
Contents

| | |
|---|-----------|
| 1. The Emergence of a Secular Bioethics | 3 |
| Bioethics and the crisis in values | 3 |
| Bioethics: taking ideas seriously and reexamining cultural assumptions | 7 |
| The place of philosophy | 9 |
| Secular versus religious bioethics | 11 |
| 2. The Intellectual Bases of Bioethics | 17 |
| The problem of objectivity in morals | 17 |
| The nature of ethics | 23 |
| Some meanings of ethics | 23 |
| Looking for objectivity in ethics | 26 |
| Problems in justifying a particular moral viewpoint | 29 |
| Attempts to justify ethics: why they so often fail | 32 |
| On the brink of nihilism | 37 |
| Ethics and the resolutions of controversies: a closer look at the brink | 39 |
| Mutual respect, peaceable negotiation, and the way out of nihilism | 44 |
| The two tiers of the moral life | 49 |
| 3. The Principles of Bioethics | 66 |
| Autonomy and beneficence: the conflict at the roots of bioethics | 66 |
| The will to morality and the problem of intersubjectivity | 66 |

| | |
|---|------------|
| How Kant smuggled concreteness into moral principles | 68 |
| The sanctions for immorality | 71 |
| Giving authority and content to the principle of beneficence | 74 |
| Justifying the principles of morality | 79 |
| The tension between the principles | 82 |
| The principle of justice | 84 |
| The principles of bioethics | 85 |
| Rights and obligations | 87 |
| A right to do what is wrong | 87 |
| Fundamental and concrete rights and obligations | 92 |
| Absolute rights and obligations | 94 |
| Derivative rights and obligations | 94 |
| Prima facie rights and obligations | 95 |
| Deontological versus teleological rights and obligations | 95 |
| Utilitarian and other schemes for determining rights and obligations | 96 |
| Positive versus negative rights and obligations | 96 |
| Conflicting rights and obligations | 97 |
| TEYKU: the opacity of some problems to moral reasoning | 98 |
| Principles | 99 |
| The moral tensions in bioethics | 100 |
| | |
| 4. The Context of Health Care: persons, possessions, and states | 104 |
| The special place of persons | 104 |
| A bias in favor of persons? | 109 |
| Potentiality and probability | 110 |
| An excursus regarding animals | 113 |
| Infants, the profoundly retarded, and social senses of "person" | 115 |
| Severely defective newborns: weakening the protections of the social role of person | 117 |
| Being a person: in the strict sense and in various social senses | 119 |
| Sleeping persons and the problem of embodiment | 121 |
| Split brains, transplanted brains, and the starship <i>Enterprise</i> | 124 |
| Owning people, animals, and things | 127 |
| States and their authority | 135 |
| Human biological versus human personal life: some summaries | 145 |
| Persons strictly | 145 |
| Human biological life | 145 |
| Animal life | 146 |
| Things | 147 |
| Corporate entities | 147 |
| | |
| 5. The Languages of Medicalization | 157 |
| Shaping reality | 157 |

| | |
|--|-----|
| The four languages of medicine | 164 |
| Disease language as evaluative | 165 |
| Disease language as descriptive | 175 |
| Disease language as explanatory | 176 |
| Disease language as shaping social reality | 184 |
| The social construction of medical reality and the challenge of clinical judgment | 185 |
| Seeing a problem as a medical, rather than as a legal, religious, or educational problem | 189 |
| The democratization of medical reality: some conclusions | 194 |

6. The Endings and Beginnings of Persons: death, abortion, and infanticide 202

| | |
|--|-----|
| The definition of death | 203 |
| Bodies, minds, and persons | 204 |
| Embodiments | 206 |
| Living and dying with less than absolute certainty | 207 |
| The development of a whole-brain definition of death | 208 |
| Being there | 210 |
| Toward a higher-brain-centers definition of death | 214 |
| Abortion, harm to fetuses, and infanticide | 216 |
| The status of zygotes, embryos, and fetuses | 217 |
| Wrongful life | 220 |
| Interventions on behalf of the fetus: cesarean sections, fetal surgery, and civil commitment | 224 |
| Infanticide | 228 |
| Fetal experimentation and in vitro fertilization | 236 |
| The patient as person | 241 |

7. Free and Informed Consent, Refusal of Treatment, and the Health Care Team: the many faces of freedom 250

| | |
|---|-----|
| The patient–healer relationship | 252 |
| The profession | 253 |
| The patient as a stranger in a strange land | 256 |
| Strangers and friends | 258 |
| Medical care from passing strangers | 261 |
| Free and informed consent | 262 |
| The right to be left alone | 264 |
| Three senses of freedom | 266 |
| Three senses of being informed | 269 |
| Making choices for others: three forms of paternalism | 279 |
| Proxy consent and the emancipation of minors | 284 |
| Research involving human subjects | 290 |

| | |
|---|------------|
| Confidentiality | 297 |
| Suicide, euthanasia, and the choice of a style for dying | 301 |
| The right to be left alone and the context of death | 302 |
| Intending death, foreseeing death, and refusing treatment | 307 |
| Advance directives, proxy consent, and stopping treatment on the incompetent | 309 |
| Suicide and assisted suicide | 312 |
| Euthanasia | 316 |
| The health care team | 317 |
| 8. Rights to Health Care | 336 |
| The limits to justice as beneficence | 336 |
| Justice and inequality | 339 |
| The natural lottery | 339 |
| The social lottery | 340 |
| The rich and the poor: differences in entitlements | 341 |
| Drawing the line between the unfortunate and the unfair | 342 |
| Beyond equality | 343 |
| Living with inequalities and tragedy | 344 |
| From macroallocations to microallocations and back | 344 |
| Higher-level macroallocational choices | 344 |
| Lower-level macroallocational choices | 345 |
| Higher-level microallocational choices | 346 |
| Lower-level microallocation choices | 346 |
| Conflicting models of justice | 349 |
| Health care systems | 354 |
| Free market distribution of health care | 356 |
| Equal health care for all | 358 |
| Two classes of health care | 360 |
| Is the allocation of organs special? | 365 |
| Conclusions: creating rights to health care and making obligations to care concrete | 366 |
| 9. Reshaping Human Nature and the Pursuit of Virtue | 375 |
| In praise of Dr. Feelgood and the pursuit of health | 377 |
| Virtues and vices | 382 |
| The vision of a secular pluralist morality | 385 |
| Index | 389 |