

Target Article

Three Ways to Politicize Bioethics

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Many commentators today lament the politicization of bioethics, but some suggest distinguishing among different kinds of politicization. This essay pursues that idea with reference to three traditions of political thought: liberalism, communitarianism, and republicanism. After briefly discussing the concept of politicization itself, the essay examines how each of these political traditions manifests itself in recent bioethics scholarship, focusing on the implications of each tradition for the design of government bioethics councils. The liberal emphasis on the irreducible plurality of values and interests in modern societies, and the communitarian concern with the social dimensions of biotechnology, offer important insights for bioethics councils. The essay finds the most promise in the republican tradition, however, which emphasizes institutional mechanisms that allow bioethics councils to enrich but not dominate public deliberation, while ensuring that government decisions on bioethical issues are publicly accountable and contestable

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Bioethics has become politicized — or so people say (e.g., Kahn 2006; Caplan 2005; Moreno 2005; Charo 2004). Although few commentators specify exactly what they mean by this claim, most echo the longstanding practice of calling something “political” whenever it becomes subject to partisan competition. Saying that an issue has become political is usually an all-purpose way of decrying corruption, hypocrisy, and narrow self-interest. A moment’s reflection makes clear, however, that equating politicization with selfish partisanship assumes a rather narrow view of politics. Fortunately, one can also find various other conceptions of politics in recent discussions of the public role and purpose of bioethics. For example, in a lecture during the *Bioethics and Politics* conference at the Alden March Bioethics Institute in July 2006, Edmund Pellegrino, current chair of the President’s Council on Bioethics (PCBE), distinguished two forms of politicization: politics with a large “P” and politics with a small “p.” The first he associated with the Aristotelian pursuit of the good life, the second with the Machiavellian pursuit of self-interest (Pellegrino 2006). Similarly, Leon Kass, former chair of the President’s Council, recently noted, “The people who have accused our Council of politicizing science and bioethics have been right, but not in the way they meant.” The Council has been “in microcosm, and in the best sense of the term, a *political* body,” because of the way it has sought to incorporate diverse perspectives, avoid expert jargon, and engage the public (Kass 2005, 247; 228, original emphasis; see also Turner 2008, 36–37; Brown 2006, 19; Charo 2005; Powers 2005, 320). These statements suggest that it may be helpful to worry less about the de-

gree to which bioethics has become politicized and instead consider the merits of different kinds of politicization.

This essay pursues this suggestion with reference to three traditions of political thought: liberalism, communitarianism, and republicanism. Following an introductory section on the concept of politicization, I examine how each of these traditions appears in recent bioethics discourse. Bioethics scholars have long debated the merits of liberalism and communitarianism, but they have rarely drawn explicitly on the republican tradition, which I find more promising than the others. As I conceive it here, republicanism shares liberalism’s skeptical stance toward moral consensus, but it rejects liberalism’s narrow view of politics as the pursuit of self-interest. Republicanism shares the communitarian enthusiasm for public deliberation, but it rejects many communitarians’ romantic view of politics. For republicans, politics is an instrumental activity aimed at preventing domination by establishing institutions and practices that facilitate the public contestation of government decisions. This essay examines how each of these political traditions conceives the politicization of bioethics, focusing on government bioethics councils (synonymous here with “commissions” and “committees”) and their role in public bioethics.

I conceive public bioethics as deliberation and debate aimed at determining how societies should respond to the ethical dilemmas associated with biomedical science and technology (cf. Evans 2006a, 62; 2002, 34). Different approaches to public bioethics involve different participants; potential players include bioethics councils, academic institutions, professional associations, think tanks, advocacy

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groups, the mass media, and lay citizens (cf. Bulger et al. 1995, 43–66; Eckenwiler and Cohn 2007). This essay explores different views on how government bioethics councils should relate to the other potential players in public bioethics. Although the essay focuses on comparing different normative frameworks, these frameworks are closely intertwined with conflicting empirical assessments of government bioethics councils.

The political traditions I draw upon are neither internally consistent nor mutually exclusive. They take different forms in different national and historical contexts, and conflicts persist over the defining features of each tradition and its relationship to the others. Nonetheless, conceived as analytical constructs, each of these traditions offers a distinctive lens on the politicization of bioethics. Moreover, they cut across the familiar divisions between left and right, liberal and conservative bioethics, suggesting potential grounds for collaboration across party lines. I do not presume, however, to capture the full range of perspectives in contemporary bioethics. And although there is probably no such thing as liberalism without liberals, or communitarianism without communitarians, the authors I draw upon do not necessarily affiliate themselves with any of these political traditions, and my aim is not to assert any such affiliation. Indeed, I frequently cite the same author with reference to different political traditions. My aim is to locate competing views on the nature and purpose of bioethics councils within broad traditions of political thought, thus facilitating a more differentiated view of what it means to politicize bioethics.

WHAT IS POLITICIZATION?

Before exploring different kinds of politicization, it may be useful to examine the concept of politicization itself. Given that bioethics can become politicized in different ways, what do different forms of politicization have in common? To say that something has been “politicized” implies that it was previously not political. And assuming that politicization is reversible, things that have become political can be “depoliticized” as well. But how does one know that a particular change or event qualifies as an instance of the larger phenomenon of politicization? To some extent, of course, the meaning of controversial concepts like politics and politicization are essentially contestable, and so any generic definition is inevitably subject to challenge. What counts as political often becomes a political question itself. In the following, I draw on a view of politics characterized by the intersection of power, conflict, and collective action. To put it more precisely, paraphrasing Warren (1999, 217–218), politics is a subset of social relations in which people face pressure to undertake collective action in the context of conflict over the means, goals, or domain of their activity, where at least one party seeks to resolve the conflict through the exercise of power. Power may be physical, economic, or cultural. It may be exercised directly through command or indirectly through structuring people’s choices, interests, or identities. As conceived here, the common feature of different forms of power is that they elicit compliance of some with the aims of others. Because bioethical dilemmas are often inter-

twined with power, and because they often involve conflicts of value, interest, opinion, or worldview, bioethics today is easily politicized.

This conception of politics highlights the normative stakes of politicization: once something becomes political, it becomes necessary to find ways of resolving conflict and exercising power without relying on pre-existing standards of religion, culture, or tradition to provide conclusive guidance. Such “foundational” resources may well have a legitimate role in politics, but in a pluralist society, what role they play is itself a political question.

Another key feature of this view of politics is that it shows how bioethics is always potentially political but not always political in fact (Warren 1999, 223; Shapiro 1996, 116). Some bioethics scholars, in contrast, draw on Michel Foucault to suggest that all social relations involve disciplinary or productive power that shapes people’s behaviors and self-conceptions; and hence, “bioethics has always been a biopolitics” (Bishop and Jotterand 2006, 205). Even if one agrees that power pervades society, however, understanding how bioethics *becomes* political requires distinguishing contexts where power is contested from those where it is not (Warren 1999, 214). It may well be true that any given framework for ethical decision-making is inevitably structured by political assumptions, and hence, “medical ethics is a subfield of political philosophy” (Emanuel 1991, 7, 22–26). But this does not mean that all questions of medical ethics can or should be resolved through politics. Many bioethical dilemmas, especially in clinical bioethics, are arguably best resolved in private, through non-political relationships between patients and their families, friends, and physicians. Similarly, conflicts of opinion are best understood as non-political when they can be resolved through open discussion leading to voluntary agreement, without need to reach binding decisions or impose sanctions for non-compliance. In many academic settings discussion and debate remain non-political, as long as participants face no sanctions for failing to reach agreement, and as long as any agreements they do reach are not imposed on others. The legal and institutional framework of such non-political relationships, however, easily becomes political, and often rightly so.

Finally, when power is exercised but conflicts are suppressed, one might speak of latent or suppressed politics. Suppressed politics is the reservoir out of which many new political issues and actors emerge (Warren 1999, 224–225). In this respect, the politicization of bioethics—as well as the politicization of those elements of science and medicine that bioethics seeks to shape—might be compared to the politicization of other social practices and institutions once deemed essentially non-political. The workplace and the family, for example, have been politicized to a certain extent as part of efforts to fight discrimination and domestic violence, respectively. In each case, politicization involved contesting previously unquestioned relations of power, thus shifting those relations from the domain of suppressed politics into the political sphere. Politicization was a necessary step toward alleviating injustices. Similarly, early bioethics politicized medicine, insofar as it challenged paternalistic

doctors and empowered patients to make informed choices. And bioethics today has many opportunities to politicize biomedical science, by revealing latent conflicts or creating new conflicts in science policymaking. Bioethics itself becomes politicized when critics publicly contest the way it justifies, promotes, or is otherwise implicated with relations of power.

In sum, the different modes of politicization examined here each involve an effort to collectively respond to relations of conflict and power, not only with regard to substantive bioethical dilemmas but also within the institutions and practices of public bioethics. They differ in the resources and goals they bring to those efforts. They each mobilize different understandings of basic conceptual categories such as reason and passion, freedom and obligation, knowledge and power, conflict and consensus. They also differ in the way they construct basic conceptions of society, the individual, the state, and the role of bioethics councils in mediating among them. Considering these traditions in terms of the politicization of bioethics emphasizes their respective modes of responding to emerging dynamics of power and conflict. It emphasizes moments of conflict and change in public bioethics over moments of stability. Whereas the politics of bioethics often remains implicit or suppressed, the politicization of bioethics brings power and conflict into the open, raising difficult questions about how to respond.

LIBERAL POLITICIZATION

Liberalism comes in many varieties, and both bioethics and political theory today includes classical liberals, egalitarian liberals, republican liberals, and many others. Many “liberals” in the everyday sense of the term, meaning left-of-center, share the republican ideas outlined below, but so do some conservatives, and my focus here is on the liberal tradition of political thought. In the politics of the United States, and arguably in American bioethics as well, the most influential version of liberalism is that associated with what one scholar calls “protective democracy,” characterized by a competitive market economy, interest group politics, and morally neutral representative government that guarantees individual rights against society and the state (Held 2006, 78). According to this version of liberalism, freedom is conceived in terms of what Isaiah Berlin famously called “negative liberty”: the absence of interference with people’s autonomous selection and pursuit of their personal goals (Berlin 1969, 122ff.). Natural individual rights promise protection from such interference, and the chief task of the state is to ensure those rights, to the greatest extent possible, compatible with similar protection for others.

The liberal theory of the state thus assumes a split between political representation and participation. Citizen participation is conceived according to a market model in which citizens express subjective values in their electoral choices and interest group membership. Elected governments have the task of refining citizen preferences through rational deliberation in the public interest, such that “the public voice, pronounced by the representatives of the peo-

ple, will be more consonant to the public good, than if pronounced by the people themselves” (Madison 1987, 126). Most liberals today conceive the public interest in procedural terms, as those basic laws and policies that protect civil and political rights, while remaining neutral with regard to substantive religious, moral, or philosophical worldviews.

As several scholars have argued, mainstream American bioethics has been closely allied with the liberal state since its establishment as a professional field in the late 1960s and early 1970s (Fox and Swazey 2006, 362–364; Jasanoff 2005, 175–180; Callahan 2003; Engelhardt 2002; Evans 2002). From this perspective, the primary role of government bioethics councils has been to meet the needs of decision-makers for both objective advice and the authority of ethical expertise. The advice helps decision-makers act rightly, and the expert authority helps them ensure others that they have (Dzur and Levin 2004, 336–337; Evans 2002, 37–42). Liberal bioethics thus models itself on a rationalist and decisionist view of expertise, according to which experts provide value-neutral knowledge that allows non-experts to effectively pursue their subjective preferences. According to one recent formulation, bioethics must strive for both “a substantial degree of objectivity” and “freedom from political influence” (Green 2006, 121; Kahn 2006, 10).

Rationalism in liberal bioethics is thus the flip side of individualism. When ethics becomes a matter of applying standardized moral principles—a key mark of professionalization and rationalization—it becomes a short-cut alternative to the burdensome process of learning about and deliberating with a diverse, contentious, emotional lay public (Evans 2006b, 220–221). Mainstream bioethics thus long devoted little effort to designing bioethics councils in a way that facilitates public deliberation. Moreover, as critics have often noted, liberalism’s rationalist view of bioethical expertise tends to discount the many non-cognitive resources that potentially enrich public deliberation, including accounts of personal experience (Asch 2005; Koch 2006, 257). Similarly, liberalism’s subjectivist view of politics as interest-group competition neglects the deliberative capacities of lay citizens. Politicizing bioethics in a liberal manner thus implicitly portrays the political role of bioethics councils in direct opposition to that of lay citizens.

This liberal divide between objective bioethics and subjective citizens contains the seeds of its own demise: as competing interest groups look for expertise to support their goals, bioethics becomes enrolled in interest group politics. Several commentators have thus expressed concern that bioethicists are becoming the “house intellectuals” of competing interest groups, and that bioethics research centers are increasingly associated with either a left-wing or right-wing political agenda (Evans 2006b, 219–220, 231; Hinsch 2005; Charo 2004). Bioethics is at risk of being reduced to what Pellegrino calls “small-p” or partisan politics (Pellegrino 2006, 572). The partisan politicization of bioethics disturbs liberals as much as anyone else, but what they usually fail to notice is that the division of bioethics into partisan “liberal” and “conservative” camps results not from politicization as such but from a specifically liberal mode of

politicization. In this respect, liberal bioethics is at war with its own conception of politics.

In this context, it is worth considering whether partisan politics has a certain rightful place within public bioethics, and Pellegrino helpfully distinguishes between two forms of partisan politics. The partisanship of “p1” involves the pursuit of a cause according to “the rules of civil dialectic,” where the cause is “based in a sincere search for a good society.” This sort of partisan politics is “the product of sober, critical, and orderly reflection on the societal good of the proposed agenda.” What Pellegrino calls “p2,” in contrast, is politics “of the Machiavellian variety,” which aims to promote “the selfish interests of groups or individuals or to prevent open discussion of opposing viewpoints.” It employs “free assertion, seductive one-sided argument, partial or distorted evidence, bombast” (Pellegrino 2006, 572–573).

Although Pellegrino is right to rescue some conception of partisanship from liberalism’s critics, his characterization of “good” partisanship remains within liberalism’s split between objective elite deliberation and subjective popular will. He merely seeks to incorporate more people, their rhetoric suitably rationalized, into the select club of those who deliberate. Pellegrino thus neglects one of the benefits of the liberal politicization of bioethics, which is that it provides a counterweight to the overemphasis on deliberation, community, and consensus among many of liberalism’s critics. By heightening people’s awareness of potential conflicts of interest, the liberal politicization of bioethics guards against efforts to conceal or suppress such conflicts in the name of reasonable agreement.

COMMUNITARIAN POLITICIZATION

No less than liberalism, communitarianism has appeared in several versions during the past thirty years (Kuczewski 2004). Generally speaking, communitarianism begins with a critique of the standard image of the liberal individual: an autonomous subject who makes rational choices free of social constraints. For communitarians, “Human beings are social animals” (Callahan 2003, 503). Communitarians also generally embrace what Berlin called “positive liberty,” understood as a matter of both individual self-control or civic virtue and collective self-government through deliberative participation (Berlin 1969, 131ff.). In this respect, communitarianism is closely associated with civic humanist or Aristotelian republicanism, according to which human fulfillment requires virtuous participation in the collective enactment of one’s community. As the next section makes clear, this communitarian version of republicanism differs significantly from Machiavellian republicanism (Held 2006, 35–37; Dagger 2004).¹ Communitarianism also shares much with skeptical conservative thinkers such as Edmund Burke and Michael Oakeshott, but since “conservative bioethics” today is primarily associated with certain substantive positions

on bioethical issues (e.g., embryo research), the term “communitarian” is more appropriate here. Although communitarian concerns have tended to have less resonance in the United States than Europe (Jasanoff 2005, 180–185), there is a long tradition of American communitarian thought (Sandel 1996).

Where liberalism draws a sharp boundary between society and the state, and between morality and politics, communitarianism often seems to collapse them together. Communitarian politics is not merely a process for adjudicating competing private claims, but is rather a constitutive socialization process of the entire community (Habermas 1998, 244). A key purpose of government is thus to promote public deliberation, which communitarians value for its non-instrumental qualities of civic education and collective self-discovery (Emanuel 1991, 165–166). Indeed, for many communitarians, politics should primarily take the form of reasoned deliberation, and deliberation should go beyond pragmatic efforts to resolve specific policy problems and aim for societal consensus on shared values and identity. For Pellegrino (2006), for example, “Politics overlaps with ethics because it, like ethics, seeks the good of man as he pursues that good in company with his fellow citizens” (572). Even those who argue for a “liberal communitarianism” view bioethical deliberation in terms of “progress toward truth,” rather than merely agreement on policy; their aim is “to extend the area of overlapping consensus that forms our shared self-understanding as a people” (Kuczewski 2001, 139; 146; Emanuel 1991, 156–167).²

One advantage of this communitarian yearning for consensus is that it seems to facilitate a greater awareness, as compared to many liberals, concerning the social dimensions of biotechnology. Such awareness need not share the dystopian view of modernity sometimes associated with neoconservative thought (Moreno and Berger 2007). Where many liberals are overly sanguine about market solutions to social dilemmas, and tend to view science and technology as morally neutral tools of inevitable social progress, the communitarian emphasis on shared values fosters a greater appreciation for the need to assert some degree of political control over technological change (Callahan 2003, 500). Similarly, given their concern with the moral and affective underpinnings of community, communitarians tend to be appropriately skeptical toward the liberal confidence in analytic reason. They argue instead for an approach to bioethical deliberation that draws upon a wider range of cultural resources than is typical within mainstream bioethics. Kass (1997; 2005) has thus famously argued for a “richer bioethics” that examines the ends as well as means of biomedicine, and which draws upon diverse cultural resources, including religion, literature, experiential testimony, and basic intuitions such as the “wisdom of repugnance” (see also Cohen 2006, 46). Similarly, Callahan writes that bioethics should cultivate a “prudential richness” that incorporates not only rational analysis but also imagination

1. This distinction explains why Sandel (1996), Habermas (1998), and others use the term “republican” to characterize a perspective similar to what I refer to here as “communitarian.”

2. For Moreno (1995, 12), in contrast, “consensus is not a regulative ideal of human affairs.”

of potential futures and insight into oneself and the particular contexts in which bioethical dilemmas appear (Callahan 2003, 500–503). And Jonathan Moreno (2003) argues that making moral decisions requires consideration of not only ethical theories but also “one’s experience with previous similar problems, as well as judgment, intuition, temperament, and ‘gut feelings’” (10).

Many liberal bioethics scholars find such calls for a “richer bioethics” annoying. One commentator sees an attempt to use “metaphors and slogans as substitutes for empirical evidence and reasoned arguments” (Macklin 2006, 38). Liberals are also concerned that appeals to the idea of life as a “gift” can only mean a gift from God, and most liberals are loath to admit religious arguments into public deliberation (Sandel 2007, 85–100; Green 2006, 116; Macklin 2006, 38; President’s Council on Bioethics [PCBE] 2003, 287ff.). On this point, liberals are doubly mistaken. First, generating ethical insights by attending to the various “given” elements of human experience, such as those associated with human mortality and corporeality, has long been a staple of feminist and postmodern social theory, and it need not owe any debt to religion. Second, arguments grounded in religion, no less than secular arguments grounded in moral or philosophical “comprehensive doctrines,” offer a valuable source of innovation and insight in public deliberation—provided that they are offered in the same spirit of deliberative restraint expected of those who make secular arguments (Cohen 2006). In my reading, communitarians generally seek to supplement, not replace, rational argument with other deliberative resources.

Despite this richness in approach, the goal of communitarian bioethics often seems to be a rather narrow matter of producing decisive answers to bioethical questions. To oversimplify: where liberals seek objective procedural knowledge, communitarians aim for objective substantive knowledge. Callahan (1999) thus argues that bioethics “has as its main task the determination, so far as that is possible, of what is right and wrong, good and bad” about biomedical developments (276). Callahan defines his position in opposition to moral relativism, arguing that bioethics must make judgments based on “standards not dependent for their worth on the blessing of the very culture requiring judgment” (Callahan 1999, 277; Pellegrino 2006, 578). Similarly, Eric Cohen (2006) writes, “Bioethics as a vocation has a responsibility to offer normative guidance on normative choices, and to search for wisdom in those puzzling human situations where wisdom is most needed” (46). And like Callahan, Cohen defends this position against various moral relativisms (55n7).³ Both thus neglect the possibil-

ity of a middle-way between objective truth and subjective preference, commonly conceived in terms of political deliberation and judgment.

In their striving for objective substantive knowledge, communitarian bioethics exhibits what Berlin (1969) called the “ancient faith”: the conviction that all moral values are ultimately compatible and all social conflicts reconcilable (Berlin 1969, 167; Powers 2005, 310). As one assessment of contemporary bioethics puts it, “Value pluralism as manifest in dissent is approached as a problem to be overcome” (Kelly 2003, 348). Historically, this ancient faith has frequently led its adherents to impose their vision of the common good onto others.

Most communitarians seek to eliminate any such technocratic ambitions by insisting that the search for consensus proceed democratically. Callahan’s (2003) list of communitarian values thus includes “democratic participation,” by which he means “a community discussion of the human good, understood comprehensively” (504). Pellegrino (2006) also suggests such a view when he rightly argues that “no group should be disenfranchised, no matter how wrong-headed or intellectually bereft they may appear to the bioethics community” (579; 582).

Despite these democratic sentiments, the communitarian enthusiasm for consensus conveys a certain anxiety toward robust and persistent social conflict, and it discounts the way deliberative consensus often conceals and suppresses relations of power. For both liberals and republicans, in contrast, “one person’s consensus is often another’s hegemony” (Shapiro 1996, 121; Koch 2006; Warren 1999, 216–217; Moreno 1995, 12–14).⁴ Communitarian affirmations of “a diversity of political communities pursuing different conceptions of the good life” merely displaces this problem onto the local level (Emanuel 1991, 161). For women and unpopular minorities, small town communities can be at least as oppressive as national governments, and there may be no realistic possibility of leaving. Moreover, by steering conflict resolution toward a single best conception of the common good, communitarian bioethics offers little guidance for the many cases where the best possible resolution is to take a vote.

In many respects, then, communitarianism aims to depoliticize social relations; it seeks to preserve or establish modes of conflict resolution that rely on shared values, customs, and traditions, without the exercise of power. In this sense, “communitarian politicization” is a contradiction in terms. Identifying and contesting suppressed power relations, whether on bioethics councils or in civil society,

3. While recognizing that bioethical arguments are shaped by culture, E. Cohen (2006) argues that it is sometimes necessary “to judge cultures from the outside, and to make arguments against deeply ingrained cultural practices (like the forced circumcision of women) that violate the dignity of all human beings” (46). Cohen points toward an important dilemma, but he neglects that even “traditional” cultures are internally diverse; they are not monolithic wholes defined by their respective elites, and they often contain in-

ternal sources of dissent. Criticism by outsiders must avoid misunderstanding the local context, producing counterproductive effects, and hypocritically accepting similar practices in their own culture. In particular, critique needs to involve participation by those whose cultural practices are at issue (Gutmann 2003, 47–73).

4. Note that libertarians are also skeptical about efforts to establish deliberative moral consensus, but unlike republicans, their primary goal is not to make government publicly accountable but to reduce the size and power of government as such (Trotter 2006, 240–244).

threatens the communitarian goal of consensus. Indeed, to the extent that consensus building underlies the social authority of bioethics councils (Kelly 2003), any threat to consensus threatens the power of bioethics itself. Hence, while liberals eviscerate the politics of bioethics by reducing it to interest group competition, communitarians implicitly seek to render it unnecessary.

REPUBLICAN POLITICIZATION

Both liberals and communitarians look beyond politics for principles of social order: natural rights and community identity, respectively. Machiavellian republicanism, in contrast, insists that social order can only be established through politics itself (Held 2006, 34, 41; Habermas 1998; Pettit 1997). Eschewing what John Dewey would call “the quest for certainty” ([1929] 1984), Machiavelli argued that conflict and change are in-eliminable features of politics, and “an option that is completely clear and completely without uncertainty cannot ever be found” (Machiavelli [1531] 1997, 36). In contrast to the stereotypical image of Machiavelli as a prophet of immorality, republicans of this stripe build on Machiavelli’s view that people only become bad in the absence of good laws. Machiavelli applied this insight not only to ordinary citizens but “most of all to princes, for each person who is not regulated by the laws will commit the very same errors as an uncontrolled crowd of people” (Machiavelli [1531] 1997, 141). Where liberals focus on the “negative liberty” of non-interference, and communitarians on the “positive liberty” of civic participation, republicans see freedom in non-domination, i.e., not being subject to arbitrary authority (Machiavelli [1531] 1997, 31; Pettit 1997, 21ff., 51ff.).

In contrast to the liberal aim of minimizing state restrictions on individual choice, republicans argue that as long as restrictions take account of citizens’ ideas and interests, and remain open to effective public contestation, they are a necessary means of protecting citizens from domination by both government and society. Similarly, where liberals reduce political participation to periodic elections and interest group competition, and communitarians elevate it to a key element of the good life, republicans see participation as a largely instrumental activity. Republicans do not reject the possibility that participation may have certain intrinsic benefits, such as the education in civic virtue praised by communitarians, but they argue that such indirect benefits arise only as a by-product of instrumental goals (Elster 1997, 20–25). Political participation is required to prevent domination, but because politics involves the exercise of power in the face of conflict, it tends to challenge personal identities, require bitter compromises, and take time away from more enjoyable and fulfilling pursuits (Shapiro 1996, 111–112; 134–136; Warren 1999, 222). Republicans are thus happy to delegate decision-making to appointed or elected representatives, when that helps promote citizen interests, but they insist that “everything done by a republican government should be effectively contestable by those affected” (Pettit 1997, 172; Habermas 1998, 245–49).

Republicanism thus highlights the importance of institutions—provisionally established rules, procedures, and modes of practice—that facilitate the contestation of both public and private power. The primary way that republican institutions facilitate public contestation is by distributing power as widely and equally as possible, thus helping to ensure that conflicts cannot be suppressed by those with more power than others. Liberals also seek to limit the exercise of governmental power, but rather than equalizing power they disperse it, displacing governmental power onto market mechanisms and private organizations (Warren 1999, 224). Given the republican concern with facilitating public contestation by equalizing power, republicans are loath to establish any source of epistemic power, including bioethical expertise, not subject to institutional constraints and procedures for public contestation (Shapiro 1996, 130). This concern is compatible with elements of liberalism and communitarianism, but it has a number of distinct implications for the design of bioethics councils and their role within public bioethics. Each of these points deserves far more discussion than I can offer here, but the following should suffice to give an impression of the republican perspective.

Bioethics Councils, Not Bioethicists

A republican politicization of public bioethics focuses on expert institutions rather than individual experts. Kass reflected this idea in his often quoted statement at the first meeting of the President’s Council: “This is a council on bioethics, not a council of bioethicists” (PCBE 2002). Similarly, republicanism locates bioethics expertise, not primarily in the professional capacities of individuals, but in institutional mechanisms that mobilize a wide range of epistemic resources. It thus supports recent efforts to expand the range of disciplines involved in bioethics, of which there are at least two distinct versions. Some endorse the idea of interdisciplinary bioethics but argue that philosophy should remain at the center (Fox and Swazey 2005, 366–368; Rasmussen 2006, 129). This approach effectively makes philosophers into ethical decision-makers and members of other disciplines their advisors, a setup that seems unlikely to facilitate cooperative deliberation. Others argue, in contrast, that bioethics is a “second-order discipline” of a “fundamentally interdisciplinary nature” (Kopelman 2006, 624). From this perspective, public bioethics is best understood in terms of the institutions that bring together the various disciplines relevant to any given issue.

Representation as Representativeness

Republicanism’s focus on institutional design and elite accountability emphasizes the importance of long-standing questions about whether, and in what sense, bioethics councils represent the public. A republican bioethics council is not a “moral legislature,” and it represents “in a deliberative rather than in a legislative sense” (Moreno 1995, 66; Burgess 2004, 7; Dzur and Levin 2004, 349–352), which means above all that council members should not see themselves as

advocates for particular social groups. Their task, rather, is to present various social and professional perspectives on a given topic (Brown 2008).

This does not mean that considerations of political interest should be excluded, as some recommend (Pettit 2004). Historically, excluding interests from public deliberation has often been a way of preventing disadvantaged groups from getting their interests onto the public agenda. As long as interests are expressed in a spirit of deliberation, and justified with reasons others could potentially accept, they can enrich deliberation as much as expressions of social perspective and professional expertise. Moreover, bioethics councils need to consider how social perspectives, political interests, and professional expertise are often closely intertwined. For example, it is not merely politically prudent but also epistemically beneficial for a bioethics council addressing an issue of direct relevance to women (e.g., prenatal screening) to ensure that not all its experts are men. Similarly, the perspectives of non-experts may illuminate biases shared by all experts as members of the professional class (Kaveny 2006, 327). By ensuring that bioethics councils are representative in these various respects, the republican politicization of bioethics aims to equalize power among different social and professional groups.

Impartiality and Contestability, Not Objectivity

In place of the norm of objectivity, which appears in different versions in both liberal and communitarian bioethics, a republican politicization of bioethics aspires to impartiality and contestability. Whereas objectivity is usually taken to require the absence or suppression of all particular social perspectives and political interests, impartiality depends on balancing a wide range of perspectives and interests. To the extent that people's general political views or party membership constitute part of their social perspective, appointments to bioethics councils should take such factors into account, not ignore or suppress them, as liberals recommend. The requirement of the United States Federal Advisory Committee Act that all advisory committees be "fairly balanced" supports this view, as does a recent report by the National Academy of Sciences. The NAS report argues that candidates for federal advisory committees should not initially be asked about their politics, but once members have been appointed, their political views should be disclosed in closed session, because this "provides an opportunity to balance *strong* opinions or perspectives through the appointment of additional committee members" (NAS 2005, 42 [original emphasis]; Turner 2003, 52–57). The NAS report thus echoes the republican emphasis on the institutional features of bioethics councils, suggesting that impartiality is best conceived with reference to an entire council rather than individual council members.

Which social and professional perspectives to include on any given bioethics advisory council, and which specific individuals might best represent them, is today usually a matter of presidential or agency discretion, and republicans have no objection to this. But republicanism suggests that

agencies should facilitate effective public input and contestation regarding such appointments. A few United States government agencies have adopted such procedures, although their implementation is of course less than perfect (Center for Science in the Public Interest 2006, 5). Creating possibilities for effective public contestation of advisory council procedures can help establish the expert authority of such councils, if it allows citizens to assure themselves that advisory committees are fairly balanced in the relevant respects (Warren 1996, 55–56).

Emphasize Public Deliberation Over Policy Recommendations

Should bioethics councils provide consensus policy recommendations, outline a narrow range of reasonable options, or articulate the full range of views present in society? Should the primary audience be policymakers or the general public? Bioethics councils serve a variety of political functions, including strategic functions such as delaying decisions or avoiding responsibility, but it is helpful to distinguish the functions they serve from the purposes with which they are charged (Bulger et al. 1995, 88–89). Most government bioethics councils in the United States have been formally charged with providing specific policy recommendations (Johnson 2006; Meslin 2003). The actual practice of bioethics councils, however, has often involved efforts to shape the public agenda and foster public deliberation (Dzur and Levin 2007; cf. Johnson 2007). Such efforts received formal sanction with the creation of the PCBE, which has an unusually diverse presidential mandate: "advise the President," "undertake fundamental inquiry," "explore specific ethical and policy questions," "provide a forum for a national discussion," "facilitate a greater understanding," and "explore possibilities for useful international collaboration" (PCBE 2002). Additionally, the Council is asked to "articulate fully the complex and often competing moral positions on any given issue, rather than ... to find consensus" (Bush 2001).⁵ Republican politicization is not incompatible with any of these goals, and the appropriate approach depends in large measure on the particular issue at hand. Nonetheless, republicanism emphasizes broad public deliberation, and advising policymakers on such deliberations, rather than specific policy recommendations. By fostering informed and thoughtful public deliberation, republican bioethics councils facilitate public contestation of government decisions. Paradoxically, they may also forestall such contestation by helping decision-makers anticipate public concerns and integrate them into their decisions (Pettit 2004, 62–63).

Providing a single consensus recommendation, in contrast, creates an incentive for politicians to shift responsibility for their decisions onto the council, thus evading accountability (Rasmussen 2006, 129). In addition, the closer bioethics councils are to government decision-making, the

5. Green (2006) neglects the President's Council's multifaceted charter, asserting simply, "Such bodies exist to provide expert advice" (121).

more pressure they face to tailor their deliberations to existing constellations of interests, which may hinder inclusion of a wide range of issues and perspectives (Engelhardt 2007, 124; Dodds and Thomson 2006, 330–332; Elliott 2005; Burgess 2004, 10). Keeping bioethics councils relatively distant from policymaking also makes it less likely that sponsors will attempt, or be perceived as attempting, to influence the council's deliberations. Similarly, council members whose views more closely approximate the sponsor's will have less real or perceived advantage over others on the council. Finally, when a bioethics council offers a single policy recommendation on a controversial moral issue, it risks undermining people's confidence in their everyday moral sensibilities (Elliott 2007, 46; Nelson 2007, 49; Kymlicka 1996, 261–262). In all these respects, a republican approach to bioethics is attentive to the tension between the formal and epistemic authority of bioethics councils. Consensus recommendations issued by a government bioethics council easily acquire the de facto status of bureaucratic commands; people may follow them, not because of their persuasive power, but because of the council's formal authority. Indeed, the bureaucratic authority of government bioethics councils easily undermines or obscures their persuasive power.

This is not to deny that bioethics councils can and should provide expert policy advice. As long as citizens have realistic opportunities to shape the policies in question—prior to, during, or following the relevant decisions—the use of expert advice need not be construed as technocratic. Insofar as bioethics councils are institutionally structured to produce well reasoned, scientifically informed, socially inclusive arguments, they are more likely to produce such arguments than either civil society organizations or legislative bodies. The latter may include deliberation as part of their activities, but they also have many other tasks, including advocacy and decision-making, which may conflict with deliberation. Moreover, unlike most other political institutions, government bioethics councils have the distinctive task of articulating a moral perspective on bioethical issues.

What it means to articulate a moral perspective, and what sort of expertise it requires, is a difficult question, and here I can only mention a few relevant considerations. From a republican perspective, moral expertise resides in the knowledge, skills, and institutional capacities required to inform and analyze normative disagreements over questions of public concern. Bioethics councils contribute a distinctly moral perspective to public discourse in part by showing how to adopt other people's points of view, which usually requires attending to their own assessments of their values, needs, and interests (cf. Dzur and Levin 2004, 349; Rasmussen 2006, 129–130; Kymlicka 1996, 251). Republican bioethics councils do not have the task of determining the true or correct answer to bioethical dilemmas. It may be that moral truths exist, and that some people understand these truths better than others. But in contrast to scientific truth, there is no reliable method or institutional framework for establishing societal consensus on moral truth. Whatever one's position on the ontology of moral truth, without a socially established epistemology for discerning it, moral

truth is largely irrelevant to politics (Waldron 1999). Consensus on a bioethics council might well suggest a promising hypothesis for further deliberation in civil society, but by itself it cannot secure the validity of normative claims. To be sure, on some issues—e.g., human subjects research, organ distribution, end-of-life decision-making—bioethics has contributed to relatively stable societal consensus. But on many bioethical issues, societal consensus is not likely anytime soon. The legitimacy of policy decisions on such issues, therefore, cannot rest solely on their normative validity, no matter how strong the consensus within a bioethics council or among bioethicists. For republicans, the legitimacy of political decisions on controversial bioethical issues rests in part on institutions that facilitate public deliberation and contestation.

Expand Policy Options Rather Than Narrow Them

As a corollary to the preceding point, republicanism suggests that bioethics councils best promote public deliberation and contestation by expanding, rather than narrowing, the range of perceived policy options (Dzur and Levin 2004, 334; Kass 2005, 228; Dodds and Thomson 2006). The aim of bioethics councils, so understood, is less to refine philosophical arguments than “to render more articulate those extensive, densely woven depictions of compelling and attractive forms of life” that underlie competing positions on bioethical issues (Powers 2005, 320). A prominent example appears in the PCBE's report *Beyond Therapy* (PCBE 2003), which arguably seeks to persuade its readers not of particular policy measures but of the importance of a set of questions (Berry 2006, 136; Elliott 2004). A distinctly republican mode of politicizing bioethics councils emphasizes the task of opening up new questions by exposing suppressed relations of power, leaving most of the work of narrowing options to elected bodies that are more directly accountable to their constituents (Pielke 2007, 17–18). To be sure, after a certain point, expanding options may deprive participants of a common reference point and actually impede deliberation. And while too much pressure to reach consensus may suppress dissent within a council, too little will eliminate the need to deliberate at all.

Republicanism thus shares the communitarian enthusiasm for public deliberation, but it is better prepared to cope with bioethical issues in which consensus is either impossible or unstable. Instead of striving to create public consensus, republican deliberation helps citizens understand, and if necessary, publicly challenge, the considerations that motivate and justify public decisions on bioethical issues. Republicanism also differs from rationalist approaches to deliberation, which tend to neglect the practical constraints on and diverse modes of public engagement. For those interested in pursuing the long-term goal of discovering correct answers to moral dilemmas, republican deliberation may well offer the best approach. But the immediate goal of republican deliberation is to enhance both the public acceptance (positive legitimacy) and public justification (normative legitimacy) of political decisions. Those who lose out in

bioethical controversies will be more likely to accept the results, while perhaps still seeking to revise them, if they have had an effective voice and their views have been taken into account (Dodds and Thomson 2006, 332; Habermas 1998, 245; Pettit 1997, 56; 185ff; Gutmann and Thompson 1997, 39).

Welcome Non-Deliberative Contributions to Public Bioethics

Historically, contesting government decisions has often required not only deliberative reason but also political passion and conviction. It has required various forms of civic activism, including demonstrations and civil disobedience. Such activities are more accessible modes of public engagement than deliberation, and they may help establish the institutional contexts within which deliberation takes place. As Walzer (1999) puts it, “what might be called the struggle for deliberative democracy—that is, for political equality, a free press, the right of association, civic rights for minorities, and so on—has required a lot of slogan shouting” (60). Although “slogan shouting” inside bioethical forums would obstruct deliberation, it may be a useful outside strategy for those seeking to ensure that bioethical deliberation remains accountable to all relevant interests and perspectives. A vivid example appeared at the bioethics conference mentioned in the introduction to this essay, where activists from the disability rights group Not Dead Yet interrupted the opening plenary session, carrying signs and shouting, “Nothing about us, without us!”⁶ Bioethics councils may not need to actively promote such non-deliberative politics, but they should treat it as a valuable form of political activity and respond accordingly.

Consider Social and Institutional Context

Finally, beyond the design of bioethics councils, the republican concern with facilitating public contestation directs one’s attention toward the many other factors that shape the distribution of power in bioethical discourse and decision-making. A republican politicization of bioethics focuses attention on economic and social inequalities that hinder effective public engagement. And republicanism welcomes the development of citizen panels, consensus conferences, and other new mechanisms for expanding the political process beyond established interest groups. For example, in a recent study calling for a new federal agency to regulate reproductive technologies, the authors recommend establishing a network of deliberative forums through which lay citizens could hold the new agency accountable (Hayes 2007; Fukuyama and Furger 2006, 19–22; 256–85). Similarly, republicanism urges one to consider how national political cultures, electoral systems, legal traditions, healthcare systems, and other broad sociopolitical factors shape bioethi-

cal deliberation and decision-making (Charo 2005; Jasanoff 2005).

In sum, republicanism politicizes bioethics councils in such a way that their internal power relations are equalized and made publicly accountable. Some might rather call this depoliticization, because it makes it less likely that council members will resort to subtle forms of coercive power rather than argument and persuasion (Pettit 2004). But that use of the term assumes a liberal mode of politicization. When bioethical deliberation is politicized in a republican mode, power is not absent but equalized; interests are not eliminated but integrated with other cognitive and non-cognitive resources.

CONCLUSION

Each of the modes of politicization examined here highlights certain features of government bioethics councils and public bioethics, while perhaps obscuring others. Liberalism illuminates the persistence of power and conflict in bioethics, but it tends to conceptualize politics in narrow terms of individual and group interest. Communitarianism shows how both citizen identities and biomedical technologies are intertwined with social norms and values, but it tends to be anxious about conflict and naive about power, and it directs its energies beyond resolving specific political problems to resolving the problem of politics itself. Republicanism may seem to discount politicians’ need for expert advice, when it asks bioethics councils to emphasize public deliberation over policy advice; or it may seem cynical, when it gives up the search for social consensus in favor of the less noble ideal of political legitimacy. But republicanism highlights the institutional requirements for ensuring that bioethics councils help prevent domination rather than enable it.

Considering these political traditions in terms of how they politicize bioethics serves several purposes. First, because the politics of bioethics has often remained implicit or suppressed, politicization shows how the design of bioethics councils has implications for relations of power. Second, focusing on politicization facilitates efforts to understand how conflicts over bioethics move on and off the public agenda. The politicization and depoliticization of bioethics depend on a wide variety of factors, not least of which is the design of bioethics councils. Third, and most importantly, the concept of politicization highlights the way each of the political traditions examined here responds to power and conflict. Put simply, where liberals disperse power and conflict, and communitarians strive to make them unnecessary, republicans equalize and legitimate them.

This means that, in addition to the advantages outlined above, the republican mode of politicization is more reflexive and politically self-conscious than the others. When bioethics councils are politicized in a republican mode, they facilitate public contestation of their own deliberations and decisions. Indeed, republicanism is the only political tradition examined here that does not undermine its own conception of politics. Republicanism is the most political way to politicize bioethics. ■

6. See the account on the Center for Disability Rights webpage, available at <http://www.rochestercdr.org/20060714ndy.html> (accessed December 20, 2008).

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