

BOOK REVIEWS

RETHINKING AUTONOMY: A CRITIQUE OF PRINCIPLISM IN BIOMEDICAL ETHICS

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Bioethics—American style—are just that, American style bioethics. Believing that bioethical principles espoused by teams of philosophers, physicians, and theologians are immutably correct and universally fitting is wrong. Traphagan has elegantly delineated the problem: American bioethics is incomplete by neglecting that its foundations are based on cultural values, assumptions, cosmologies, and beliefs that create a group's concept of what it is to be a culture-bearing human and how to properly manage the exigencies of life. Traphagan's fascinating book, *Rethinking Autonomy*, demonstrates the cultural constraints operating on American bioethics by (a) providing a sophisticated explanation of the concept of "culture," and (b) juxtaposing American style bioethics to Japanese bioethics. The result is an illuminating tale of the cultural origins of American bioethical principles and the conclusion that the American bioethical project is incomplete.

Understanding that "culture" exerts an extremely potent effect on all thinking is truly critical to the process of conceptualizing bioethical principles. Strangely, however, culture often remains the "elephant in the room" that can explain so much of why and how people moralize the way they do. Perhaps the elephant is ignored because it is perceived as simple, obvious, and trite. In reality, culture is hugely complex and tricky. Culture is obvious but invisible; operating but insubstantial; subtle but significant.

Culture is too often presented in overly simplistic ways that produce distortions in understanding it. Misusing the culture concept in ways that will ultimately find use in practice settings could do more harm than good. Consequently, Traphagan gives the reader a sophisticated, contemporary overview of the "culture concept" to show that American bioethics are the products of American cultural foundations.

Cultural foundations and their influence can be revealed by comparing behaviors and other social phenomena across different cultural settings. For example, cross-cultural comparisons of birth (seemingly heavily standardized across all people) show that the birthing process and experience is enormously varied from one cultural setting to another. Moreover, can culture be so powerful as to effect things that seem completely objective, like fire? The answer is, "Yes." For example, Fire Marshalls planned a fire prevention community education program in an urban area. However, it failed because they did not anticipate that their expert definition of "fire" would not match the community's. Community members did not define kitchen grease fires, cigarette burn holes in mattresses, and "blown" electrical outlet sockets as fires, whereas Fire Marshalls assumed that anybody would "automatically" share their expert definition of fire (personal communication). The lesson here is that even something as presumably physically independent of social influence as fire is, in fact, defined and interpreted in many ways. Finalizing practice recommendations, whether about fire prevention or bioethics, without research to discover and delineate the inevitable multiple ways of thinking about an issue leads only to the illusion that the best deductions have been achieved.

Traphagan reveals cultural influence on bioethics by comparing the bioethical

principle of autonomy as formulated in the American version of bioethics with that of Japan. Suicide, or "self-killing," to remove the negative value connotation, is used as an example in which American and Japanese ethical and moral principles are seen as significantly different. Broadly, Japanese self-killing has a variety of context-relevant circumstances, motivations, and purposes that introduce diverse moral interpretations. Although a microanalysis of American self-killing may produce range of contexts, too, the underlying cultural notions of human life and purpose are quite different. For example, individual Japanese are not an isolated island of autonomy that emphasizes one's self as the ultimate authority on personal actions, as is more common among Americans. Japanese decision making on life and death matters is conducted in the context of a cultural ethos of social interdependence, not independence. Self-killing may take on an element of honor under certain circumstances that is considered to respect and protect the social dignity of the group, although this does not mean that there is an absence of sadness or loss. Traphagan notes that the important lesson for bioethicists is not the self-killing but understanding of the meaning of it.

In the background of Traphagan's promoting the benefit of cultural data as an integral part of the bioethical project are two camps of bioethicists, each believing they hold "the truth." One group believes that there are universal principles of bioethics that exist and must be found. These are the "principlists." Opposing them are the "anti-principlists" who believe that there are culture-specific, bioethical principles to seek and that these may even be further modified in variable contexts and situations. Traphagan is a proponent of the latter and seeks to solve the "principlist problem" by changing their mode of

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thinking to include cultural relativism and ethnographic research to discover ethically relevant cultural constructs of thought and behavior in natural contexts of life.

Identifying a problem always begs the question of how to solve it. However, the "fix" offered to ameliorate this problem requires more structure and detail. Traphagan's fix is to (a) identify anthropologists or others; (b) who can correctly conduct empirical, ethnographic research to discover a group's cultural constructions of autonomy and other bioethical principles; and (c) discuss the results of the ethnographic research so that bioethical principles would incorporate that group's ideas about proper health decision-making behavior. It is the nebulous nature of "discuss" that is problematic.

Also, part of the proposed fix is to have the discussion include the context and situation for any given bioethical problem in need of a decision. Context is very important to any understanding of human behavior, as is the situation. Yet, the multitude of contexts and situations possible is staggering and leads one to wonder how such discussions could be done, much less how the number of bioethical decisions for review could be managed. Biomedical hegemony is acknowledged in the book, yet the wish for a multidisciplinary or interdisciplinary fruitful discussion (however well intentioned) may be hard to achieve in practice.

One may also criticize the problem of cultural information paucity in American bioethics as a "straw man." American bioethics is drawn from American culture and used in American culture, so "not a problem." Such a view, however, ignores the very culturally diverse composition of the American population. The medical anthropology research database is replete with contemporary examples of medical decision making that went wrong because of lack of cultural information. Traphagan's call for bioethical conceptualizations based on research-derived cultural information from the majority population and its segments is quite appropriate to American

bioethics as well as to the bioethics found in any society.

Overall, Traphagan's critique of autonomy from the principlists perspective successfully extends current comparative bioethics by his specific call for ethnographic research to delineate the cultural constructs of autonomy. Anthropological research is most appropriate for this task because its methods of qualitative research are proven to dig deep into the cultural soup in which people live. Traphagan certainly makes the case that developing bioethical principles based on broad Western cultural traditions or specific academic disciplines or, worst, simple intuition will lead to continuing epicycles of truncated, insufficient dogma masquerading as "best practice." Traphagan's admonition to add cultural data into the intellectual process of the bioethical project is convincingly shown, even if the means to do so needs further development.

Reviewed by J. Neil Henderson, PhD