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Review of

*Against Bioethics* by Jonathan Baron

The beginning of an ambitious and important project, Jonathan Baron's *Against Bioethics* (2006) describes and defends a rigorous approach to applied bioethics that aims to change it from the endlessly ambiguous applications of principlism to a discipline that produces grounded action-guiding advice to policy-makers, physicians, and patients. Urging us to abandon the hemming and hawing over what "autonomy," "beneficence," "nonmaleficence," or "justice" means in any particular case, Baron wants "to discuss several issues that engage bioethics today, and then show how these issues can be illuminated by applied utilitarianism, in the form of decision analysis."

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The title, *Against Bioethics*, is apropos. Baron spends a great deal of time explaining what he is "against" about particular health care policies, bioethical theories or perspectives, and different arguments used in bioethics. He offers some solutions to particular problems, but these often remain empirically uninformed—research is required in many of the areas where this approach can make a difference. For example, in his discussion of learning disabilities and potential treatments, he cannot identify exactly what strategy will produce the most utility. (66-67) Until we know more about the advantages of different treatments across different segments of the population (that is, until we can assign values to the possible outcomes of different treatment plans distributed in different ways), Baron can only offer preliminary considerations.

The most important contributions of the book are the clear critique of standard bioethical arguments (intuitions about nature and intuitive applications of principlism) and his explanation of a rigorous system (utilitarian decision analysis) for resolving contentious and difficult problems. Baron identifies “applied bioethics” as his subject-matter, but his audience is primarily policy-makers and not social workers, physicians, or patients. This indicates an area for continued work, the decisions of these frontline decision-makers may also be improved by the application of Baron’s perspective.

Baron’s arguments against the intuitions that currently govern the principlism of bioethics are not new. Many have noted that the principles of the Georgetown Mantra (or the Belmont Report which is Baron’s document of choice) lack prioritization and, accordingly, produce additional difficulties when we try to resolve a difficult case. Because the application of the principles lacks common criteria for resolving disagreement, applications will be inconsistent across cases and individuals. Baron’s aim, though, is not to remove the use of principles from the labor of bioethicists, but to remind these bioethicists that “all of the basic principles used in applied bioethics can be understood as having utilitarian roots,” (18) and that “when their utilitarian justification is not understood, they take on a life of their own, so that they are applied even in cases when the [sic] fail to maximize utility.” (20)

By situating the principles in a utilitarian framework, the application of the principles can be evaluated according to a common standard. We can identify better and worse applications of the principles by looking at the consequences of each application. The utilitarian roots of respect for autonomy, for example, are well-known: individuals know what’s best for themselves, with practice they will make better decisions, and some individuals value making their own decisions. Given these utilitarian roots, influencing others’ decisions (in the form of advice, incentives, or

coercion) is justified (or not) by evaluating the utility costs of the influence and the utility benefits of the outcome resulting from that influence. Autonomy receives no special priority.

Baron attributes past and present rejections of utilitarianism in bioethics to (1) bad applications of utilitarianism and (2) conflict with moral intuitions. Bad applications of theory, on the one hand, are not particular to utilitarianism; any theory will be subject to bad applications. Disagreement with moral intuitions, on the other hand, may be the result of misapplied or overgeneralized conclusions (43), and so these intuitions may be biased. (28-29)

Baron's cursory justification of utilitarian bioethics (and rejection of intuitive principlism) is coupled with an endorsement of the more technical utilitarian decision analysis (UDA). By assigning a value to each possible outcome and multiplying each value by the probability of that outcome, UDA has two advantages: 1) it is a rigorous system for determining the best decision and 2) it requires an explicit identification of the criteria for a decision.

Baron defines utility in terms of achieving subjectively determined goals, though he doesn't defend this as the exclusive standard. (29) When assigning values to a possible outcome, these assignments are made by the subjects who will be affected. Baron uses the example of appendicitis, simplifying it so that the only outcomes are life and death (37-39). Once he assigns values to the potential outcomes (i.e., life and death), and probabilities to the uncertain aspects of a decision (i.e., the possibility that it's just indigestion or that we will survive an operation, should we choose it), he has a rigorous system that indicates the best decision. The jewel of this system is its malleability. If you value the potential outcomes differently than he does, or if the probabilities of certain outcomes are shown to be different in your case, this will likely change which alternative is the best one. By requiring explicit identification of outcome values and uncertainties, extrapolating a change in value or probability is a simple recalculation.

UDA demands that we make decisions from among the potential outcomes with explicitly weighted values and easily identifiable trade-offs. Importantly, even if UDA indicates that option Y will produce the best results (given the values and probabilities of each outcome and uncertainty), we might still choose option X, but at least we'll know what we've given up.

Baron's relentless critiques of the current practice of bioethics are centered on its general inaccuracy. This is reflected in Baron's comments (noted above) regarding the neglected utilitarian roots of the principles of bioethics, in his critiques of the bureaucracy of IRBs and the FDA, the arguments about the "naturalness" of cloning, concerns about the production of new and expensive technologies, and the (mis)allocation of health care resources across national and international populations.

Baron infuses many of his critiques of inaccuracy with explanations from cognitive psychology. For example, he argues that the standing distinction between active and passive euthanasia is inaccurate and he attributes this inaccuracy to the omission bias. A robust conclusion of cognitive psychology research, the omission bias amounts to taking harmful consequences that result from not acting as less bad than equivalent (or even less harmful) consequences from acting. Hence, passive euthanasia (not acting) is acceptable but active euthanasia (acting) is not.

Baron's use of cognitive psychology in his discussion of bioethics and health policy is refreshing. This literature is under-applied in (applied and theoretical) bioethics despite producing robust conclusions for 30+ years. Baron's use of the material, however, is limited; he focuses on how policy-maker decisions are subject to bias (i.e., active and passive euthanasia). It would have been even more effective to show the implications of this work in cognitive psychology for lay individual's medical decision-making. For example, the research into affective forecasting should

have been included in his discussion of healthy individuals evaluating what it would be like to live with particular disabilities, and the research on gain- and loss-framing should have been included in his discussion of relaying the risks and benefits of research protocols to potential research subjects. Further, Baron's application of some of this research seems to lack careful attention to the implications. For example, he notes the research by Schwartz et al. (2002) that shows that too many choices can actually lead to worse decision-making. But Baron also says, in his subsequent discussion of consent that, "giving rational people a new option without removing any options cannot make them worse off. They don't have to take it." (109) The research by Schwartz indicates that the second statement is true only to a point, and this is particularly important in medical decisions where the list of alternative treatments, and the attendant risks and benefits of each can be quite long. Finally, Baron's recommended responses to biases in decision-making are a bit optimistic; his recommendations depend on the belief that people will readily (or already do) take seriously the biases that have been robustly illustrated. Given the resistance to so much decision-making research (i.e., the use of SPRs in clinical care), more persuasive and pervasive illustrations are in order.

In *Against Bioethics*, Baron makes an important contribution by putting bioethicists on the spot. His approach demands explicit articulations of the trade-offs that are made in decisions in bioethics, and it provides a common standard for evaluating each option. This is something few, if any, other bioethicists have in their repertoire. Baron's is a promising approach, but its value will be evident once we can see the consequences of its application.

## References

J. Baron *Against Bioethics* (Cambridge, Mass.: MIT Press, 2006)

B. Schwartz, A. Ward, J. Monterosso, S. Lyubomirsky, K. White and D.R. Lehman. "Maximizing versus satisficing: Happiness is a matter of choice," *Journal of Personality and Social Psychology* 83 (2002): 1178-1197.