

Empirical ethics: a growing area of bioethics

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Clinical Ethics is still a relatively young journal, but it has achieved a lot in the last four years by consolidating health-care ethics as a truly interdisciplinary field. The decision to have a section of the journal specifically focusing on empirical ethics was noted, in the first issue of the journal, to possibly 'come as a surprise to some readers ... but reflects the importance the Editorial team give to this area'.¹ This decision has proved to be a fruitful one, with the section flourishing and publishing many innovative and influential papers by some of the leading people in the field. After four years as the editor of this section, Professor Clare Williams has passed the baton to me and it is with great excitement and anticipation that I have taken it on. Clare has done a wonderful job with the Empirical Ethics section, providing a forum for robust empirical work in ethics and showing how productive this kind of work can be.

I come to this area from a different background to Clare. My first degree was in philosophy and I became interested in empirical methods in bioethics initially from a theoretical perspective – what does this kind of research contribute to ethical deliberation in terms of informing what we should do? This theoretical interest led to me deciding to actually do some empirical research myself. This decision was driven by many complex and inter-related factors, among them a desire to experience first hand what 'doing' this type of research would be like; to see in practice what this kind of research might contribute to ethical deliberation; and to find out about how ethical issues were approached and managed in the everyday practice of an area I had an existing interest in – infertility treatment. I conducted a qualitative project on infertility clinicians and thoroughly enjoyed the process of carrying out in-depth interviews and getting a more nuanced understanding of the area.^{2,3} Since then I

have carried out other projects in a similar vein and now see the empirical component in my work as very valuable.

Empirical ethics is still a relatively recent phenomenon in modern bioethics and has its opponents as well as proponents. The growth in engagement with empirical research^{4,5} has, arguably, been the biggest change in recent bioethics. Sugarman *et al.*⁶ conducted a study that pointed to the rise of empirical research in bioethics during the 1980s. Borry *et al.*⁷ continued this work and charted the rise of empirical research, conducting a quantitative analysis of peer-reviewed journals in the field of bioethics in the period 1990–2003 to analyse the evolution and nature of published empirical research in bioethics. They found that the proportion of empirical research rose in these journals from 5.4% in 1990 to 15.4% in 2003 and concluded that, 'it is likely that the importance of empirical methods in medical ethics and bioethics can only be expected to increase'.⁷

The reasons for this 'empirical turn' are disputed; Borry *et al.*⁸ have argued that it can be attributed to three factors. First, the rise of evidence-based medicine and the extension of this to bioethics, where ethical arguments should either be tested by empirical evidence or ethical decisions should be grounded in the best scientific evidence. Second, the development of clinical ethics as a distinct field, which has a greater focus on the specificities of actual practice than mainstream bioethics. Finally, the increasing dissatisfaction with the discipline of bioethics as exemplified by the social science critique. Draper and Ives⁹ have argued that it is this critique that has been one of the main motivating factors behind the increase in empirical research conducted by bioethicists. It is beyond the remit of this editorial to consider in depth why bioethics as an academic discipline is changing and this is possibly more a topic for a sociology of ethics.¹⁰ However, there is no doubt that more empirical studies are now conducted in bioethics and there is an increasing focus on the role of empirical research in moral deliberation (see for example the article by Kon¹¹ in *American Journal of Bioethics* and the large number of associated commentaries and the special edition of *Bioethics* in 2009⁴).

This 'empirical turn'⁸ has provoked extensive debate around such questions as:

- How does such 'descriptive' research carried out in the social sciences contribute to the distinctively

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normative aspect of bioethics? How do facts tell us anything about values?^{12–14}

- How should the relationship between social science and empirical ethics be conceptualized?^{10,15,16}
- What is empirical ethics; what distinguishes it from other forms of social science inquiry?^{15,17}
- How can different types of empirical research in ethics be categorized?^{6,11,18}
- How can one integrate the different disciplines that make up the multidisciplinary endeavour of empirical ethics?^{4,18,19}
- What are appropriate approaches and methodologies in this new developing area? Suggested approaches have been: critical bioethics;²⁰ integrated empirical ethics;¹⁸ pragmatic hermeneutics;²¹ reflective equilibrium;²² critical applied ethics¹⁵ and dialogical approaches.²³

All these theoretical debates are important for how we understand the role of empirical research in ethical deliberation and what we think it can usefully contribute. As Molewijk *et al.*¹⁸ have noted in this new field, ‘methodological experience must be accumulated to consolidate its identity’, and ongoing debates about how to conceptualize, as well as practically approach, the integration of ethics and data from studies are important to give this new discipline a firm theoretical basis. Therefore, articles that examine the area of empirical ethics from a more theoretical perspective are welcome for inclusion in the Empirical Ethics section of *Clinical Ethics*. Discussions on these areas have already taken place in this section: Renee Fox²⁴ on the future of the discipline of bioethics in which she calls for a more culturally situated, genuinely interdisciplinary bioethics conducting more first-hand research on lived experience and how ‘ethics plays itself out on the ground’; and De Vries *et al.*²⁵ who discussed the merits of the ‘view from here’, exploring how ethical terms pick up specific meanings in institutional contexts. These debates are useful to point to future areas for development and different ways of approaching empirical ethics.

However, that is not to say that the Empirical Ethics section of this journal should become all about abstract theoretical discussions: an important function of the section is to provide a forum for empirical studies to be reported. Many fascinating and useful studies have been published in *Clinical Ethics* in the last four years that throw light on how ethical aspects of practice are acted upon in a social context. This is one of the crucial goals of empirical ethics – that it extends the remit of bioethics (from the traditional philosophical concerns of applying universal moral theories and principles) and broadens the debate by also seeing ethical issues and decisions as situated, social entities: thus creating a different understanding of ethical issues that pays more attention to their social construction and context.^{10,26,27} Therefore, empirical studies on ethical issues (recognizing that what gets characterized as an ethical issue is in itself an interesting area of discussion) are the backbone of this section.

In terms of future directions, one area that is becoming increasingly important is the translation of research

evidence into practice – the translation of what we know into what we do – an area that has been of central concern in health service research, and this could be relevant for empirical ethics. Questions such as: ‘What does empirical ethics contribute to the solution of practical ethical problems?’²⁸ and ‘Does it have any more direct bearing on changing practice than “traditional” bioethics and, indeed, should it?’ are moving up the research agenda. With debates in UK academia over the proposed future research excellence framework and its focus on the ‘impact’ of research findings, questions like these are key and no discipline will be exempt from having to examine what ‘impact’ (one assumes positive impact rather than negative!) it has on those both within and outside academia. This will be an interesting time for research in general and, by extension, empirical research in ethics, and what kinds of studies and avenues of inquiry that will be followed due to these external pressures remains to be seen. In true sociological manner we should not ignore the social context in which research takes place and the factors that shape inquiry in all fields.

Clinical Ethics is a particularly suitable forum for the area of empirical ethics as one of the founding aims was to, ‘promote better understanding among the different groups of people who increasingly collaborate on research projects’.²⁹ The involvement of many different disciplines in empirical ethics projects and the demands of working with diverse groups of people (academics from different areas; health-care professionals, service users, etc.) makes this a very challenging area both practically and theoretically. One of the problems with crossing disciplines is that often people publish in their own journals, attend their own conferences and can be working on very similar topics without ever encountering work in other fields. *Clinical Ethics* is a journal that has explicitly sought to break down these ‘silos’ and this makes it a comfortable home for the genuinely interdisciplinary area of empirical ethics.

I look forward to my involvement with *Clinical Ethics* and the Empirical Ethics section and receiving contributions on any and all areas of empirical ethics.

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