

ON THE STRUCTURE OF BIOETHICS AS A PRAGMATIC DISCIPLINE

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Abstract

This paper analyzes certain aspects of the structure of bioethics as a discipline. It begins in Section 1 by arguing that bioethics is an academic discipline of a pragmatic nature. In Section 2, it puts forward a classification of the main problems, issues and concerns in bioethics, using this classification as a way to outline the limits and framework of the field. Pushing further, it contends in Section 3 that comprehensive treatment of any topic in bioethics requires that three normative dimensions (the ethical, moral and political) be taken into account. Ending in Section 4, it concludes that the classification of the issues and analysis of each issue's normative dimensions can provide valuable contributions towards understanding the *sui generis* structure of bioethics as a pragmatic discipline.

Keywords: Bioethics structure, bioethics problems, bioethics disciplines, norms types.

1. Bioethics as a pragmatic discipline

Following common usage in English, a discipline is a body of knowledge or skills that can be taught and learned. Techniques, technologies, sports, hobbies, arts, rhetoric, theology, law and philosophy, among many others, can be taught and learned and, therefore, can be formed into disciplines. In the context of human praxis and norms, disciplines imply a certain institutionalization, whereas non-human animals in the wild have no structured disciplines, although they may take part in a wide range of learning processes. Even further, any educational institution can invent any discipline it considers useful to be taught according to the demands of the society it serves.

In this paper, I will start off from the assumption that bioethics is a discipline consolidated in the academy, where the diverse origins of its practitioners (philosophers, historians, lawyers, social scientists, biomedical researchers, clinicians, nurses, theologians, journalists, policy analysts, insurance brokers and businessmen, among others) reveals its interdisciplinary nature. The interdisciplinary nature of bioethics has been defended, among others, by Callahan (1982), O'Neill (2002), Kopelman (2009), and Wilson (2013). Complementing this interdisciplinary nature, the relative stability of bioethics as an academic discipline has proven to be compatible with the varied background of its practitioners. Notwithstanding, neither the fact that addressing issues in bioethics does not require any specific license or the fact that no expert can lay claim to exclusive competence precludes the existence of an institutionalized discipline. As happens with certain professions such as journalists, politicians and entrepreneurs, there is no single

academic path to becoming a bioethicist; and as happens with so many issues concerning the public sphere, any citizen can publicly discuss disputed issues without being excluded *a priori* from the debate. In any event, with bioethics assumed to be a field of an interdisciplinary nature, it is worth recognizing that, for better or worse, this interdisciplinary activity has been academically institutionalized and, hence, turned into a discipline, into a body of knowledge that is taught and can be taught and learned, one that is assumed to be endowed with a certain inner structure. Nevertheless, recognizing bioethics as an academic discipline does not entail recognizing the discipline as a science *stricto sensu* since there is a lack of consensus in the field of bioethics regarding general principles and theories and the ongoing confrontation of differing, competing doctrines seems unavoidable.

Since its origins, bioethics has dealt with a wide spectrum of practical issues concerning the ethics of biological organisms. In any event, the ethical approach implies that "[...] an academic research project in bioethics, or a bioethicist working in the public sphere, must primarily be concerned to address a *practical 'ought' question* [...]"(Callahan 1973, 73). Callahan, among others, has stressed the practical nature of bioethics: "the discipline of bioethics should be so designed, and its practitioners so trained, that it will directly -at whatever cost to disciplinary elegance- serve those physicians and biologists whose position demands that they make the practical decisions"(Callahan 1973, 73). Based on the foregoing requirements, I will contend that, due to the absence of theoretical consensus and to the practical character of the issues therein, the unity of bioethics as a discipline is mainly pragmatic in nature. Also, I will argue that one effective way to reveal the structure of its field is by pointing out and classifying the practical problems and concerns which themselves raise bioethical issues.

Although ethics, morality and politics have been part of the most important philosophical academic systems since the times of Plato's *Republic* and Aristotle's *Nicomachean Ethics*, the constitution of bioethics, as a discipline that groups together the current practical issues posed by biological sciences and technologies, took place in the last third of the 20th century (Jonsen 1998). In this paper, I hold that the rise of bioethics as a discipline resulted from the advent of a cluster of new problems and concerns related to biological organisms. These issues were characterized in relation to two different kinds of processes that, although closely related, can be analytically distinguished. There is, on one hand, the development of certain sciences and technologies, such as modern medicine, biotechnology, genetic engineering, ecology, ethology, atomic physics, information technologies, computation and the like, which triggered a raft of new realities, including human embryo research, cloning, organ transplantation, enhanced prosthesis, radioactive contamination and species extinction. On the other hand, wide-ranging socio-economic changes posed certain practical issues "soliciting inquiry". A non-exhaustive list of these

changes includes the Green Revolution, world demographic growth, the fall of Soviet-style socialism and overall triumph of consumer capitalism, the widespread application of this capitalism to medical assistance and care and, in the Western countries where bioethics arose, the rise of the feminist movement and relative decline of the social influence of Christianity's theological anthropology and ethical codes (Bueno 1999 and 2001; Baker, and McCullough 2008).

2. Venturing to classify the main problems, concerns and issues in bioethics

As stated above, bioethics, unlike geometry, physics, or biology, is not a strict science and its inner unity is that of a discipline with a practical character. Consequently, one would suspect that the only thing we can hope for is to draw up a purely empirical inventory of the issues therein, a sort of laundry list. Librarianship specialists have proposed certain classifications of bioethical topics, such as the one created and maintained by the Kennedy Institute for Ethics at Georgetown, the Bioethics Research Library Cassificatory Scheme. Although those classifications prove to be very useful for their practical purposes, they lack of a theoretical inner structure. Jorge Luis Borges refers to certain Chinese encyclopedia entitled *Celestial Emporium of Benevolent Knowledge*, and he relates that in its pages "[...] it is written that the animals are divided into: (a) belonging to the emperor, (b) embalmed, (c) tame, (d) sucking pigs, (e) sirens, (f) fabulous, (g) stray dogs, (h) included in the present classification, (i) frenzied, (j) innumerable, (k) drawn with a very fine camelhair brush, (l) et cetera, (m) having just broken the water pitcher, (n) that from a long way off look like flies"(Borges 1984).

When we compare this classification with the phylogenetic taxonomies based on the theory of evolution, we can see the difference between a laundry list, like that of the Borgean Chinese encyclopedia, and a coherent essential classification stemmed from a scientific theory. The same could be said if we compare the heterogeneous lists of substances of the early alchemists with the current periodic table of elements. Although laundry lists can be useful for certain practical purposes, they are not the kind of classification one is searching for when elucidating the structure of a given field. Rather one is seeking the completeness, coherence and order we recognize in the classification of the triangles by their relative lengths of sides (equilateral, isosceles and scalene), or in the categorization of the three classes of levers. The lack of a scientific structure of Bioethics does not force resignation from an attempt to design a coherent categorization based on a suitable set of assumptions. Rather, the main challenge lies in finding the appropriate philosophical criteria to account for such a classification. While philosophical foundations are not scientific in nature, they must still be grounded in arguments and are evaluated by being put into action and judged by their results.

In the literature, the term "bioethics" has been used in two different senses: in a narrow sense, bioethics is understood as biomedical ethics; in its broader sense, bioethics includes a wide spectrum of issues concerning biological organisms. Although W.T. Reich contends that non clinical bioethics is merely a word and never flourished as a discipline (Reich 1994 and 1995), in this paper I will follow the proposals of A. Dawson and R. Macklin and I will also refer to the more wide-reaching sense (Dawson 2010; Macklin 2010). This choice has the advantage that it allows treating the structure of bioethics both in the broad and narrow senses while it also requires taking into consideration the nature of the relations between them. Accordingly, I will assume that the problems and concerns articulated by bioethics in its broader sense make either direct or indirect reference to human and non-human biological organisms and will also contend that such bioethics is a discipline of human etiology. Based on the foregoing, I will divide the set of relationships and operations affecting humans into two main groups: the first contains the relationships and operations between humans and other intelligent and willing beings, while the second contains the relationships and operations between humans and the rest of entities lacking will and knowledge. This dichotomy takes on immediate meaning in bioethics, since norms and issues concerning intelligent and willing animals (whether human or not) usually require a different treatment than those concerning other entities. The former group, containing the relationships and operations between human beings and other intelligent and willing beings, can in turn be broken down into another dichotomy. Cognizant that this proposal will be criticized by the supporters of anti-speciesism, I will argue that the relationships and operations among humans should be differentiated from the relationships and operations between humans and other intelligent and willing animals. The relationships between humans and entities lacking will and knowledge could also be dichotomized since some of the latter are living beings (for instance, the non-animal *archaea*, *bacteria* and *eukaryota*) while others are inert bodies (stones, rivers, clouds, stars, etc). Nevertheless, I will assume that, in a bioethical context, this latter difference between living and non-living entities does not play a significant role (I am also aware of the controversial nature of this assumption).

Where "H" refers to humans, "I" to entities other than animals (whether living or not) and "A" to intelligent and willing non-human animals, the criteria to classify the practical, anthropic sphere of bioethics can be summarized as follows:

- 1) Issues concerning the relationships and operations between humans (H-H).
- 2) Issues concerning the relationships and operations between humans and other non-human, intelligent and willing animals (H-A).

3) Issues concerning the relationships and operations of humans with entities other than the animals included under 2) above (H-I).

Ethology and animal psychology have unequivocally shown that the Cartesian automatism of beasts is misguided, as no one today dares deny that certain animals are endowed with intelligence, feelings and desires. Accordingly, our treatment of those animals cannot be equated with that of other living beings or the inert environment. Of course, the latter relationships (H-I) still pose bioethical issues, but those issues require a treatment other than that received by the relationships between humans and non-human intelligent and willing animals (H-A) since very few living beings and no inert bodies perform operations similar to those of humans, nor do they suffer, desire or behave in an intelligent way. It is more difficult to justify the expediency of affording a different treatment to the issues involving the relationships among humans (H-H) and to those involving the relationships between humans and certain non-human animals endowed with intelligence, feelings and will (H-A). Advocating this difference implies confronting the arguments of anti-speciesism (Singer 1975, 1979, 2009). Space constraints here limit any attempt to deal with this complex issue in depth but, for the purposes of this paper, the arguments in favor of human speciesism can be outlined as follows:

a. Comparing non-human intelligent animals in the wild with healthy adult humans, enculturated in complex societies, reveals remarkable differences between the two groups. Humans have a set of very complex inter-relationships between them, which include phonetic language and the ability to deploy and reciprocate ethical conduct. In addition, humans have much greater learning capabilities. This is all linked to an objective culture, which includes the most elaborate of techniques, arts, sciences and technologies.

b. The differences between non-human intelligent animals and humans, when the latter are in the early stages of development (infants, children) or in transient states of disability, can be justified by means of a teleological argument that looks to the inherent final stage of development of members of the human group who will become healthy, enculturated adults. As no person has ever been born as an adult, the period from birth to adulthood (or the period of transient disability) requires an ethical protection that, unlike animals, accounts for their future status as healthy, enculturated adults.

c. Anti-speciesism arguments acquire special force when comparing certain chimpanzees that have been bred in captivity and share a significant portion of human culture (including the rudiments of American Sign Language) to certain individuals of the human species with severe, incurable and irreversible disabilities such as profound mental retardation. While comparing these two, highly specific groups, which have been selected *ad hoc*, may shed some light on the charitable treatment to be accorded to the former upon integration in a human community, I am afraid it cannot be put forward as an

argument against distinguishing between humans and other animals when articulating the structure of bioethics. Any attempt to draw distinctions in any field inevitably uncovers certain situations and examples which prove difficult to classify, as the current discussion about whether viruses are indeed living organisms shows (Hegde et al 2009; Moreira and López-García 2009). However, analyzing such borderline cases does not remove the difference between living organisms and stones. Notwithstanding certain particular borderline cases, I contend that ethical issues adopt a varying degree of significance depending on whether they affect the relationships among humans (H-H) or the relationships between human and non-human, intelligent and willing animals (H-A). This structure is highly indebted to Gustavo Bueno's theory of anthropological space (1978).

Admittedly non-exhaustive, the most significant issues addressed by bioethics can be classified on the basis of the three domains of anthropological relationships offered in Table 1.

TABLE 1. Classification of certain significant issues in bioethics

First domain: Relationships between humans (H-H)

Contraception, abortion, infanticide, sterilization, sexuality, sexual orientation

Surrogate motherhood, assisted reproductive technologies, adoption, ectogenesis

Embryo manipulation, stem cell research, cloning, gene therapy, eugenics, conjoined twins

Informed consent, confidentiality, privacy, conflict of interests

Health care

Drug abuse, sport ethics, neuroethics

Mutilation, ablation, circumcision, body deformation, food bioethics

Brain death, reanimation, transplantation, donation

Pathologization, medicalization, iatrogenesis

Terminally ill patients, suffering, clinical euthanasia, assisted suicide

Capital punishment (procedural euthanasia)

Health politics and insurance, health regulation and law, resource allocation, inequalities

Migration, racism, sexism, access to healthcare and human research in the Third World, epidemic control

Second domain: Relationships between humans and non- human, intelligent and willing animals (H-A)

Animal research and experimentation

Animal rights, animal liberation, Great Ape Project

Animal euthanasia, limits of animal maleficence, animal patents

Endangered animal species

Legislation concerning animals

Third domain: Relationships between humans and other entities (whether living or not) (H-I)

Limits of biological maleficence, endangered species

Artificial life, genetic modification

Demography, aging society

Ecology, sustainability, climate change, global warming, pollution

Bio-risks, bio-terrorism, biological warfare, nuclear warfare

Space ethics, astro-ethics

The latter two groups may be matched to what are called "animal bioethics" (Singer 1975; Beauchamp and Frey 2011) and "environmental bioethics" (Naess 1973; Taylor 1986). However, the first group, which accounts for the relationships and operations among human subjects (H-H), should not be reduced to the so-called "medical (or clinical) bioethics". There are issues, such as capital punishment, racism, sexism, gender discrimination, sexual orientation and infanticide which are not regarded as being primarily medical or clinical concerns; there is also an ongoing, lively debate regarding the extent to which certain other issues, such as abortion and assisted suicide, ought to be eliminated from medical practice (Rachels 1986; Pellegrino 1992; Baumrin 1998).

This, though, is not the close of the matter, since the core value of the proposed classification (H-H; H-A; H-I) in accounting for the structure of bioethics can be further demonstrated when observing the radical consequences arising from an alteration of that structure. Such is the case of what I term "divergent trans-humanism", which foresees that the relationship among humans (H-H) is soon to be split as a result of the impending materialization of a group of enhanced humans benefitting from certain biotechnological advances: genetic engineering, physical modification, bionics, information technology and nanotechnology, among others. These will give rise to super-humans (SH) who will diverge from current, standard humans, thus giving rise to new relationships among themselves (SH-SH), with non-enhanced humans (SH-H), with non-human animals (SH-A) and with the inanimate environment (SH-I). Regardless of whether this divergent trans-humanism reaches fruition, it must be admitted that the very formulation of these issues has already raised bioethical questions concerning the limits of new technologies when applied to divergent human enhancement (Savulescu 2001 and 2002; Naam 2005; Agar 2010). The eventual admission of divergent trans-humanism, such as it affects the highly central issue of distributive equality among humans, would imply a radical change in the structure of philosophical anthropology (and hence in the structure of bioethics).

To end this section, I will briefly touch on certain varieties of feminist bioethics according to which the relationships between humans (*anthropos*) (H-H) conceal two radically different situations depending on whether they relate to females (F-F) (*gyne*) or to males (M-M) (*andros*). Consequently, the three domains I have forwarded (H-H, H-A, H-I) might unfold as follows: men-animals (M-A); women-animals (F-A); men-inanimate entities (M-I); women-inanimate entities (F-I); and, of course, the relationships among women (F-F), among men (M-M) and between the two groups (M-F). As certain feminist bioethicists view it, women have a special sensitivity in dealing with animals (Donovan and

Adams 2007), with other living beings, and even with inert bodies (Plumwood 1986), not to mention in their relationships with other humans, particularly with other women. Consequently, from these feminists' tenets, the map of bioethical concerns should be "enriched" and "enlarged" in all those directions. Notwithstanding any possible gender discrimination in this approach, it is worth stressing that the majority of feminist bioethics is directly committed to combating sexism and gender inequality (Macklin 2001).

3. The three normative dimensions of any bioethical issue¹

Human persons, as they go about their daily lives, must observe three different norms in place to serve three different purposes. The first group of rules looks to preserve the integrity of each human subject, the second looks to maintain certain groups (professions, associations, ethnicities, religions, etc.) and the third looks to ensure the smooth governance of the political state. Taking cues from Gustavo Bueno, I will refer to these three kinds of rules as "ethics", "moralities" and "politics", respectively (Bueno 1996 and 2003).

Following Bueno, ethical norms and rules are aimed at preserving the integrity of each human subject, as both an individual biological body and a human person endowed with self-determination. In his *Ethics*, Spinoza put forward "strength of character" as the core ethical virtue, adding that this virtue is understood as both firmness towards oneself and generosity towards the others. Accordingly, ethical behaviors contribute to people's proper development and to the improvement of their bodily health and firmness. Educational activities and medical professions serve as prime illustrations of inherently ethical practices. Conversely, behaviors that threaten personal integrity are regarded as unethical. Homicide, slavery, mutilation, abuse, torture, injury, defamation, denigration and derision are just some examples of behaviors geared towards undermining another person's strength. Moreover, people unnecessarily endanger their own integrity, thereby behaving unethically against themselves. Suicide, drug abuse and other reckless health habits illustrate this point. From its very beginning, the discipline of bioethics has been committed to protecting individuals' integrity, to respecting their self-determination and to contributing to every person's firmness.

The second set of norms and rules serves the purpose of preserving and maintaining certain groups. All people belong to certain collectives by virtue of their ethnicity, family, gender, age, language,

¹ This section draws on an argument that I have already developed elsewhere when discussing certain bioethical problems raised by Alzheimer's disease (Alvargonzález 2013).

religion, profession, social class, educational level, residence and the like. Each group has different interests, aims and purposes and follows its own particular customs, mores and rules. As proposed by Gustavo Bueno, “morality” deals with group norms and rules. This proposal is grounded in the uses of the word “morality” in certain modern languages, as it appears, *inter alia*, in the expressions “Victorian morality”, “Christian morality” and “bourgeois morality”, since Victorians, the bourgeoisie and Christians are groups with particular customs and norms. Moral codes, the cardinal virtue of which is loyalty to other group members, have also been drawn up in this connection, such as the *Pirates' Creed of Ethics or Custom of the Brothers of the Coast* (1640). Accordingly, many bioethicists have advocated the need to take into account, in a wide variety of contexts, the rules affecting individuals as members of certain collectives (ethnicities, religions, ages, sexes, professions, etc.) since “no man is an island”. Hence, bioethics is not only concerned with abstract ethical principles concerning the individual but also with a wide variety of moralities: Jewish (Freedman 1999), Muslim (Sachedina 2009), medical (Pellegrino and Tomasma 2003), patient, military (Cook and Syse 2010) and other (Thompson 2012). The third normative dimension which inevitably affects human practices deals with the rules contributing to the smooth running of a political state. In the current world, every individual is a citizen of or lives in a particular political state and, consequently, stands within a state's legal reach. Many bioethicists have convincingly argued that issues of policy and political concerns have constituted the inviolable content of bioethics from its very origins (Callahan 1973; Downie 1983; Sheehan and Dunn 2013).

Ethical norms are universal and distributive insofar as they affect any human individual, regardless of race, language, religion, sex, age, class, profession, etc.; however, this abstract ethical universality and the related abstract human individual are not reached until all the concrete contents that characterize them have been emptied. Individual persons are always enculturated in a wide variety of groups and are brought up as citizens of a particular political state. These groups follow their own moral norms, while every state imposes its own legal order. While ethical rules do not in many cases come into conflict with the morality of a given group, sometimes they do, and the prescripts of a given community prove incompatible with individuals' rights. For instance, a Jehovah's Witness refusing a blood transfusion is following a religious norm which clashes with the ethical imperative of preserving life. Destructive cults serve as another illustration of groups that support moral, yet unethical norms. Furthermore, the members of a professional association, in protecting one another, may engage in an unethical behavior, as when the 1847 *American Medical Association Code of Ethics* urged physicians not to criticize the colleagues who had previously been treating a particular case (Fox and Swazey 1985).

Indeed, much has also been said about the Nazi's unethical medical morality. Group moralities frequently contravene ethical imperatives, as in gender abuse, sexism, racism and social discrimination.

At any rate, ethical norms may be directed by ulterior moral motives, as when the collective decisions (moral commands) taken by certain ethnic groups implicitly override self-determination (an ethical commitment) in respect of certain issues affecting an individual's health. In such cases, the person is not habituated to taking certain decisions alone, feels sheltered by the group and looks to it for decision (Johnstone 2012). In other cases, ethical dictates clash with group interests, as when the preservation of confidentiality concerning genetic information has been challenged by the interest of blood relatives to ascertain that information (Chadwick 2009). In addition, the moral prescripts of different collectives may come into conflict with each other, the code of Jehovah's Witnesses concerning blood transfusions conflicting with physicians' code of ethics being just one example. Further examples of incompatible moral codes include Muslims and Christians, pacifists and the military, and police and street gangs. Many "conflicts of interest" may themselves be conflicts between the individual and the group and between different groups (Schunklenk 2004).

Political norms are usually compatible with ethical norms, and a substantial portion of a state's legislation contributes to fostering personal ethical virtues. Nonetheless, political and ethical norms do occasionally come into conflict. Abstract ethical norms make no distinction between people from different countries, whereas the policies of a given nation require the existence of borders, policing and deportation as a means to preserve the state's well-being, even if such policies condemn a person to squalor and hunger, thus running counter to an individual's well-being. Lisa Eckenwiler, Christine Straehle and Ryoa Chung (2012) have stressed the dialectic between ethical and political requirements regarding health inequity, although their proposal of a "global solidarity" remains internally problematic since "solidarity" is always "solidarity of a given group against others".

Ethics and politics also enter into conflict with respect to any person's reproductive rights enjoyed as a part of their family planning. Reproductive freedom includes the power to decide how many children one will have, but this right sometimes proves incompatible with the political need to control overpopulation. As it has been argued, some of the costs of having children are borne by people other than parents and, therefore, these people should have a say in birth control (Buchanan et al 2000, 210). In parallel, Mary Warnock has advocated the primacy of political expediency over the individual's life in her defense of demented, terminally ill patients' "duty to die" as a means to economize state resources (2008). Capital punishment, war and political intelligence further serve as illustrations of the conflict between

political requirements and ethical values and virtues, while the tension between privacy and political security is another hot-button issue in bioethics.

The relationship between political and moral rules may also be marked by conflict. As is well known, Western countries that follow certain ethical standards oppose preferential female infanticide, arranged marriage, sexual mutilation, racism and sexism as promoted by certain groups. Terrorism provides another illustration of the conflict between a group's moral norms and the smooth running of the state. Of course, there are also a large number of situations in which an individual case may take on ethical or moral significance while lacking political relevance. Sexual promiscuity and the legal consumption of tobacco or alcohol may be unethical, if it threatens the subjects' firmness, and may be morally harmful, if it adversely affects certain groups such as a family or a company, while still being legally permissible in many countries.

The proposed distinction between ethics, morality and politics as three different normative dimensions of human praxis is not offered up as a mere dictionary definition of certain words as they are used in modern languages, but is in fact the very foundation upon which three different domains of rules are rooted. As Callahan stated: "[... in bioethics] the purely ethical dimensions neither can nor should be factored out without remainder from the legal, political, psychological and social dimensions" (1973, 72). In this early text, one can already find the distinction between the ethical, the social and the political dimensions of any bioethical issue (the social dimension may be linked to what I have been calling "morality").

Many of the additions to later editions of *Principles of Biomedical Ethics* introduced by Beauchamps and Childress to respond to their critics can be better understood if the principles of autonomy, beneficence, non-maleficence and justice are construed on the basis of the conflict between ethics, moralities and politics (Beauchamps and Childress 2009; Gert, and Clouser 1990). Itself an ethical principle insofar as it affects the individual and his/her firmness, self-determination find itself curtailed as it runs into a group's moral norms or a state's political norms. The conflicts among and balancing of the foregoing three principles and the principle of justice can be seen as variations of the trade-offs made between ethical and political norms as the result of the contextualization of abstract ethical norms in the reality of political contingencies and institutional moral constraints. As Sheenan and Dunn have recently noted, any ethical requirement should be discussed in the context of what is politically practicable and actually implementable (2013).

Robert Baker contends that a revolution of the "historicizing" sort advanced by Kuhn in the abstract philosophy of science must be carried out in bioethics to put an end to its ahistorical and rationalist methodology and address its issues "in historic context" (2002). Backing his contention, Jones' book on the Tuskegee experiment is often quoted to illustrate the fertility of the historical approach (1981) and Duncan Wilson has insightfully advocated the relevance of history in bioethical analysis (2013). In my view, Baker's analysis would be better understood under the assumption that bioethics does not only entail the ethical approach but also the aforementioned moral and political dimensions. Due its abstract nature, the ethical standpoint may advance in certain regards in an ahistorical fashion, as does geometry, but not physics. Nevertheless, morality and politics cannot move forward in such a way, for they are historically determined. As bioethics cannot be reduced to the abstract ethical analysis of certain issues and also includes, from its very beginning, their moral and political dimensions, it therefore requires a historical and comparative methodology. Indeed, the dichotomy between rationalism and historicism proposed by Baker may be the result of focusing only on the ethical dimension of bioethics (leaving aside politics and moralities) and on the work of a particular group of bioethicists (certain strict analytic philosophers) who assume as their exclusive methodology the Cartesian rationalism critiqued by Baker. This may also help us to understand Roger Cooter's negative statement that bioethicists usually exhibit "shallowness (or absence) of socio-economic and political understanding" (1995).

In their ordinary praxis, people are immersed in this space of heterogeneous norms and, consequently, a comprehensive discussion of any bioethical issue would benefit from an accounting of its related ethical dimension (the perspective of the distributive individual), moral dimension (considering the groups involved), and political dimension (to the extent it affects the state and the legislation), while bearing in mind that these three different kinds of rules may frequently enter into conflict.

4. On the structure of bioethics as a pragmatic discipline

As above stated, bioethics is a discipline of a pragmatic nature. Despite of the lack of consensus relative to bioethical doctrines and principles, the field of bioethics is neither chaotic nor amorphous, and a certain inner structure can be noted. On one hand, bioethical issues can be classified based on the three different kinds of relationships involved in human praxis: relationships between humans, relationships between humans and non-human, intelligent and willing animals, and relationships between humans and other entities lacking intelligence and will. The primary rationale sustaining this classification is that the norms governing each of these domains require specific treatment and imply different responsibilities. On the other hand, humans are inevitably submerged in a three-dimensional normative space affecting their

praxis: ethical norms, which look to fortify human individuals; moral norms, which pursue the maintenance of certain social groups; and political norms, which safeguard the smooth running of the state.

Regarding the three domains of human relationships, the most radical concerns have been raised by anti-speciesist animalism, which seeks to remove the borders between humans and certain animals, and divergent transhumanism, which looks to divide mankind into groups as a result of the effects of divergent human enhancement (once it has definitively shed any nuances of 19th-century "scientific" racism). Even setting aside anti-speciesist contentions, the degree of ethical commitment towards certain intelligent and willing animals is still under discussion.

Regarding the three dimensions of human norms, the main issue can be articulated as follows: in the case of conflict between ethical, moral and political norms, is there any rule in place to establish priorities between them? This question lies at the heart of the ongoing discussions between universalism and relativism, between liberalism and communitarianism, between patients' autonomy and physicians' paternalism and between advocates of individual autonomy and supporters of group or state power. Recognizing the three normative dimensions may also shed some light on the problem of the priorities between certain competing values affecting the individual, the group and the state, and on the balancing of and conflict among certain bioethical principles, and may be of some help to account for the place of the historical approach in bioethics.

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