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LEBLANC SANTIAGO

One of the founding fathers of bioethics describes the development of the field and his thinking on some of the crucial issues of our time. Daniel Callahan helped invent the field of bioethics more than forty years ago when he decided to use his training in philosophy to grapple with ethical problems in biology and medicine. Disenchanted with academic philosophy because of its analytical bent and distance from the concerns of real life, Callahan found the ethical issues raised by the rapid medical advances of the 1960s—which included the birth control pill, heart transplants, and new capacities to keep very sick people alive—to be philosophical questions with immediate real-world relevance. In this memoir, Callahan describes his part in the founding of bioethics and traces his thinking on critical issues including embryonic stem cell research, market-driven health care, and medical rationing. He identifies the major challenges facing bioethics today and ruminates on its future. Callahan writes about founding the Hastings Center—the first bioethics research institution—with the author and psychiatrist Willard Gaylin in 1969, and recounts the challenges of running a think tank while keeping up a prolific flow of influential books and articles. Editor of the famous liberal Catholic magazine *Commonweal* in the 1960s, Callahan describes his now-secular approach to issues of illness and mortality. He questions the idea of endless medical “progress” and interventionist end-of-life care that seems to blur the boundary between living and dying. It is the role of bioethics, he argues, to be a loyal dissenter in the onward march of medical progress. The most important challenge for bioethics now is to help rethink the very goals of medicine.

This book diagnoses a crisis facing philosophy - and the humanities more broadly - and sketches a path toward institutionalizing socially engaged approaches to philosophical research.

The political and policy implications of recent developments in neuroscience, including new techniques in imaging and neurogenetics. New findings in neuroscience have given us unprecedented knowledge about the workings of the brain. Innovative research—much of it based on neuroimaging results—suggests not only treatments for neural disorders but also the possibility of increasingly precise and effective ways to predict, modify, and control behavior. In this book, Robert Blank examines the complex ethical and policy issues raised by our new capabilities of intervention in the brain. After surveying current knowledge about the brain and describing a wide range of experimental and clinical interventions—from behavior-modifying drugs to neural implants to virtual reality—Blank discusses the political and philosophical implications of these scientific advances. If human individuality is simply a product of a network of manipulable nerve cell connections, and if aggressive behavior is

a treatable biochemical condition, what happens to our conceptions of individual responsibility, autonomy, and free will? In light of new neuroscientific possibilities, Blank considers such topics as informed consent, addiction, criminal justice, racism, commercial and military applications of neuroscience research, new ways to define death, and political ideology and partisanship. Our political and social institutions have not kept pace with the rapid advances in neuroscience. This book shows why the political issues surrounding the application of this new research should be debated before interventions in the brain become routine.

Interdisciplinary perspectives on the science, politics, and ethics of the 2013–2015 Ebola virus disease outbreak. The 2013–2015 outbreak of the Ebola virus disease (EVD) was a public health disaster: 28,575 infections and 11,313 deaths (as of October 2015), devastating the countries of Guinea, Liberia, and Sierra Leone; a slow and mismanaged international response; and sensationalistic media coverage, seized upon by politicians to justify wrongheaded policy. And yet there were also promising developments that may improve future responses to infectious disease epidemics: the UN Security Council's first involvement in a public health event; a series of promising clinical treatments and vaccines for EVD; and recognition of the need for a global public health system to deal with epidemics that cross national borders. This volume offers a range of perspectives on these and other lessons learned, with essays on the science, politics, and ethics of the Ebola outbreak. The contributors discuss topics including the virology and management of EVD in both rich and poor nations; the spread of the disease (with an essay by a leader of Médecins Sans Frontières); racist perceptions of West Africa; mainstream and social media responses to Ebola; and the ethical issue of whether to run clinical trials of experimental treatments during an outbreak. Contributors Christian L. Althaus, Daniel G. Bausch, Adia Benton, Michael J. Connor, Jr., Kim Yi Dionne, Nicholas G. Evans, Morenike Oluwatoyin Folayan, Stephen Goldstein, Bridget Haire, Patricia C. Henwood, Kelly Hills, Cyril Ibe, Marjorie Kruvand, Lisa M. Lee, Maimuna S. Majumder, Alexandra L. Phelan, Annette Rid, Cristine Russell, Lara Schwarz, Laura Seay, Michael Selgelid, Tara C. Smith, Armand Sprecher

An argument against the “lifeboat ethic” of contemporary bioethics that views medicine as a commodity rather than a tradition of care and caring. Bioethics emerged in the 1960s from a conviction that physicians and researchers needed the guidance of philosophers in handling the issues raised by technological advances in medicine. It blossomed as a response to the perceived doctor--knows-best paternalism of the traditional medical ethic and today plays a critical role in health policies and treatment decisions. Bioethics claimed to offer a set of generally applicable, universally accepted guidelines that would simplify complex situations. In *Thieves of Virtue*, Tom Koch contends

that bioethics has failed to deliver on its promises. Instead, he argues, bioethics has promoted a view of medicine as a commodity whose delivery is predicated not on care but on economic efficiency. At the heart of bioethics, Koch writes, is a “lifeboat ethic” that assumes “scarcity” of medical resources is a natural condition rather than the result of prior economic, political, and social choices. The idea of natural scarcity requiring ethical triage signaled a shift in ethical emphasis from patient care and the physician's responsibility for it to neoliberal accountancies and the promotion of research as the preeminent good. The solution to the failure of bioethics is not a new set of simplistic principles. Koch points the way to a transformed medical ethics that is humanist, responsible, and defensible.

Daniel Callahan's life time work in bioethics has again and again returned to the root problems of health, progress, technology, and death. How we think about each of them individually and in relation to each other will shape the way we approach and deal with the most common dilemmas of modern medicine. They are at the roots of the field.

“Public Bioethics collects the most influential essays and articles of James F. Childress, a leading figure in the field of contemporary bioethics. These essays, including new, previously unpublished material, cohere around the idea of “public bioethics,” which involves analyzing and assessing public policies in biomedicine, health care, and public health, often through public deliberative bodies. The volume is divided into four sections. The first concentrates on the principle of respect for autonomy and paternalistic policies and practices. The second explores the tension among bioethics, public policy, and religious convictions. It pays particular attention to the role of religious convictions in the formation of public policies and to the basis and limits of exemptions of health care providers who conscientiously oppose providing certain legal and patient-sought services. The third section looks at practices and policies related to organ transplantation. Childress focuses particularly on determining death, obtaining first-person consent for deceased organ donation, and allocating donated organs effectively and fairly. The book's fourth and final section maps the broad terrain of public health ethics, proposes a triage framework for the use of resources in public health crises, addresses public health interventions that potentially infringe civil liberties, and sheds light on John Stuart Mill's misunderstood legacy for public health ethics.”--Provided by publisher.

A range of views on the morality of synthetic biology and its place in public policy and political discourse. Synthetic biology, which aims to design and build organisms that serve human needs, has potential applications that range from producing biofuels to programming human behavior. The emergence of this new form of biotechnology, however, raises a variety of ethical questions—first and foremost, whether synthetic biology is intrinsically troubling in moral terms. Is it an egregious example of scientists “playing God”? *Synthetic Biology and Morality* takes on this threshold ethical question, as well as others that follow, offering a range of philosophical and political perspectives on the power of synthetic biology. The contributors consider the basic question of the ethics of making new organisms, with essays that lay out the conceptual terrain and offer opposing views of the intrinsic moral concerns; discuss the possibility that synthetic organisms are inherently valuable; and address whether, and how, moral objections to synthetic biology could be relevant to policy making and political discourse. Variations of these questions have been raised before, in debates over other biotechnologies, but, as this book shows, they take on novel and illuminating form when considered

in the context of synthetic biology. Contributors John Basl, Mark A. Bedau, Joachim Boldt, John H. Evans, Bruce Jennings, Gregory E. Kaebnick, Ben Larson, Andrew Lustig, Jon Mandel, Thomas H. Murray, Christopher J. Preston, Ronald Sandler

An examination of a decade and a half of political controversy, ethical debate, and scientific progress in stem cell research.

A critical review of the debate over the still-hypothetical possibility of prenatal intervention by parents to select the sexual orientation of their children. Parents routinely turn to prenatal testing to screen for genetic or chromosomal disorders or to learn their child's sex. What if they could use similar prenatal interventions to learn (or change) their child's sexual orientation? Bioethicists have debated the moral implications of this still-hypothetical possibility for several decades. Some commentators fear that any scientific efforts to understand the origins of homosexuality could mean the end of gay and lesbian people, if parents shy away from having homosexual children. Others defend parents' rights to choose the traits of their children in general and see no reason to treat sexual orientation differently. In this book, Timothy Murphy traces the controversy over prenatal selection of sexual orientation, offering a critical review of the literature and presenting his own argument in favor of parents' reproductive liberty. Arguing against commentators who want to restrict the scientific study of sexual orientation or technologies that emerge from that study, Murphy proposes a defense of parents' right to choose. This, he argues, is the only view that helps protect children from hurtful family environments, that is consistent with the increasing powers of prenatal interventions, and that respects human futures as something other than accidents of the genetic lottery.

“Impromptu Man captures the remarkable impact of a singular genius, J.L. Moreno, whose creations—the best-known being psychodrama—have shaped our culture in myriad ways, many unrecognized. The record will be set straight for all time by this can't-put-down biography, a tribute by Jonathan D. Moreno to his father's masterly legacy.” —DANIEL GOLEMAN, author of *Emotional Intelligence: Why It Can Matter More Than IQ* J.L. Moreno (1889-1974), the father of psychodrama, was an early critic of Sigmund Freud, wrote landmark works of Viennese expressionism, founded an experimental theater where he discovered Peter Lorre, influenced Martin Buber, and became one of the most important psychiatrists and social scientists of his time. A mystic, theater impresario and inventor in his youth, Moreno immigrated to America in 1926, where he trained famous actors, introduced group therapy, and was a forerunner of humanistic psychology. As a social reformer, he reorganized schools and prisons, and designed New Deal planned communities for workers and farmers. Moreno's methods have been adopted by improvisational theater groups, military organizations, educators, business leaders, and trial lawyers. His studies of social networks laid the groundwork for social media like Twitter and Facebook. Featuring interviews with Clay Shirky, Gloria Steinem, and Werner Erhard, among others, original documentary research, and the author's own perspective growing up as the son of an innovative genius, *Impromptu Man* is both the study of a great and largely unsung figure of the last century and an epic history, taking readers from the creative chaos of early twentieth-century Vienna to the wired world of Silicon Valley. Jonathan D. Moreno, called the “most interesting bioethicist of our time” by the *American Journal of Bioethics*, is a professor at the University of Pennsylvania and a Senior Fellow at the Center for American Progress.

This book discusses some of the most critical ethical issues in mental health care today, including

the moral dimensions of addiction, patient autonomy and compulsory treatment, privacy and confidentiality, and the definition of mental illness itself. Although debates over these issues are ongoing, there are few comprehensive resources for addressing such dilemmas in the practice of psychology, psychiatry, social work, and other behavioral and mental health care professions. This book meets that need, providing foundational background for undergraduate, graduate, and professional courses. Topics include central questions such as evolving views of the morality and pathology of deviant behavior; patient competence and the decision to refuse treatment; recognizing and treating people who have suffered trauma; addiction as illness; the therapist's responsibility to report dangerousness despite patient confidentiality; and boundaries for the therapist's interaction with patients outside of therapy, whether in the form of tennis games, gift-giving, or social media contact. For the most part the selections address contemporary issues in contemporary terms, but the book also offers a few historic or classic essays, including Thomas S. Szasz's controversial 1971 article "The Ethics of Addiction." Contributors Laura Weiss Roberts, Frederic G. Reamer, Charles P. O'Brien, and Thomas McLellan

How medical education and practice can move beyond a narrow focus on biological intervention to recognize the lived experiences of illness, suffering, and death. In *Afflicted*, Nicole Piemonte examines the preoccupation in medicine with cure over care, arguing that the traditional focus on biological intervention keeps medicine from addressing the complex realities of patient suffering. Although many have pointed to the lack of compassion and empathy in medical practice, few have considered the deeper philosophical, psychological, and ontological reasons for it. Piemonte fills that gap, examining why it is that clinicians and medical trainees largely evade issues of vulnerability and mortality and, doing so, offer patients compromised care. She argues that contemporary medical pedagogy and epistemology are not only shaped by the human tendency to flee from the reality of death and suffering but also perpetuate it. The root of the problem, she writes, is the educational and institutional culture that promotes reductionist understandings of care, illness, and suffering but avoids any authentic confrontation with human suffering and the fear and self-doubt that can come with that confrontation. Through a philosophical analysis of the patient-practitioner encounter, Piemonte argues that the doctor, in escaping from authentic engagement with a patient who is suffering, in fact "escapes from herself." Piemonte explores the epistemology and pedagogy of medicine, examines its focus on calculative or technical thinking, and considers how "clinical detachment" diminishes physicians. She suggests ways that educators might cultivate the capacity for authentic patient care and proposes specific curricular changes to help students expand their moral imaginations.

An exploration of moral stress, distress, and injuries inherent in modern society through the maps that pervade academic and public communications worlds. In *Ethics in Everyday Places*, ethicist and geographer Tom Koch considers what happens when, as he puts it, "you do everything right but know you've done something wrong." The resulting moral stress and injury, he argues, are pervasive in modern Western society. Koch makes his argument "from the ground up," from the perspective of average persons, and through a revealing series of maps in which issues of ethics and morality are embedded. The book begins with a general grounding in both moral stress and mapping as a means of investigation. The author then examines the ethical dilemmas of mapmakers and others in the

popular media and the sciences, including graphic artists, journalists, researchers, and social scientists. Koch expands from the particular to the general, from mapmaker and journalist to the readers of maps and news. He explores the moral stress and injury in educational funding, poverty, and income inequality ("Why aren't we angry that one in eight fellow citizens lives in federally certified poverty?"), transportation modeling (seen in the iconic map of the London transit system and the hidden realities of exclusion), and U.S. graft organ transplantation. This uniquely interdisciplinary work rewrites our understanding of the nature of moral stress, distress and injury, and ethics in modern life. Written accessibly and engagingly, it transforms how we think of ethics—personal and professional—amid the often conflicting moral injunctions across modern society. Copublished with Esri Press The SAGE Handbook of Health Care Ethics is an influential collection of work by leading scholars on the fundamental and emerging themes which define health care ethics. Combining international and interdisciplinary perspectives, the Handbook provides a cutting-edge account of debates in five key areas: - health care ethics in an era of globalization - beginning and end-of-life - vulnerable populations - research ethics and technologies - public health and human rights. This authoritative Handbook brings together experts with backgrounds in philosophy, sociology, law, public policy and the health professions and reflects the increasing impact of globalisation and the dynamic advances in the fields of bioscience and genetics, which keep ethics at the centre of debates about the future direction of healthcare. It is an invaluable resource for all students, practitioners, academics and researchers investigating ethical issues in relation to healthcare.

An examination of the ethical issues raised by the possibility of human life extension, including its desirability, unequal access, and the threat of overpopulation. Life extension—slowing or halting human aging—is now being taken seriously by many scientists. Although no techniques to slow human aging yet exist, researchers have successfully slowed aging in yeast, mice, and fruit flies, and have determined that humans share aging-related genes with these species. In *New Methuselahs*, John Davis offers a philosophical discussion of the ethical issues raised by the possibility of human life extension. Why consider these issues now, before human life extension is a reality? Davis points out that, even today, we are making policy and funding decisions about human life extension research that have ethical implications. With *New Methuselahs*, he provides a comprehensive guide to these issues, offering policy recommendations and a qualified defense of life extension. After an overview of the ethics and science of life extension, Davis considers such issues as the desirability of extended life; whether refusing extended life is a form of suicide; the Malthusian threat of overpopulation; equal access to life extension; and life extension and the right against harm. In the end, Davis sides neither with those who argue that there are no moral objections to life enhancement nor with those who argue that the moral objections are so strong that we should never develop it. Davis argues that life extension is, on balance, a good thing and that we should fund life extension research aggressively, and he proposes a feasible and just policy for preventing an overpopulation crisis.

An argument that modern liberal democracies should tolerate human enhancement technologies, answering key objections by critics of these practices. Emerging biotechnologies that manipulate human genetic material have drawn a chorus of objections from politicians, pundits, and scholars. In *Humanity Enhanced*, Russell Blackford eschews the heated rhetoric that surrounds genetic enhancement technologies to examine them in the context of liberal thought, discussing the public policy is-

sues they raise from legal and political perspectives. Some see the possibility of genetic choice as challenging the values of liberal democracy. Blackford argues that the challenge is not, as commonly supposed, the urgent need for a strict regulatory action. Rather, the challenge is that fear of these technologies has created an atmosphere in which liberal tolerance itself is threatened. Focusing on reproductive cloning, pre-implantation genetic diagnosis of embryos, and genetic engineering, Blackford takes on objections to enhancement technologies (raised by Jürgen Habermas and others) based on such concerns as individual autonomy and distributive justice. He argues that some enhancements would be genuinely beneficial, and that it would be justified in some circumstances even to exert pressure on parents to undertake genetic modification of embryos. Blackford argues against draconian suppression of human enhancement, although he acknowledges that some specific and limited regulation may be required in the future. More generally, he argues, liberal democracies would demonstrate liberal values by tolerating and accepting the emerging technologies of genetic choice.

An argument that French adoption policies reflect and enforce the state's notions of gender, parenthood, and citizenship. In May 2013, after months of controversy, France legalized same-sex marriage and adoption by homosexual couples. Obstacles to adoption and parenting equality remain, however—many of them in the form of cultural and political norms reflected and expressed in French adoption policies. In *The Politics of Adoption*, Bruno Perreau describes the evolution of these policies. In the past thirty years, Perreau explains, political and intellectual life in France have been dominated by debates over how to preserve “Frenchness,” and these debates have driven policy making. Adoption policies, he argues, link adoption to citizenship, reflecting and enforcing the postcolonial state's notions of parenthood, gender, and Frenchness. After reviewing the complex history of adoption, Perreau examines French political debates over adoption, noting, among other things, that inter-country adoptions stirred far less controversy than the difference between the sexes in an adopting couple. He also discusses judicial action on adoption; child welfare agencies as gatekeepers to parenthood (as defined by experts); the approval process from the viewpoints of social workers and applicants; and adoption's link to citizenship, and its use as a metaphor for belonging. Adopting a Foucaultian perspective, Perreau calls the biopolitics of adoption “pastoral”: it manages the individual for the good of the collective “flock”; it considers itself outside politics; and it considers not so much the real behavior of individuals as an allegorical representation of them. His argument sheds new light on American debates on bioethics, identity, and citizenship.

While functioning quite well for many years, the bioethics profession is in crisis. John H. Evans closely examines the history of the bioethics profession, and based on the sociological reasons the profession evolved as it did, proposes a radical solution to the crisis.

Leading scholars debate politically progressive perspectives on bioethics and the implications for society, politics, and science in the twenty-first century.

A Kirkus Reviews Best Book of the Year and Scientific American Book Club selection “Moreno pulls apart the debates on eugenics, abortion, end-of-life decisions, embryonic stem-cell research, reproductive cloning, chimeras and synthetic biology, among others, carefully reassembling what’s at stake for each side. In graceful, sparkling prose, he illuminates intricate threads of history and complex philosophical arguments. . . . Highly recommended for anyone interested in the[se] vital is-

sues.” —Kirkus Reviews (starred review) We have entered what is called the “biological century” and a new biopolitics has emerged to address the implications for America’s collective value system, our well-being, and ultimately, our future. *The Body Politic* is the first book to recognize and assess this new force in our political landscape—one that fuels today’s culture wars and has motivated politicians of all stripes to reexamine their platforms. As Moreno explains the most contentious issues, he also offers an engaging history of the intersection between science and democracy in American life, a reasoned (and often surprising) analysis of how different political ideologies view scientific controversies, and a vision for how the new biopolitics can help shape the quality of our lives. Jonathan D. Moreno is the David and Lyn Silfen University Professor at the University of Pennsylvania and the editor-in-chief for the Center for American Progress’ online magazine, *Science Progress*. He divides his time between Philadelphia and Washington, DC.

Advances in medicine often depend on the effective collection, storage, research use, and sharing of human biological specimens and associated data. But what about the sources of such specimens? When a blood specimen is drawn from a vein in your arm, is that specimen still you? Is it your property, intellectual or otherwise? Should you be allowed not only to consent to its use in research but also to specify under what circumstances it may be used? These and other questions are at the center of a vigorous debate over the use of human biospecimens in research. In this book, experts offer legal, regulatory, and ethical perspectives on balancing social benefit and human autonomy in biospecimen research. After discussing the background to current debates as well as several influential cases, including that of Henrietta Lacks, the contributors consider the rights, obligations, risks, and privacy of the specimen source; different types of informed consent under consideration (broad, blanket, and specific); implications for special patient and researcher communities; and the governance of biospecimen repositories and the responsibilities of investigators. Contributors: Rebecca A. Anderson, Heide Aung, Avery Avrakotos, Mark Barnes, Jill Barnholtz-Sloan, Benjamin Berkman, Barbara E. Bierer, Mark A. Borreliz, Jeffrey R. Botkin, Dan Brock, Ellen Wright Clayton, I. Glenn Cohen, Lisa Eckstein, Barbara J. Evans, Emily Chi Fogler, Nanibaa' A. Garrison, Pamela Gavin, Aaron J. Goldenberg, Christine Grady, Kate Gallin Heffernan, Marylana Saadeh Helou, Sara Chandros Hull, Elisa A. Hurley, Steven Joffe, Erin P. Johnson, Julie Kaneshiro, Aaron S. Kesselheim, Isaac Kohane, David Korn, Russell Korobkin, Bernard Lo, Geoffrey Lomax, Kimberly Hensle Lowrance, Holly Fernandez Lynch, Bradley A. Malin, Karen J. Maschke, Eric M. Meslin, P. Pearl O'Rourke, Quinn T. Ostrom, David Peloquin, Rebecca Pentz, Jane Perlmutter, Ivor Pritchard, Suzanne M. Rivera, Erin Rothwell, Andrew P. Ruscsek, Rachel E. Sachs, Carol Weil, David Wendler, Benjamin Wilfond, Susan M. Wolf

Physicians, philosophers, and theologians consider how to address death and dying for a diverse population in a secularized century. Most of us are generally ill-equipped for dying. Today, we neither see death nor prepare for it. But this has not always been the case. In the early fifteenth century, the Roman Catholic Church published the *Ars moriendi* texts, which established prayers and practices for an art of dying. In the twenty-first century, physicians rely on procedures and protocols for the efficient management of hospitalized patients. How can we recapture an art of dying that can facilitate our dying well? In this book, physicians, philosophers, and theologians attempt to articulate a bioethical framework for dying well in a secularized, diverse society. Contributors discuss such topics as the acceptance of human finitude; the role of hospice and palliative medicine; spiritual prepara-

tion for death; and the relationship between community, and individual autonomy. They also consider special cases, including children, elderly patients with dementia, and death in the early years of the AIDS epidemic, when doctors could do little more than accompany their patients in humble solidarity. These chapters make the case for a robust bioethics—one that could foster both the contemplation of finitude and the cultivation of community that would be necessary for a contemporary art of dying well. Contributors Jeffrey P. Bishop, Lisa Sowle Cahill, Daniel Callahan, Farr A. Curlin, Lydia S. Dugdale, Michelle Harrington, John Lantos, Stephen R. Latham, M. Therese Lysaught, Autumn Alcott Ridenour, Peter A. Selwyn, Daniel Sulmasy

"The co-author of *Moral Machines* explores accountability challenges related to a world shaped by such technological innovations as combat drones, 3-D printers and synthetic organisms to consider how people of the near future can be protected, "--Novelist.

A theoretical account of moral revolutions, illustrated by historical cases that include the criminalization and decriminalization of abortion and the patient rebellion against medical paternalism. We live in an age of moral revolutions in which the once morally outrageous has become morally acceptable, and the formerly acceptable is now regarded as reprehensible. Attitudes toward same-sex love, for example, and the proper role of women, have undergone paradigm shifts over the last several decades. In this book, Robert Baker argues that these inversions are the product of moral revolutions that follow a pattern similar to that of the scientific revolutions analyzed by Thomas Kuhn in his influential book, *The Structure of Scientific Revolutions*. After laying out the theoretical terrain, Baker develops his argument with examples of moral reversals from the recent and distant past. He describes the revolution, led by the utilitarian philosopher Jeremy Bentham, that transformed the post-mortem dissection of human bodies from punitive desecration to civic virtue; the criminalization of abortion in the nineteenth century and its decriminalization in the twentieth century; and the invention of a new bioethics paradigm in the 1970s and 1980s, supporting a patient-led rebellion against medical paternalism. Finally, Baker reflects on moral relativism, arguing that the acceptance of "absolute" moral truths denies us the diversity of moral perspectives that permit us to alter our morality in response to changing environments.

Do doctors fix patients? Or do they heal them? For all of modern medicine's many successes, discontent with the quality of patient care has combined with a host of new developments, from aging populations to the resurgence of infectious diseases, which challenge medicine's overreliance on narrowly mechanistic and technical methods of explanation and intervention, or "fixing" patients. The need for a better balance, for more humane "healing" rationales and practices that attend to the social and environmental aspects of health and illness and the experiencing person, is more urgent than ever. Yet, in public health and bioethics, the fields best positioned to offer countervailing values and orientations, the dominant approaches largely extend and reinforce the reductionism and individualism of biomedicine. The collected essays in *To Fix or To Heal* do more than document the persistence of reductionist approaches and the attendant extension of medicalization to more and more aspects of our lives. The contributors also shed valuable light on why reductionism has persisted and why more holistic models, incorporating social and environmental factors, have gained so little traction. The contributors examine the moral appeal of reductionism, the larger rationalist dream of technological mastery, the growing valuation of health, and the enshrining of individual responsibility as

the seemingly non-coercive means of intervention and control. This paradigm-challenging volume advances new lines of criticism of our dominant medical regime, even while proposing ways of bringing medical practice, bioethics, and public health more closely into line with their original goals. Precisely because of the centrality of the biomedical approach to our society, the contributors argue, challenging the reductionist model and its ever-widening effects is perhaps the best way to press for a much-needed renewal of our ethical and political discourse.

This book covers all forms of ethical assessment of research and innovation at the European Commission, including the implications of the concept of RRI which has emerged as a new framework to be used by the European Commission, and indeed including the newer concepts of Open Innovation and Open Science which are designed to subsume and reconfigure RRI. The book can be used as a 'how to' guide to understand and navigate the ethical and societal demands in developing European research projects; it also pushes the reflection and reflexivity further, bringing provoking new (and also some very old) perspectives to bear on ardent debates in studies of expertise, ethics and policy making.

An argument that the system of boards that license human-subject research is so fundamentally misconceived that it inevitably does more harm than good. Medical and social progress depend on research with human subjects. When that research is done in institutions getting federal money, it is regulated (often minutely) by federally required and supervised bureaucracies called "institutional review boards" (IRBs). Do—can—these IRBs do more harm than good? In *The Censor's Hand*, Schneider addresses this crucial but long-unasked question. Schneider answers the question by consulting a critical but ignored experience—the law's learning about regulation—and by amassing empirical evidence that is scattered around many literatures. He concludes that IRBs were fundamentally misconceived. Their usefulness to human subjects is doubtful, but they clearly delay, distort, and deter research that can save people's lives, soothe their suffering, and enhance their welfare. IRBs demonstrably make decisions poorly. They cannot be expected to make decisions well, for they lack the expertise, ethical principles, legal rules, effective procedures, and accountability essential to good regulation. And IRBs are censors in the place censorship is most damaging—universities. In sum, Schneider argues that IRBs are bad regulation that inescapably do more harm than good. They were an irreparable mistake that should be abandoned so that research can be conducted properly and regulated sensibly.

A nuanced discussion of human enhancement that argues for enhancement that does not significantly exceed what is currently possible for human beings. The transformative potential of genetic and cybernetic technologies to enhance human capabilities is most often either rejected on moral and prudential grounds or hailed as the future salvation of humanity. In this book, Nicholas Agar offers a more nuanced view, making a case for moderate human enhancement—improvements to attributes and abilities that do not significantly exceed what is currently possible for human beings. He argues against radical human enhancement, or improvements that greatly exceed current human capabilities. Agar explores notions of transformative change and motives for human enhancement; distinguishes between the instrumental and intrinsic value of enhancements; argues that too much enhancement undermines human identity; considers the possibility of cognitively enhanced scientists; and argues against radical life extension. Making the case for moderate enhancement, Agar argues

that many objections to enhancement are better understood as directed at the degree of enhancement rather than enhancement itself. Moderate human enhancement meets the requirement of truly human enhancement. By radically enhancing human cognitive capabilities, by contrast, we may inadvertently create beings (“post-persons”) with moral status higher than that of persons. If we create beings more entitled to benefits and protections against harms than persons, Agar writes, this will be bad news for the unenhanced. Moderate human enhancement offers a more appealing vision of the future and of our relationship to technology.

In only four decades, bioethics has transformed from a fledgling field into a complex, rapidly expanding, multidisciplinary field of inquiry and practice. Its influence can be found not only in our intellectual and biomedical institutions, but also in almost every facet of our social, cultural, and political life. This volume maps the remarkable development of bioethics in American culture, uncovering the important historical factors that brought it into existence, analyzing its cultural, philosophical, and professional dimensions, and surveying its potential future trajectories. Bringing together a collection of original essays by seminal figures in the fields of medical ethics and bioethics, it addresses such questions as the following: - Are there precise moments, events, socio-political conditions, legal cases, and/or works of scholarship to which we can trace the emergence of bioethics as a field of inquiry in the United States? - What is the relationship between the historico-causal factors that gave birth to bioethics and the factors that sustain and encourage its continued development today? - Is it possible and/or useful to view the history of bioethics in discrete periods with well-defined boundaries? - If so, are there discernible forces that reveal why transitions occurred when they did? What are the key concepts that ultimately frame the field and how have they evolved and developed over time? - Is the field of bioethics in a period of transformation into biopolitics? Contributors include George Annas, Howard Brody, Eric J. Cassell, H. Tristram Engelhardt Jr., Edmund L. Erde, John Collins Harvey, Albert R. Jonsen, Loretta M. Kopelman, Laurence B. McCullough, Edmund D. Pellegrino, Warren T. Reich, Carson Strong, Robert M. Veatch, and Richard M. Zaner.

An analysis of how findings in behavioral economics challenge fundamental assumptions of medical ethics, integrating the latest research in both fields. Bioethicists have long argued for rational persuasion to help patients with medical decisions. But the findings of behavioral economics—popularized in Thaler and Sunstein’s *Nudge* and other books—show that arguments depending on rational thinking are unlikely to be successful and even that the idea of purely rational persuasion may be a fiction. In *Good Ethics and Bad Choices*, Jennifer Blumenthal-Barby examines how behavioral economics challenges some of the most fundamental tenets of medical ethics. She not only integrates the latest research from both fields but also provides examples of how physicians apply concepts of behavioral economics in practice. Blumenthal-Barby analyzes ethical issues raised by “nudging” patient decision making and argues that the practice can improve patient decisions, prevent harm, and perhaps enhance autonomy. She then offers a more detailed ethical analysis of further questions that arise, including whether nudging amounts to manipulation, to what extent and at what point these techniques should be used, when and how their use would be wrong, and whether transparency about their use is required. She provides a snapshot of nudging “in the weeds,” reporting on practices she observed in clinical settings including psychiatry, pediatric critical care, and oncology. Warning that there is no “single, simple account of the ethics of nudging,” Blumenthal-Barby offers a

qualified defense, arguing that a nudge can be justified in part by the extent to which it makes patients better off.

Contemporary Debates in Bioethics features a timely collection of highly readable, debate-style arguments contributed by many of today’s top bioethics scholars, focusing on core bioethical concerns of the twenty-first century. Written in an engaging, debate-style format for accessibility to non-specialists Features general introductions to each topic that precede scholarly debates Presents the latest, cutting-edge thoughts on relevant bioethics ideas, arguments, and debates

New science for a new administration from the premier liberal think tank.

It is often said that bioethics emerged from theology in the 1960s, and that since then it has grown into a secular enterprise, yielding to other disciplines and professions such as philosophy and law. During the 1970s and 1980s, a kind of secularism in biomedicine and related areas was encouraged by the need for a neutral language that could provide common ground for guiding clinical practice and research protocols. Tom Beauchamp and James Childress, in their pivotal *The Principles of Biomedical Ethics*, achieved this neutrality through an approach that came to be known as “principlist bioethics.” In *Pastoral Aesthetics*, Nathan Carlin critically engages Beauchamp and Childress by revisiting the role of religion in bioethics and argues that pastoral theologians can enrich moral imagination in bioethics by cultivating an aesthetic sensibility that is theologically-informed, psychologically-sophisticated, therapeutically-oriented, and experientially-grounded. To achieve these ends, Carlin employs Paul Tillich’s method of correlation by positioning four principles of bioethics with four images of pastoral care, drawing on a range of sources, including painting, fiction, memoir, poetry, journalism, cultural studies, clinical journals, classic cases in bioethics, and original pastoral care conversations. What emerges is a form of interdisciplinary inquiry that will be of special interest to bioethicists, theologians, and chaplains.

Experts from different disciplines offer novel ideas for improving research oversight and protection of human subjects.

“One of the most important thinkers describes the literally mind-boggling possibilities that modern brain science could present for national security.” —LAWRENCE J. KORB, former US Assistant Secretary of Defense “Fascinating and frightening.” —Bulletin of the Atomic Scientists The first book of its kind, *Mind Wars* covers the ethical dilemmas and bizarre history of cutting-edge technology and neuroscience developed for military applications. As the author discusses the innovative Defense Advanced Research Projects Agency (DARPA) and the role of the intelligence community and countless university science departments in preparing the military and intelligence services for the twenty-first century, he also charts the future of national security. Fully updated and revised, this edition features new material on deep brain stimulation, neuro hormones, and enhanced interrogation. With in-depth discussions of “psyops” mind control experiments, drugs that erase both fear and the need to sleep, microchip brain implants and advanced prosthetics, supersoldiers and robot armies, *Mind Wars* may read like science fiction or the latest conspiracy thriller, but its subjects are very real and changing the course of modern warfare. Jonathan D. Moreno has been a senior staff member for three presidential advisory commissions and has served on a number of Pentagon advisory committees. He is an ethics professor at the University of Pennsylvania and the editor-in-chief of the Center for American Progress’ online magazine *Science Progress*.

An argument that more people should have children with Down syndrome, written from a pro-choice, disability-positive perspective. The rate at which parents choose to terminate a pregnancy when prenatal tests indicate that the fetus has Down syndrome is between 60 and 90 percent. In *Choosing Down Syndrome*, Chris Kaposy offers a carefully reasoned ethical argument in favor of choosing to have such a child. Arguing from a pro-choice, disability-positive perspective, Kaposy makes the case that there is a common social bias against cognitive disability that influences decisions about prenatal testing and terminating pregnancies, and that more people should resist this bias by having children with Down syndrome. Drawing on accounts by parents of children with Down syndrome, and arguing for their objectivity, Kaposy finds that these parents see themselves and their families as having benefitted from having a child with Down syndrome. To counter those who might characterize these accounts as based on self-deception or expressing adaptive preference, Kaposy cites supporting evidence, including divorce rates and observational studies showing that families including children with Down syndrome typically function well. Himself the father of a child with Down syndrome, Kaposy argues that cognitive disability associated with Down syndrome does not lead to diminished well-being. He argues further that parental expectations are influenced by neoliberal ideologies that unduly focus on the supposed diminished economic potential of a person with Down syndrome. Kaposy does not advocate restricting access to abortion or prenatal testing for Down syndrome, and he does not argue that it is ethically mandatory in all cases to give birth to a child with Down syndrome. People should be free to make important decisions based on their values. Kaposy's argument shows that it may be consistent with their values to welcome a child with Down syndrome into the family.

An argument that moral functioning is immeasurably complex, mediated by biology but not determined by it. Throughout history, humanity has been seen as being in need of improvement, most pressing in need of moral improvement. Today, in what has been called the beginnings of "the golden age of neuroscience," laboratory findings claim to offer insights into how the brain "does" morality, even suggesting that it is possible to make people more moral by manipulating their biology. Can "moral bioenhancement"—using technological or pharmaceutical means to boost the morally desirable and remove the morally problematic—bring about a morally improved humanity? In *The Myth of the Moral Brain*, Harris Wiseman argues that moral functioning is immeasurably complex, mediated by biology but not determined by it. Morality cannot be engineered; there is no such thing as a "moral brain." Wiseman takes a distinctively interdisciplinary approach, drawing on insights from philosophy, biology, theology, and clinical psychology. He considers philosophical rationales for moral enhancement, and the practical realities they come up against; recent empirical work, including studies of the cognitive and behavioral effects of oxytocin, serotonin, and dopamine; and traditional moral education, in particular the influence of religious thought, belief, and practice. Arguing that morality involves many interacting elements, Wiseman proposes an integrated bio-psycho-social approach to the consideration of moral enhancement. Such an approach would show that, by virtue of their sheer numbers, social and environmental factors are more important in shaping moral functioning than the neurobiological factors with which they are interwoven.

A provocative argument that the best way to deliver high-quality healthcare to Americans is to institute a comprehensive and fair system of rationing.

Why preterm birth rates in the United States remain high even as access to prenatal care has improved and infant mortality has steadily dropped.