

Virginia Sanchini

**Bioethical expertise:  
Mapping the field**

1. INTRODUCTION: DEFINING EXPERTISE

In a specialized world, where knowledge has increasingly become a collective enterprise, nobody can master all the fields. This has led to the generation of a myriad of experts, each of whom is specialized in a precise domain or subdomain (Rasmussen 2005). The definition of experts, generally considered, does not seem particularly controversial. An *expert* is someone who possesses a proficiency in a specific domain. This, in turn, has been quite unanimously interpreted as equivalent to the possession of some knowledge and skills in a specific limited professional field. However, the opinion as to whether such knowledge should be just superior (Steinkamp, Gordjin and Ten Have 2008) or even exclusive (Ericsson *et al.* 2006) in order to consider its possession as expertise, varies from author to author. Moreover, having an expertise seems to differ from possessing a *competence*, since the former is a broader concept involving both knowledge and skills, while the latter is a narrower concept just limited to skills (Steinkamp, Gordjin and Ten Have 2008). Starting from the consideration that expertise deals with skills and knowledge, but that these two features characterize expertise in a very different manner, two kinds of expertise have been identified: the *performative* expertise and the *epistemic* expertise (Weinstein 1993). An individual is an expert in the performative sense if the same is able to perform the skills related to the specific domain of expertise in an effective and proper way. By contrast, an individual is an expert in the epistemic sense if the same is able to offer strong justifications for a set of propositions in a specific domain. Hence, the performative expertise deals with the act of doing something well in a specific domain, whereas the epistemic expertise deals with judgment and with the theoretical capacity of properly justifying the positions belonging to their specific area of expertise. Within this very last account “a claim is an ‘expert opinion’ if and only if it is offered by an expert, the expert provides a strong justification for it, and the claim is in the domain of the expert’s expertise” (Weinstein 1993, 58). Given this picture, it is not surprising that people with training in bioethics are often referred to as ‘bioethics experts’ and/or ‘bioethical experts’. However, the question “who is the bioethical expert?” does not appear so easy to answer. Such a difficulty is arguably ascribed to several reasons, two of which deserve particular attention here. The first one deals with the

controversial nature of bioethical knowledge together with its potential consequences, such as lack of widely accepted standards, distrust towards experts, as well as disagreement between them. The second reason has to do with the negative consequences that could follow from the presence and permanence of bioethical experts in our societies in terms of non-experts autonomy, judicial independence and equality. Therefore, if the first set of reasons aims to demolish the concept of bioethical expertise, the second set of reasons tries to show the incompatibilities between the bioethical experts as professionals and the grounding ideals of liberal democracies.

This paper is structured as follows: first of all, the two sets of arguments against bioethical expertise and bioethical experts are presented and properly addressed (§2 and §3). By doing this, it will be shown to what extent these objections are not definitive and why they leave the door open both to the existence of bioethical expertise and to bioethical experts as legitimate figures if interpreted in some specific ways (§2 and §3). Secondly, the currently dominant view of bioethical expertise and the main interpretative accounts of bioethical expert are presented (§4). Finally, it will be shown what elements of these theories will be taken into account here in order to develop the proposal of bioethical expert in its public setting role within democratic societies (§5).

## 2. OBJECTIONS TO BIOETHICAL EXPERTISE

### 2.1 *The lack of consensus argument<sup>1</sup>: disagreement amongst bioethical experts*

One of the most important objections raised towards the idea that a bioethical expertise can actually exist is connected with the factual observation that bioethical experts disagree among themselves about what constitutes a correct behaviour, a good life, the most legitimate solution to ethical dilemmas, etc. (Bambrough 1976). If the potential candidates for the title of bioethical expert disagree on the constitutive features of their discipline and on its content, how can we decide who the real experts are? This objection has been articulated in different ways. On the one hand, it has been claimed that, even if some layers of disagreement are also present in other disciplines, the disagreement surrounding ethical issues is qualitatively different and/or deeper – some would say “more intractable” (Cowley 2005) – than the one present in non-ethical disciplines. Through the words of Ruth Shalit, people endorsing this view would say that “The surgeon’s recommendation rests on an agreed-upon set of facts and criteria [...]. The philosopher’s recommendation depends on a set of criteria that is not agreed upon, but varies from culture to culture and, more and more, from individual to individual. One man’s cate-

---

<sup>1</sup> Both the terms “lack of consensus argument” and “lack of factual basis argument” have been taken from the paper of Steinkamp, Gordjin and Ten Have (2008). Following this first suggestion, the other objections have been defined accordingly.

gorical imperative is another man's heresy" (Shalit 1997, 24). On the other hand, other scholars have put forth the idea that agreement between the experts of a discipline has to be considered as the necessary condition for the existence of the discipline itself. However, since (bio)ethics has always been dominated by disagreement amongst those who declare themselves as bioethical experts, bioethical expertise cannot surely exist (Bambrough 1967).

Three counter-objections against "the lack of consensus argument" might be raised. The simplest way to counter this objection is to show that disagreement is pervasive to all academic fields, which means that it is a common feature between experts of several disciplines. Moreover, it has been observed that the degree of disagreement often attributed to ethics is exaggerated, and that disagreement within this field could be even less extreme than in other fields.<sup>2</sup> Finally, it could be argued that even if we were unable to debunk the claim that the ethical domain is dominated by perennial disagreement, agreement between experts has never been demonstrated as a precondition of expertise.

## 2.2 *The lack of standards argument: lack of clear identification standards*

A second objection raised towards the existence of bioethical expertise is that, differently from other professional fields where there are standardized institutional paths for defining and legitimizing those actually belonging to the field, bioethics as a professional domain of knowledge lacks clear and, above all, unique identification standards (Suter 1984).

The fact that there is no unique and institutionalized *cursus honorum* that those aiming at becoming bioethical experts should go through is certainly true.<sup>3</sup> However, on the one hand, this appears partially related to the controversial nature of the epistemological status of bioethical enterprise. Indeed, the presence of different but equally valid answers to the question "What is bioethics?" and, mainly, "What is the purpose bioethics aims to reach? What are the tasks bioethicists are asked to fulfil as professionals?" seems to explain, and even legitimize, the absence of a unique professional training that should characterize the experts in this field. On the other hand, it could be replied that there is a sort of certification coming from those disciplinary boundaries practically instructed. Indeed, certificates, degrees, masters but, above all, pub-

---

<sup>2</sup> McConnell, for example, shows that even if supporters of different methods of applied ethics, such as deontologists and utilitarians, but also act utilitarians and rule utilitarians, would surely disagree concerning *the reasons* supporting different moral rules, they would share much more moral rules than the ones non-ethicists would be willing to admit (McConnell 1984, 206-207).

<sup>3</sup> Actually, we might argue that this claim is only partially valid. Indeed, even if it is true that bioethicists might have very different backgrounds (philosophy, medicine and law are the most common ones), a homogenisation regarding specialised educational paths can be nevertheless present.

lications on peer-reviewed specialized journals and as well as participation in widely known bioethical conferences, can be considered at least preliminary criteria for distinguishing those who cannot be surely considered as bioethical experts from those who might enter in this category (Archard 2011).

### *2.3 The lack of trust argument: lack of trust towards bioethical experts advice*

A third objection raised towards the existence of bioethical expertise can be ground in the lack of trust that non-experts show with respect to bioethical experts' expertise. The supporters of this line of thought claim that bioethical expertise does not exist since, unlike all the other fields where non-experts are prone to follow experts' advice, in (bio) ethical domains people generally observe the unwillingness of non-experts to follow the advice of bioethical experts. To give an example, patients that are also non-experts in medicine, are usually prone to recognize the expertise of physicians when providing medical advice. This means that very rarely non-experts in medicine would question, for example, the diagnosis, the prognosis or the therapeutic option provided to them by physicians.<sup>4</sup> Differently, suggestions and/or advice concerning bioethical issues provided by bioethical experts do not usually receive a higher consideration just because declared by experts in the field, but could actually appear annoying and even illegitimate. Actually, even if this objection might appear very interesting from a sociological standpoint, it nevertheless does not seem philosophically decisive. Indeed, even if the recognition of expertise provides non-experts with good (even if not sufficient) reasons to follow expert's advice, the mere fact that non-experts do not recognize bioethical experts' expertise cannot be necessarily interpreted as a signal of the latter's lack of expertise (Archard 2011).

### *2.4 The "lack of factual basis" argument: (bio)ethics as a subjective field of knowledge*

All the aforementioned objections are simply possible ways through which the doubts towards the professional stance of bioethicists could be properly engendered. However, there seems to be a deeper reason lying behind all of these doubts, that is, that (bio) ethics, also intuitively, seems *qualitatively* different from non-ethical kinds of expertise. To give an example, to have an expertise in climbing seems easily definable, even if we ourselves are not experts, and different modalities (indoors and outdoors, on natural and manmade structures) and types (rock, ice, and rope) of climbing could be identified. By contrast, the profound and apparently unavoidable disagreement characterizing ethical matters makes the definitive identification of the bioethical expertise a very complex

---

<sup>4</sup> Actually, the analogy with the medical domain is not altogether fair. As the Stamina and Di Bella' cases (just to quote the most famous ones) have shown, there is an always growing sceptical attitude also towards the medical profession.

task. The intuitive feeling that the controversies surrounding ethical discussions are of a different kind from the ones characterizing other domains of knowledge, when further analysed, has been explained by pointing out the impossibility of finding an objective ground from which ethical judgments might be unequivocally made. Using again the example of climbing, even if a disagreement over how to climb a mountain existed, this would no longer be comparable to the disagreement characterizing the debate over the ethical acceptability of abortion and/or euthanasia. According to the supporters of this view, the qualitative gap between (bio)ethics and non-ethics domains might be ascribed to the different kind of contents they deal with. More specifically, (bio)ethics deals with values and not with facts; and since facts are assumed to be objective, whereas values are considered as subjective, facts might be universally true, while values are dependent upon the specific individual. As a consequence of this line of thought, ethics (and *a fortiori* bioethics) is not an objective field of knowledge. This, in turn, prevents the existence of a uniform and genuine expertise in the field of (bio)ethics (McConnell 1984; Cowley 2005; Varelius 2008).<sup>5</sup>

This objection has been formulated in many different ways, amongst which two appear here particularly relevant.

The very first formulation of this critique should be attributed to Terrance McConnell. In one of his pioneering works, by assuming that in order to have an expertise in a specific domain this domain has to be objective, he argues in favour of the definition of ethics as a subjective field of knowledge. In particular, he claims that “a matter is objective if there are correct and incorrect answers to questions arising from it” (McConnell 1984, 195). If this general criterion is applied to ethical domain, it follows that ethics could be considered as an objective kind of domain given that, in cases of disagreement about ethically legitimate options, we were able to say that at least one, among several, is surely wrong (McConnell 1984, 196). Hence, (bio)ethics, at least allegedly, cannot be considered as an objective field of knowledge since there is no objective ground able to legitimize the distinction between right and wrong and that, in turn, could grant that, between two opponents, one is surely wrong.<sup>6</sup> A differ-

---

<sup>5</sup> This first observation does not constitute an objection towards the idea that there might be someone who possesses an expertise in the academic field of bioethics, that is, someone who demonstrates a certain degree of knowledge of the major bioethical theories, approaches and topics. On the contrary, this first observation, if valid, would deny that the bioethical expert is someone who is significantly better at formulating moral judgments, that is, at determining what should be done. For a better systematization of this distinction see Rasmussen (2011) and Vogelstein (2014).

<sup>6</sup> Actually, McConnell reasoning is not so straightforward. Indeed, he starts setting the aforementioned criterion for objective knowledge, but then he leaves it aside in order to argue in favour of what he defines “a slightly modified version of the no moral expert argument”, according to which we should be able to infer the subjective nature of moral knowledge by the fact that there are no such figures as moral experts. At the very end of the paper he arrives at the conclusion that objectivity in ethics (as well as in any other field) does not depend upon the pres-

ent way of formulating this objection has been through the analogy between ethics and science. According to the supporters of this view, since the most exemplary paradigm of objectivity is science, (bio)ethics could be considered as an objective field of knowledge provided that it can take on the characteristics of scientific disciplines. However, since science deals with factual matters while ethics deals with personal perspectives (Shalit 1997; Cowley 2005), ethics cannot be considered as an objective discipline at all.

Several counter-objections could be provided to the “lack of factual basis argument” in both its formulations. First of all, the very notion of objectivity itself is far from being unproblematic. Indeed, the ongoing metaethical debate precisely addresses the problem concerning the existence of moral facts. Moreover, this issue does not pertain only to ethics, as the notion of objectivity is problematic even in science (see for example Daston and Galison 2007).

However, let us assume for the sake of the argument that it is possible to argue that some disciplines deal with “objective facts”. Even in this case, three counter-objections could be raised. First of all, it is not necessarily so that objectivity in ethics should be of the same kind as in science. Indeed, as some scholars have argued, ethics should not be compared to science, since the two differ significantly: if the latter deals with factual evidence, the former deals with justificatory reasons (Yoder 1998). Secondly, even if we assumed that this answer fails to reply to the criticism, since “the reasons in question are supposed to be just as objective as the facts they are meant to replace” (Cowley 2005, 275), this critique is not altogether fair. Indeed, there are positions within the debate, such as metaethical realism and metaethical naturalism that would claim that moral facts actually exist (Boyd 1988; Sturgeon 2002). Finally, even if we agreed that science is the exemplary case of objectivity, and therefore that ethical judgments should be comparable to factual evidence in order to be objective, it can be shown that science is also value-laden (Longino 1990; Douglas 2000).

Finally, the two formulations of this objection lie on a very robust assumption, which is not further justified: that expertise requires objectivity (McConnell 1984). However, if we accept McConnell’s assumption, we should be forced to deny that a lot of professionals that we consider as experts are actually as such. As a matter of fact, we usually recognize the possibility of expertise also in areas where it seems we do not have objective knowledge. For instance, we are willing to recognize that there are such professional figures as history of art experts and art critics even if an objective definition of “beauty” as well as of “masterpiece” is clearly missing.

---

ence of experts, since their role could be also conventionally established. This concept could be better explained through the analogy of wine: even if whether wine tastes good might be ultimately a subjective matter, there are some shared criteria to establish whether the wine is actually good (McConnell 1984, 214-215).

### 3. OBJECTIONS TO BIOETHICAL EXPERTS

#### 3.1 *The no solutions-based argument: lack of decisive and unequivocal solutions to bioethical dilemmas*

One of the main objections to the idea that some professionals in (bio)ethical disciplines exist is rooted in the observation that bioethical experts, even if labelled as such, are not able (or, at least, no more than laypeople) to provide straightforward and unequivocal solutions to moral dilemmas (McConnell 1984, 201). The specific conception of ‘expert’ clearly refers to experts as problem solvers. Accordingly, it could be argued that experts are those who are able to solve problems arising in their specific fields of competence. In others words, experts should be able to provide solutions that non-experts would not reach by themselves. Moreover, these solutions should be timely and unequivocal. Hence, since bioethicists (and, generally speaking, ethicists) are neither known for providing useful suggestions concerning ethical matters nor able to solve ethical dilemmas once and for all, they should not therefore be considered bioethical experts.

This critique is easy to debunk. First of all, it could be claimed that the definition of expertise here implicitly endorsed – experts are those who solve problems present in their domains – is neither a formal requisite nor a shared and widely accepted criterion for the attribution of expertise. Indeed, as we have already seen, usually experts are defined by the possession of superior and/or exclusive knowledge in a specific domain that allows them either to better justify judgments within their discipline (the aforementioned *epistemic expertise*), or to perform some skills within their domain of competence (the so-called *performative expertise*). It could be argued that those who criticize the attribution of expertise to bioethicists do so on the basis of a specific interpretation of performative expertise: in this case amongst the skills the bioethicist should possess, problem-solving occupies a privileged position. However, even if interpreted in such a way, the answer does not appear satisfactory enough, because it is not able to explain why problem-solving should be the *conditio sine qua non* for the attribution of expertise, and not just one among other required skills.

A second way to counter this objection is to say that problem-solving goes far beyond the tasks of bioethical experts, since this activity presupposes not just the knowledge of moral theories and principles that should be applied to the specific case in order to solve it, but also the knowledge of the specific non-moral facts that appear nonetheless fundamental for the overall consideration of the dilemma to be faced. And, since the knowledge of what we might call ‘moral facts’ could be legitimately considered part of bioethical expert’s expertise, the same does not seem to be argued for ‘non-moral facts’ (McConnell 1984, 202-203).

A third way to oppose this objection is to preliminarily accept the problem-solving criterion and to show how paradoxical (or at least counterintuitive) its consequences would be. The final result of this reasoning is the rejection of the criterion itself. More explicitly, if we

accepted as a criterion for the expertise the capacity to provide unequivocal and straightforward solutions to problems arising in the expert field of knowledge, we would be obliged to acknowledge that almost no one is actually an expert. Consider, for example, the field of medicine. If problem-solving is a valid requirement, physicians should be considered as experts only if they prove to be able to solve patients' medical problems in a definitive and fast manner. However, it happens sometimes that they are in doubt as to what the nature of the patient's medical problem is and, most of the time, even if at the very end they solve the problem, this activity could require time and several attempts. Nevertheless, very few people would infer that physicians are not experts in medicine (McConnell 1984, 203).

### 3.2 *The knowledge-shared argument: shared content between experts and non-experts*

Another very important objection raised concerning bioethicists as experts of ethical matters, is what has been defined here as “knowledge-shared argument”, according to which bioethicists are not experts, since expertise means exclusive possession of a knowledge, and knowledge possessed by bioethicists is not exclusive at all. This objection has been formulated in many different ways, but two appear particularly noteworthy: “the argument from common rules” and “the argument from common sense morality”.<sup>7</sup>

The argument from common rules claims that if the bioethicists' expert knowledge lies in the knowledge of moral principles and rules, this knowledge is surely in common with that of non-experts. Those who defend this view claim, for example, that the imperatives of not killing, not stealing and not torturing, even if known by bioethicists, are not exclusively known by them. Indeed, most ordinary people, if questioned, would defend the same rules. “Thus, for the most part, philosophers do not want to advocate rules and principles that deviate sharply from the views of ordinary people. It is clear that moral philosophers, qua moral philosophers, are not experts concerning factual knowledge [...]. It now seems, though, that they are not experts regarding moral rules and principles either. And, if they do not have expertise regarding these, it is implausible that they are moral experts” (McConnell 1984, 204).

The reply to this objection lies in the distinction between the *content* and the *justification* of bioethical knowledge. The idea is that what determines the exclusiveness of ethical knowledge is not the content of such knowledge, but the way in which this knowledge is possessed and justified. And, if the content of ethical knowledge (such as moral rules) might be easily identified both by experts and non-experts, the way in which this content (the moral rules) is justified, is by no means something in which experts surely surpass non-experts. In other words, bioethicists can justify their beliefs in a way that common

---

<sup>7</sup> The argument from common rules has been presented in other terms by Scofield *et al.* (1993), whereas the argument from common sense morality has been presented by Archard (2011), but defined in these terms by Vogelstein (2014).

people cannot.<sup>8</sup> This is what legitimises their professional stance as bioethical experts (McConnell 1984).

The argument from common sense morality (Archard 2011) partially differs from the argument from common rules, and it is probably the most common and recent defence of the knowledge-shared argument. Since expertise is an exclusionary and restricted concept, and since both philosophers *qua* bioethical experts and non-experts build their reasoning upon common sense morality, we cannot ascribe a specific expertise to philosophers *qua* bioethical experts that non-experts would not possess. In other words, moral philosophers are not (bio)ethical experts because they do not possess a particular knowledge, but a knowledge that is possessed by all people (Archard 2011). Three main counter-objections have been provided as a reply to the argument from common sense morality. First of all, J.S. Gordon has pointed out that Archard's argument is bound to the acceptance of a premise, without which the entire reasoning falls down: the foundation of moral theory over common sense morality (Gordon 2011). Moreover, as Vogelstein has shown, Archard confused equal access to moral truth with equal liability to it. Finally, even if we might accept that ethical theory is nothing but the systematization of common sense morality, and that bioethical expertise in a strict sense is limited to the clarification of common sense morality, it does not follow that such a clarification and systematization will not prove to be useful (Vogelstein 2014), thus attributing to bioethical experts not so much skills of discovery, but rather skills for collecting and systematizing (which, in turn, could have some discovery potential).

The supporters of the two aforementioned arguments aimed at showing the nonexistence of bioethical experts, highlighting either the incapacity of bioethicists to provide straightforward and unique solutions to moral dilemmas, or the shared nature of expert knowledge, which would prevent them from defining themselves as experts in ethical matters. The two following arguments, rather than aiming at showing the nonexistence of bioethical experts, try to show their illegitimacy. In other words the two following arguments do not deny that figures like bioethical experts could actually exist, but try to show why their existence as professional figures should be inhibited rather than promoted.

### *3.3 The slippery slope argument: (bioethical) experts' presence inhibits non-experts judgmental capacities*

The third argument against bioethical experts is what is defined here as "the slippery slope argument". As the title itself suggests, this argument aims at showing the slippery slope we might fall down if we promote the flourishing of bioethical experts in our societies. In particular, such an argument claims that relying too much on bioethical ex-

---

<sup>8</sup> Put in this way, this claim leads to the idea that there is a kind of justification that only bioethicists possess and are able to use. Obviously, this is not the case, since bioethicists, in order to justify their positions, use the tools of formal and informal argumentation (not self developed tools).

perts, as advisors for the solution of moral dilemmas, will prompt the transformation of human agents into moral cripples (McConnell 1984). Indeed, if we get used to relying on experts for every kind of decision concerning the moral dimension, we will become unable to solve those new ethical problems new situations will present us by ourselves, eventually giving up our own autonomy. The idea lying behind this objection is that since ethical expertise is intrinsically different from other kinds of expertise, we cannot, as we do in other cases, relate to experts for the solutions of problems arising in this domain. If, for example, we should completely rely on a physician for the treatment of an illness, the same cannot be said when the problem arises in an ethical context, since we are all required, even if at different levels, to possess some ethical knowledge (McConnell 1984).

Replying to this objection requires showing the limitations of slippery slope arguments in general, and applying these limitations to this specific case. As it has been repeatedly shown, slippery slope arguments are not solid arguments, since their validity cannot be analytically inferred from their premise, but it relies on future projections whose validity can only be verified in the future. In other words, it could be true that, by relying on experts, common people might in the long run become incapable of making ethical judgments (even the simplest ones) on their own, but this statement cannot be verified in the present. It will be proved to be true if and only if the situation described here can be confirmed in the future. Moreover, it seems plausible to claim that the consequences suggested by this argument can only occur in the case in which agents rely almost totally on bioethical experts (McConnell 1984).

#### *3.4 The inequality based argument: (bioethical) experts within democracies: an oxymoron?*

The last and more relevant obstacle to the identification and definition of bioethical experts is that such figures appear in ideological conflict with “the democratic turn” of Western contemporary societies, thus obliging us to profoundly rethink the professional role of the former. According to this explanation, the issue of bioethical expertise, concretely expressed through the presence of experts, appears particularly problematic as it can be considered a specific case of a broader problem: the paradoxical relationship between expertise and democracy. Why is there an incompatibility between expertise and democracy? And why is this incompatibility accentuated when the expertise in question is of a (bio)ethical kind? The answer to this question might be easily provided with the following analogy: why should allow constitutional courts to decide on the proper interpretation of the constitution, rather than parliaments? The argument for the former is that this is a legal matter that requires a technical competence that members of parliament do not have. Looking beyond this analogy, we could similarly claim that the democratic ideal requiring that any decision influencing the life of a person is taken also by that person, clashes with the exclusiveness inherent in the concept of expertise, and, above all, with the decisional power attributed to it. The inequality-based argument is hence grounded on

the incompatibility between expertise and the democratic principle of equality (Scofield *et al.* 1993; Turner 2001). Understood in this way expertise turns out to be a problem for democracy since the former “is treated as a kind of possession which privileges its possessors with powers”, thus appearing as “a kind of violation of the conditions of rough equality presupposed by democratic accountability” (Turner 2001, 123).

A different and more problematic way of interpreting the relationship between expertise and democracy as an oxymoron, arises within the domain of normative political theory, once expertise is defined not in terms of superior knowledge, but of different viewpoint. This variant of the inequality-based argument will be here defined “the state-neutrality argument”. If we think of knowledge as a quantity and, therefore, of expertise as a higher quantity of knowledge to which more power is directly connected, we are in front of the already mentioned inequality-based argument. As it will be properly shown in the next paragraphs, this objection can be circumvented either by letting non experts becoming experts, increasing their knowledge through education – the famous and traditional aim of scientists known as “public understanding” – or by separating the two components of the expertise ideal – knowledge and power –, and by arguing that there could be a kind of expertise that, despite requiring superior knowledge, does not provide its possessors with superior power. Differently, if we interpret expertise according to “the state-neutrality argument”, things start getting complicated. Indeed, if possessing an expertise means having a different viewpoint with respect to that of non-experts, expertise surely conflicts with the ideal of neutrality generally ascribed to the liberal state. According to this argument, liberal states should exhibit an impartial behaviour with respect to different standpoints and opinions in order to ensure a genuine, fair and open discussion. Hence, since the very concept of expertise assumes that some standpoints count more, expertise is per se incompatible with a liberal framework (Turner 2001, p. 124). Therefore, both the inequality-based and the state-neutrality arguments criticize the concept of expertise (as well as the power which follows directly from it) for its inevitable inconsistency with the tenets of liberal democracies, whether equality between citizens or state impartiality is emphasized. This already problematic relationship appears further worsened if we refer the concept of expertise to the (bio) ethical enterprise, where, as we have seen earlier, anyone’s standpoint seems even more equally legitimate and, therefore, any interference into non-experts’ choices appears even less justifiable. To conclude, for many scholars/people the very idea of an expertise in (bio)ethics violates a central normative intuition of our liberal democracies, namely that on ethical matters individuals should ultimately decide on their own.

This objection, in both its formulations, appears rather problematic to debunk. Indeed, the “binomial” knowledge-power on the one hand, and ethical knowledge-decisional power on the other hand, can be considered as a reasonable observation, worthy of serious consideration. However, what seems to be arguable is that there could still

be some legitimate space for bioethical experts within societies as long as this binomial relationship characterizing the concept of expertise, as previously formulated, is dissolved.

#### 4. THE THEORETICAL BACKGROUND

##### *4.1 Preamble: experts vs. expertise and ethics vs. bioethics*

What has been said so far is that the growth of knowledge has made a sort of distinction of labour ever more pressing. Such a phenomenon has been put by many at the origin of the creation and proliferation of experts, who are generally defined as those who possess some knowledge and skills in a specific area. This process, as a matter of fact, clearly involves very different disciplines, and of course (bio)ethics too. However, when properly analysed, both the presence of a bioethical expertise and bioethical experts meets some opposition, on the one hand because of the particular nature of bioethical knowledge and, on the other hand, for the alleged oxymoronic relationship between experts in bioethics and democratic forms of decision-making.

As just shown, neither the objections towards the idea of bioethical expertise, nor those against the existence of bioethical experts have proven to be decisive. This leaves the space open to some possible interpretations of the concept of bioethical expertise and of the role/s of bioethical experts.

The problematization of these two very complex issues seems to require some preliminary terminological clarifications. First of all, the debate on bioethical expertise appears to be confusingly dominated by the unexplained and interchangeable use of the expressions “bioethical expertise” and “bioethical experts”. One might hypothesize that what has been defined here as confusion is just the presence of the two different lines of investigation characterizing the current literature on this topic, one interested in the content of expertise, while the second focused on the role of experts. However, this very simple explanation does not seem to be correct, not just because usually there is not a clear distinction between these two levels (sometimes even within the same study), but also because the connection between the content of bioethical expertise and the role of bioethical experts is definitively unclear. The only connection that clearly emerges is that the disagreement surrounding the professional stance of bioethical experts seems partially bound to the deeper disagreement characterizing the content of bioethical expertise. And, what largely happens in the literature, is that the two levels are so radically overlapped, that some authors, starting from the controversial nature of bioethical knowledge, infer the illegitimacy of bioethical experts; whereas some others, from the potential utility, or even the by now inevitable presence, of bioethical experts within our societies, struggle to justify in any possible way the existence of an uncontroversial bioethical knowledge. Secondly, another area of con-

fusion concerns the interchangeably use of expertise / experts in ethics, and expertise / experts in bioethics. As already pointed out above, even if this distinction could be primarily considered as the proof of the presence of the different disciplinary levels of analysis, the real explanation actually seems to be related to the controversial epistemological status of bioethics as a discipline and to its relationship with ethical theory and moral philosophy in general.

#### 4.2 *What is bioethical expertise? The standard argument*

In a very recent paper appeared in *Bioethics* in 2014, Eric Vogelstein defines the set of knowledge and skills quite unanimously<sup>9</sup> attributed to bioethical experts by supporters of the bioethical expertise ideal as “the standard argument” (Vogelstein 2014). The standard argument is the dominant theory of bioethical expertise since it is grounded in the dominant explanation of the epistemological status of bioethics: bioethics as applied ethics. According to this argument, originally formulated by Peter Singer (Singer 1972, 1982 and 1988) and then developed by many philosophers with different variations, we might consider that practical ethicists (and, among them, bioethicists) possess some degree of expertise by dint of their competence in moral reasoning. The standard argument claims that bioethical experts possess both skills and knowledge in moral subjects. Amongst the skills held by the bioethicists we might find both some *general* critical-thinking skills and some more *specific* critical thinking skills applied to the ethical domain. As to the formers, we could find the ability to reason formally and consistently, to avoid errors in one’s own argument and to detect fallacies when they occur in the arguments of others; as to the latter we have those abilities dealing with the application of these general skills to the moral context, such as, for example, how to apply argumentative tools to moral issues and cases. Concerning the knowledge bioethicists are supposed to have, we might find the understanding of both moral concepts – theories and principles of applied ethics – and moral arguments – as the most important reasons in favour of and against the specific positions related to the traditional topics of applied ethics (Singer 1972, 1982 and 1988; Szabados 1978; McConnell 1984; Ackerman 1987; Brink 1989; Moreno 1991a and 1991b; Weinstein 1994; Crosthwaite 1995; Nussbaum 2002; Sharvy 2007; Varelius 2008; Agich 2009). To summarize, according to the standard argument, there is an expertise in bioethics since

---

<sup>9</sup> As explicitly stated in the text, the standard argument (in its different formulations) can be considered as the dominant but not the unique view of bioethical expertise. Even if explicitly referred to the expertise of the clinical ethicists, and not to the expertise of the bioethicists generally conceived, Steinkamp and colleagues examine two additional “theories” of ethical expertise: the phenomenological account by Dreyfus and Dreyfus according to which ethical expertise refers to an almost totally intuitive moral competence (1990), and the Habermasian-based account rethought by Casarett and colleagues in which the ability of reaching consensus starting from disagreement is considered as the core competence of clinical ethics expertise (1998).

there are some contents that an expert in the field should know, such as moral theories, accounts, traditions, principles, etc., but also because there are some skills pertaining to the application of such theories and models to concrete situations requiring solutions. Hence, bioethical expertise appears as a concept bound to the belief that there is a core of knowledge – namely what falls into the domain of ethical theory – and a privileged reasoning procedure for applying this core of knowledge – namely argumentation – widely recognized by the vast majority of bioethicists. Actually, despite sounding as an almost homogeneous trend, the standard argument is usually spelled out in very different forms. Indeed, although the emphasis on argumentation leads to the centrality of justification, the way in which justification is interpreted each time, deeply modifies the content of the standard account and, therefore, of bioethical expertise. To give some examples, Jan Crosthwaite defines an argument as justified as long as it is supported by reasons, without requiring that these reasons are infallible (Crosthwaite 1995). Yoder makes a step further in the definition of justified reasons, arguing that a position is justified if the reasons supporting it are mutually consistent from a logical standpoint. Therefore, according to Yoder, what matters is not the initial position endorsed by the agent, but the coherence between the agent's moral judgments (Yoder 1998). Finally, Weinstein formulates what can be considered the most demanding version of the standard argument. He considers ethical expertise as a form of epistemic expertise, and in particular, as the normative subdomain of it. Being a kind of epistemic expertise, it deals with the capacity of providing justifications within a specific domain rather than with the practical ability of performing some tasks in a proper way. Moreover, dealing with the normative level of investigation, it refers to the prescriptive power of judgments, ideally able to solve dilemmas by providing strong recommendations. As a consequence, ethical expertise is defined as the ability to provide strong justifications for a claim in the ethical domain (Weinstein 1994). Even if he seems to deny that his account requires the existence of moral objectivity, his idea of strong justification could nonetheless lead to such interpretation<sup>10</sup>.

### 4.3 *Who are bioethical experts?*

#### 4.3.1 *Conceptualizers vs. Problem solvers*

The standard argument is the most widely accepted answer to a very specific question: where does the expertise of bioethical experts, if any, lie? Once this question is answered, another question needs to be asked: what follows from this expertise in terms of power and roles granted to them? This means asking where the threshold to experts' power should be set, once their field of expertise has been clearly defined. I would argue

---

<sup>10</sup> See, for example, Yoder 1998.

that the best way to answer this question could be constructed in the light of the argument proposed by Norbert Steinkamp, Bert Gordijn and Henk ten Have (2008).<sup>11</sup> Their claim is that those who have tackled the issue of bioethical expertise seem to endorse one of the two following theories: the *narrow theory* of bioethical expertise or the *broad theory* of bioethical expertise.

According to the narrow theory of bioethical expertise, bioethical experts should be considered conceptualizers of moral issues. Indeed, because of their ability in formal and argumentative reasoning and knowledge in ethical theories, bioethicists might be more appropriately engaged in a conceptualizing, rather than problem-solving activity. This, in turn, means defining the bioethical expert mainly as a thinker, whose primary task is to define the nature of the problems to be addressed and to take care of the formal analysis of the moral problems and arguments, while remaining detached from the potential practical implementations the case might get to. The argument supporting such a theory is twofold. On the one hand some philosophers have suggested that the majority of moral disputes could be easily solved and even avoided if the parties agree on the meaning of the concepts they are talking about (Beauchamp 1982). This observation rests on the recurrent idea according to which what we often interpret as a moral dilemma, that is, dilemmas regarding moral choices caused by conflicting and mutually incompatible values, is instead bound to semantic and interpretative reasons. Following this reasoning, disambiguating the terms is the preliminary strategy towards the solution of moral dilemmas (Beauchamp 1982)<sup>12</sup>. On the other hand, before defining the main concepts involved in the topics under discussion, an often underestimated preliminary step is in fact crucial: the identification of the problems that deserve some attention. As some scholars have indeed pointed out, problem-solving and concept definition are just secondary tasks of the bioethical enterprise, since sometimes the problem lies in the lack of a clear definition of what are the problems that actually require a solution (Caplan 1989).

Opposed to the narrow theory of bioethical expertise, some philosophers have proposed what has been subsequently defined as the broad theory of bioethical expertise. This theory states that, in virtue of their more competent and informed justificatory abilities,

---

<sup>11</sup> Actually, by “bioethical expert” the authors explicitly refer to the clinical ethicists, leaving aside the debate over the role of bioethicists in the public arena as well as in other domains. However, since in their distinction of the two “theories” of bioethical expertise, they take into consideration not just the debate over the role of bioethicist in the clinical domain, but the entire debate over the topic of bioethical expertise, I consider this distinction as valuable and valid when applied to my primary focus of interest, which is public bioethics.

<sup>12</sup> Even if at a completely different level, the same observation has been put forth by some theorists of the deliberative democracy ideal, who consider the disambiguating activity as one the grounding reasons why deliberative approaches to democracy should be preferred with respect to aggregative approaches. For a deepen analysis of this topic see Gutmann and Thomson (2004).

bioethicists should be assigned a problem-solving role in cases of moral dilemmas and disagreements. There are two interpretations of this theory, a radical one and a moderate one. According to the less radical version of this theory, the justificatory abilities of the bioethicists are superior to those of lay people because the former are usually more refined, thanks to the frequent exercise and knowledge of moral concepts and theories that bioethicists have. However, this does not mean that experts' judgments are infallible, but just that they are more likely to be less fallible than those of not bioethicists (Crosthwaite 1995). The more radical version of this argument argues instead that bioethical expertise is nothing but the normative reflection that primarily includes the capacity of providing strong justifications for a claim in a specific domain. Precisely the emphasis on the strength of the justifications rather than on the consistency between the premises and the following consequences shows what this second version assumes and cannot avoid: the appeal to moral objectivity. According to the supporters of this last view, bioethical expertise is hence possible if and only if there are objective moral truths, which in turn might be considered guarantors of the distinction between justified and unjustified arguments (Weinstein 1994).

#### *4.3.2 Philosophers vs. non-philosophers? Who is more competent as a bioethical expert?*

In addition, another controversial question dominating contemporary literature concerning this topic is whether philosophers (and, particularly, moral philosophers) represent the best qualified people to be moral experts, or whether some other professional figures might be better equipped. There are three answers to this question. First of all, there are those who completely reject the idea that bioethical experts should be professionals with a philosophical background, the so-called "argument from common sense morality", that has been already explained in section 3.2 entitled "The knowledge-shared argument: shared content between experts and non-experts", originally formulated by Archard (2011). Second, there are others claiming that, given the aforementioned skills and knowledge, there is no doubt that moral thinkers (e.g. professional philosophers) are the best equipped to be bioethical experts (Vogelstein 2014). Finally, we find those who support an in-between position and argue that, even if there are no specific competences that philosophers, qua bioethical experts possess and that non philosophers cannot acquire, philosophers can fulfil this role better because of clear and contingent reasons, for instance the fact that philosophers receive general training in understanding formal reasoning and a specific competence in moral theories (Singer 1972, 1982, 1988).

## 5. CONCLUSIONS

This paper aimed at providing the reader with a taxonomy of the very complex (and not always systematic) philosophical debate on bioethical expertise. As it has been shown in the first part of this work, there are several objections to the existence of bioethical

expertise and the legitimacy of bioethical experts. However, several counterarguments to those objections have also been discussed, so that one can still claim that both bioethical expertise and bioethical experts can legitimately exist, provided they are appropriately conceived.

In particular, as to the former (*where does the expertise of bioethical experts, if any, lie?*), there seems to be some knowledge and skills quite unanimously attributed to the content of bioethical expertise, the so-defined “standard argument”. In our view, a slightly modified version of the standard argument should be endorsed, able to combine the already considered elements of the standard argument with some features typically characterizing public bioethics’ domain. However, the main focus will shift from the centrality of coherent judgment to that of *reasonable position*, where the latter’s validity is no more bound to the coherence among the overall agent’s moral judgments or between the agent’s moral judgment and an alleged moral truth, but to the fact of being potentially justifiable through mutually acceptable reasons. The way in which this last expression is interpreted here refers to its definition in political theories of deliberative democracy.

Instead, as to the latter (*what should be the role granted to bioethical experts?*) we suggest the view according to which public bioethicists should be conceived as *ethical experts* but not as moral experts, which means, according to us, that they possess some specific knowledge and skills, but that these knowledge and skills do not legitimate them to decide in place of others. Following this distinction, it seems possible to argue that bioethical experts can surely be considered as *conceptualizers* of moral issues, but not as problem solvers, hence siding in favour of the so-defined soft theory of bioethical expertise. However, beyond the soft account just mentioned, we do a step further, claiming that, even if bioethical experts are not entitled to indicate the way to make a moral choice, they can, nonetheless help others to do this, that is, *facilitate* this process.

Finally, following some considerations already pointed out by Peter Singer, we endorse the thesis according to which there are some contingent reasons that, at least temporarily, support the idea that philosophers are best equipped as bioethical experts.

## REFERENCES

- Ackerman T. (1987), “The role of an ethicist in health care”, in G.R. Anderson, V.F. Glesnes-Anderson (eds), *Health Care Ethics: A Guide for Decision-Makers*, Rockville (MD), Aspen Publishers, pp. 308-320
- Agich G.J. (2009), “The issue of expertise in clinical ethics consultation”, *Diametros*, n. 22, pp. 3-20
- Archard D. (2011). “Why moral philosophers are not and should not be moral experts”, *Bioethics*, vol. 25, n. 3, pp. 119-127
- Bambrough J.R. (1967), “Plato’s political analogies”, in P. Laslett (ed.), *Philosophy, Politics and Society*, Oxford (Uk), Blackwell, pp. 98-115
- Beauchamp T. (1982), “What philosophers can offer?”, in C.N. Noble, *Ethics and Experts*, vol. 12, n. 3, pp. 7-8

- Boyd R.N. (1988), *How to Be a Moral Realist*, in G. Sayre-McCord (ed.), *Essays on Moral Realism*, New York, Cornell University Press, pp. 181-228
- Brink D.O. (1989), *Moral Realism and the Foundations of Ethics*, Cambridge (MA), Cambridge University Press.
- Caplan A.L. (1989), "Moral experts and moral expertise: 'Does either exist?'" , in B. Hoffmaster, B. Freedman, G. Fraser (eds), *Clinical Ethics*, Clifton (NJ), Humana Press, pp. 59-87
- Casarett D.J., Daskal F. and Lantos J. (1998), "The authority of the clinical ethicist", *The Hastings Center Report*, vol. 28, n. 6, pp. 6-11
- Cowley C. (2005). "A new rejection of moral expertise", *Medicine, Health Care and Philosophy*, vol. 8, n. 3, pp. 273-279
- Crosthwaite J. (1995), "Moral expertise: A problem in the professional ethics of professional ethicists", *Bioethics*, vol. 9, n. 4, pp. 361-379
- Daston L. and Galison P. (2007), *Objectivity*, Cambridge (MA), Zone Books
- Douglas H. (2000), "Inductive risk and values in science", *Philosophy of Science*, vol. 67, n. 4, 559-579
- Dreyfus H.L. and Dreyfus S.E. (1990), "What is moral maturity? A phenomenological account of the development of ethical expertise", in D. Rasmussen (ed.), *Universalism vs. Communitarianism: Contemporary Debates in Ethics*, Cambridge (MA), The MIT Press, pp. 237-264
- Ericsson K.A., Charness N., Feltovich P. J. and Hoffman R.R. (eds) (2006), *The Cambridge Handbook of Expertise and Expert Performance*, Cambridge (MA), Cambridge University Press
- Gordon J.S. (2014), "Moral philosophers are moral experts! A reply to David Archard", *Bioethics*, vol. 28, n. 4, pp. 203-206
- Gutmann A. and Thompson D. (2009), *Why Deliberative Democracy?*, Princeton, Princeton University Press
- Longino H.E. (1990), *Science as social knowledge: Values and objectivity in scientific inquiry*, Princeton, Princeton University Press
- McConnell, T.C. (1984), "Objectivity and moral expertise", *Canadian Journal of Philosophy*, vol. 14, n. 2, pp. 193-216
- Moreno J.D. (1991a), "Ethics Consultation as Moral Engagement", *Bioethics*, n. 5, pp. 44-56
- (1991b), "Call Me Doctor? Confessions of a Hospital Philosopher", *Journal of Medical Humanities*, 12, pp. 183-196
- Nussbaum M.C. (2002), "Moral expertise?: constitutional narratives and philosophical argument", *Metaphilosophy*, vol. 33, n. 5, pp. 502-520
- Rasmussen L.M. (2005), "Introduction: In search of ethics expertise", in Id., *Ethics Expertise: History, Contemporary Perspectives and Applications*, Dordrecht, Springer, pp. 1-12
- Rasmussen L.M. (2011), "An ethics expertise for clinical ethics consultation", *The Journal of Law, Medicine & Ethics*, vol. 39, n. 4, pp. 649-661
- Scofield G.R., Fletcher J.C., Jonsen A.R., Lilje C., Self D.J. and Ross J.W. (1993), "Ethics consultation: the least dangerous profession?", *Cambridge Quarterly of Healthcare Ethics*, vol. 2, n. 4, pp. 417-448
- Shalit R. (1997), "When we were philosopher kings: the rise of the medical ethicist", *New Republic*, vol. 216, n. 17, pp. 24-28
- Sharvy R. (2007), "Who's to say what's right or wrong? People who have PhD in Philosophy, that's who", *Journal of Libertarian Studies*, vol. 21, n. 3, pp. 3-24
- Singer P. (1972), "Moral experts", *Analysis*, vol. 32, n. 4, 115-117

- Singer P. (1988), "Ethical experts in a democracy", in D.M. Rosenthal and F. Shehadi (eds), *Applied Ethics and Ethical Theory*, University of Utah Press, pp. 149-161
- Singer P., Noble C.N., Avorn J., Wikler D. and Beauchamp T.L. (1982), "Ethics and experts. How do we decide? A Physician's perspective; Ethicists, critics, and expertise; what philosophers can offer", *The Hastings Center Report*, vol. 12, n. 3, 7-15
- Steinkamp N.L., Gordijn B. and Ten Have H.A. (2008). "Debating ethical expertise", *Kennedy Institute of Ethics Journal*, vol. 18, n. 2, pp. 173-192
- Sturgeon N.L. (2002), "Ethical intuitionism and ethical naturalism", in P. Stratton-Lake (ed.), *Ethical Intuitionism: Re-evaluations*, New York, Oxford University Press
- Suter R. (1984), *Are You Moral?*, Lanham (MD), University Press of America
- Szabados B. (1978), "On 'moral expertise'", *Canadian Journal of Philosophy*, vol. 8, n. 1, pp. 117-129
- Turner S. (2001), "What is the problem with experts?", *Social Studies of Science*, vol. 31, n. 1, pp. 123-149
- Varelius J. (2008), "Is ethical expertise possible?", *Medicine, Health Care and Philosophy*, vol. 11, n. 2, pp. 127-132
- Vogelstein E. (2015), "The nature and value of bioethics expertise", *Bioethics*, vol. 29, n. 5, pp. 324-333
- Weinstein B.D. (1993), "What is an expert?", *Theoretical Medicine*, vol. 14, n. 1, pp. 57-73
- (1994), "The possibility of ethical expertise", *Theoretical Medicine*, vol. 15, n. 1, pp. 61-75
- Yoder S.D. (1998), "Experts in ethics? The nature of ethical expertise", *The Hastings Center Report*, vol. 28, n. 6, pp. 11-19

