superfluous by teaching professionals how to tackle ethical issues. Others were sceptical and wondered whether, by their zeal to involve other disciplines, they had made the field look too easy. Popularisation led to too much simplification, which led to deprofessionalisation. Especially significant in an era in which ethical issues were considered important. The tragedy of post-modern society? (Or was post-modernism more a diagnosis than a therapy, and even as a diagnosis rather vague?) Anyway: societies and individuals were confused, that much was true.

How eager we were to be understood by non-philosophers. One of the problems was, in my view, that the experts in other disciplines, in particular the doctors, did expect us to know and understand the medical details of issues. (We tried, sometimes succeeded, sometimes pretended, pseudodoctors with theories on what a doctor should do, but without the actual responsibility.) There was not, however, always reciprocity. Doctors were not

supposed to study ethical theory in depth. Some did, of course, but not all of them. Chairs in bioethics were sometimes given to physicians with some ethical expertise. Medical faculties preferred them because they were doctors - and doctors really understand doctors. Some, I hasten to stress, became excellent bioethicists; others never got past the-four-principles stage in its most primitive form.

It's not that I didn't believe in multidisciplinary. I did, I still do. But in a modest form: working closely together in defining problems and using each other's research results, but still maintaining individual disciplines. Not the big melting pot with the greyish soup it became. There was an important paper published in 2001, by Professor Holm, called: "Popularisation: ethics's terminal disease. How medicine did kill ethics after all". Or maybe it was "How medicine couldn't save the life of ethics after all". I don't recall. The differences between killing and not saving lives had become more vague anyway, mostly thanks to the work of earlier bioethicists.

We were guilty of **simplification** because we wanted wide audiences. Weren't we discussing everyone's problems? We were. I remember that in my early days as a professor I wouldn't have dreamt of using audiovisual aids. Nor would I have anything to do with multiple-choice examinations. Arrogantly I thought that that was for the academically challenged. Ten years later we in Rotterdam presented our own ethical "son et lumiere". A big hit, I dare say. We developed multiple-choice examinations. ("Who invented the categorical imperative: a. Aristotle b. Kant c. Boerhaave; "Why is euthanasia accepted in the Netherlands?" a. because we don't want to spend money on dying patients; b. because we like to argue with the Vatican; c. because we are immoral anyway.)

I remember, I'm a little ashamed now, writing scenarios for a popular hospital soap opera for EuroTV, called Saint Ethicswhere. All the classic cases of medical ethics, of course, were patients in Saint Ethicswhere. I believed that by telling stories, by giving faces to problems, I could reach a wide audience, make them think about life and death, having children, genetic developments, etc. My narrative phase. (Received a lot of mail when the young French hospital ethicist started an extramarital affair with the gorgeous Italian surgeon in the fourth episode. So much for multidisciplinary. People didn't like that. Ethicists weren't supposed to have affairs. Therefore in the seventh episode she confronts the choice of participating in a screening programme for Alzheimer's disease. The surgeon leaves her. Again a lot of mail. ("Serves her right!")

The schism between bioethics and moral philosophy

Anyway, the popularisation led to the disappearance

of ethics within/from the philosophy departments. "Real" philosophers didn't want to be associated with these all too popular and all too successful bioethicists. (Some spite also, I suppose.) A "good" bioethicist was at first judged by the number of committees he or she sat on, and then by the number of television appearances per year. (Go public or perish.) They even came up with a refined citation system, called the "network index". The philosophers also argued that ethicists could look after themselves financially and neither deserved nor needed money that could be spent on less popular - but, of course, far more important - philosophical fields. That led to a schism between moral philosophy and bioethics in many countries. (Except, if I remember correctly, in France where links between bioethics and metaphysics were upheld, at least in some faculties. Quite stubborn, the French, when it comes to traditions - their own traditions, that is. A famous Dutch moral philosopher was supposed to restore the schism by chairing the European Society against Quack Ethics, but he wasn't appointed. Strangely enough, the Dutch weren't very successful with important international appointments, in those days.) This meant that those who were in fundamental ethics and not in applied ethics, had to choose. They reunited in the society, "The Ivory Tower". They, as far as I know, still publish their own old-fashioned printed journal, *Journal of Historical and Theoretical Ethics*. It started with a famous editorial called: "After amateur ethics. Taking ethics seriously again". One cannot subscribe, one has to be invited to become a member. I wonder who pays for all that paper, for all the production costs?

Temptations

Frankly, I really thought that the initial involvement of moral philosophers, who had not expressed much interest in bioethical issues, say before 1990, had a lot to do with the availability of funding - so much money for applied ethics - (all relatively speaking of course. It is just that compared with the limited amount available previously it seemed quite a lot.) So much public attention and political interest. Temptations that are hard to refuse, even for a moral philosopher. But initially some just used the field of bioethics as a useful pool for examples to illustrate their own theoretical ideas. They, of course, said: "what is in the interest of ethics is by definition in the interest of bioethics". But somehow many didn't really seem to care about the reality of medical decision-making. A real patient's case provided an interesting proving ground on which to re-think the right to die. How the life of the particular patient did in fact end and if something could have been done about it, I'm not sure if they cared. Yes, I admit, there is some resentment on my part. Probably I don't do

them justice, probably many of them believed that their work would prevent applied ethics from becoming a practice without any theoretical foundations.

Anyway, this coincided with what I called my “beeper phase”, very much practice-oriented. A reaction. Ah, to have reached the age when one is able to discover the dialectics of one’s own career. I was always available at the hospital for consultation in difficult cases. My small Ethics boutique...period. I didn’t get much reading or writing done. Very little time for reflection. I followed my moral instinct or intuitions, shooting from the hip, with style and sometimes I hit, but still: first-aid-ethics. Profited from the alibi function: “we did consult the ethicist in attendance....”

The ethics business

Where are we? Around 2005, I think. Those were the days of the **ethics business** or the normative industry. For a decade, as I told you, governments spent considerable sums on ethics research. More and more, whether you got a proposal funded was a matter of opportunistic chance. If a funding agency thought it was too “dangerous” a subject, no funding. If the timing was right and they could use the results for political purposes, there was a high chance you would get funding. It often provided an alibi for not regulating an issue: let’s wait for the results of the research, postponement strategy. The politicisation of ethics. Always admired those colleagues who had that extra sense for national and international political correctness.

Anyway, around 2005 they stopped funding saying: “we have provided the first impetus, now you are on your own”. Some were lucky enough to have jobs in hospitals and medical faculties. Many weren’t. They became dependent on, for example, pharmaceutical industries, insurance companies, churches, etc. The free market of right and wrong. How it enhanced our chameleonic abilities. I had a project funded by a toothpaste company, provided I showed that bad breath was immoral. Well, that wasn’t too difficult. That led to a grant from a chewing gum company, resulting in a thesis called “An analysis of the ethics and aesthetics of chewing gum”, which led to a workshop with dentists on the ethics of preventive dentistry, funded by both the above mentioned companies. Which incidentally, paid for my first set of false teeth!

You had to sell yourself and the competition was very tough. All ethicists were, for example, invited to submit tenders for programmes. They’d all say: “I am the best”. The one chosen would be the one with the hypothesis most agreeable to the funding agency in relation to a good price. All this selling did damage one’s integrity. The price one paid for survival.

A colleague of mine went into private practice. He

advertised: “Am I obliged to tell my husband I’m having an affair?” “Should I have the sex of my fetus checked?” Sound Advice by Professional Ethicist 24 hours a day. No solution, no pay.” He did quite well actually. Financially speaking, that is. The “individual advice” part saving him from the constraints of consistency. A new style of professional emerged, of which he was one of the first, the so called “**justifiers**”, who would sell their rhetorical skills to whoever would pay for them.

Of course, it was detrimental to the reputation of bioethics in general. It was quite different from football players wearing sponsor-shirts labelled “Philips”. (Mentioning Philips nowadays pays for the electronics equipment I need for the network.) They would still be judged by the quality of their football playing. The worst thing was the avalanche effect – hospitals would say: “so and so managed to get funding from the industry, you can do that as well”. Jobs were cut, whole institutes disappeared. It was a bad time too for example, for scientific advisory committees to national and international governments and agencies. They could not offer much money for the tasks involved. Independent research became a scarce good. Ethics, like “care” for that matter, became a product, a commodity to be marketed and sold. And market it we did. We spent more time lobbying than reading.

Also some of our traditional tasks within medical faculties and hospitals disappeared. For example, a clever manager had realised that ethics committees in hospitals that reviewed research proposals were quite expensive. Different committees also held different views, which was very inconvenient for researchers, pharmaceutical companies and other research-funding organisations. Ten experts designed the computer programme “Helsinki Perfect”. It had all the criteria for the review of research and a complex weighting system. It was immediately sold to all hospitals; it even produced an informed consent form. That was the end of the ethics committees. It was a good programme: we compared its results with the review by two well-known and experienced ethics committees, discovering that the committees sometimes overlooked things, or that their final judgment was influenced by the mood of the committee during that meeting (the fragile human touch, you know). Of course, the programme couldn’t handle totally new ethical research issues, so some national committees continued their work.

One of the effects of the struggle for survival by funding, was that, in order to distinguish your group or your approach from someone else’s, you had to say that you had a totally different approach and that the others were not half as good. This actually proved to be counterproductive. “What do we need ethicists for? They each give you a different opinion anyway.” (Both a matter of survival as well as inherent in the discipline - it’s in our genes to disagree.) “We are better off without them.”

Empirethics

All this led to the “**empirethical**” phase. Population polls were used to decide about ethical issues. If 80% of the population thought that euthanasia was justified then it was considered to be justified. Many proposals for medical research devoted a smaller or larger part of their budgets to these “referenda” in order to “solve” the ethical issues. An interesting shift from normative theory to descriptive ethics. We tried to explain that one cannot “prove” arguments in ethics by counting. “So what”, the proponents would argue, “If the majority of the population already agrees, why have an ethical debate at all? No need to”. “Fortunately”, on some issues, the public was strongly divided and the results of polls did not provide any guidance for policy-makers. Did that lead to a revived interest in ethical argument? Yes, indeed it did. But it came hand in hand with a development I will call the “Guru-era”.

Guru-era

Ethicists were replaced by moral gurus. They were extremely successful. Instead of expressing doubts and questioning self-evident “truths”, they provided clear-cut answers. There was “morally right”. And there was “morally wrong”. No “ifs”, “buts”, conditions, etc. The public yearned for answers. They wanted their lives to be made easier, not more difficult. Too much autonomy makes one weary and tired. Gurus profited. (“The good life according to X”; “All you need to know about ethics”; “Solving ethical problems in six steps”). What a relief not to have to think things through. Rhetoric and charisma replaced arguments. I have nothing against a dose of rhetoric. Used it myself. Rarely and tastefully, of

course. But in the guru-case it was an empty shell. The gurus came and went. I forgot their names. They didn’t last as individuals; they did last as a phenomenon. Probably that has always been there.

What went wrong? It was a combination of many factors. Society’s confusion. Multicultural societies and the lack of social cohesion. The consumerist mentality. The growing number of new technologies and the ethical issues involved. Expectations that were too high. Methodological limbos. The popularity of ethics in political circles. I don’t know. I wrote about it in 1996, I think it was. Wasn’t taken seriously, as usual. Such is life. Maybe the view was too gloomy in that era of optimism about the future of bioethics. “Those were the days. We thought we’d never lose, oh yes, those were the days.”

Acknowledgement

I thank Charles Erin, John Harris, Medard Hilhorst, the editor and the referees of the *Journal of Medical Ethics* for their helpful comments on earlier drafts of this article.

Author’s note

This article is a revised version of a presentation at a workshop on “Bioethics research: policy, methods and strategies” held in Rome november 1995, organised by the Psychoanalytic Institute for Social Research and supported by the European Commission, directorate XII.

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News and notes

Quality Improvement in Health Care

The Second European Forum on Quality Improvement in Health Care will be held from 24–26 April, 1997, in Paris, France.

The forum will consist of one-day teaching courses, invited presentations, posters and

presentations selected from submissions and a scientific session.

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