

A Feminist Interpretation of Engelhardt's Bioethics: More a Moral Friend Than a Moral Stranger

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Is the theory that grounds H. Tristram Engelhardt's *The Foundations of Bioethics* and the practices it suggests compatible with the theory and practices found in feminist approaches to bioethics? Is *The Foundations of Bioethics* a work that teaches "that the subordination of women is morally wrong and that the moral experience of women is as worthy of respect as that of men?"¹ Or is it instead a work that cannot or will not teach that gender inequity is wrong - that cannot or will not address women's interests in freedom and well-being as forcefully and passionately as it addresses men's? Are there within *The Foundations of Bioethics* the conceptual and methodological tools to do what Alison M. Jaggar says any feminist approach to bioethics must do; namely, seek "(1) to articulate moral critiques of actions and practices that perpetuate women's subordination; (2) to prescribe morally justifiable ways of resisting such actions and practices; and (3) to envision morally desirable alternatives that will promote women's emancipation...?"² Or is *The Foundations of Bioethics* an essentially nonfeminist treatise? By reading Engelhardt's bioethics through the conceptual lenses of some representative works in feminist bioethics, I hope to show that although feminists and Engelhardt are not what he terms "moral friends," they are far from being what he terms "moral strangers." Rather, feminists and Engelhardt are what I term "moral acquaintances" who might have more moral assumptions in common than Engelhardt suspects.

I. Engelhardt's Bioethics: The Theory

According to Engelhardt, we postmoderns live in a world in which our differences are so great that most of us are moral strangers to one another; we have few moral friends. A moral friend is someone with whom we share enough of a content-full morality to resolve a moral controversy "by sound moral argument or by an appeal to a jointly recognized moral authority."³ In contrast, a moral stranger is someone with whom we do not share the same moral intuitions, the same interpretation of particular cases, the same view of what counts as a good and harm, or the same rank ordering of such principles as autonomy, beneficence, malevolence, and justice.⁴ As a result the only way we and moral strangers can resolve our moral disagreements is by an act of will - a consensual agreement. We come together and decide to do *x* not because we are convinced through reason or faith that doing *x* is *the* right or good thing to do, but because we are persuaded that doing *x* voluntarily is better than being forced to do *y* or *z*.

According to Engelhardt two principles enable a group of moral friends and strangers to make mutually livable policies, rules, and laws. They are the principle of permission and the principle of beneficence. Of these two principles, the former is more fundamental and stable than the other. It is also entirely procedural. It states that:

Authority for actions involving others in a secular pluralist society is derived from their permission. As a consequence,

- (i) Without such permission or consent there is no authority.
- (ii) Actions against such authority are blameworthy in the sense of placing a violator outside the moral community in general, and making licit (but not obligatory) retaliatory, defensive, or punitive force.⁵

In contrast, the principle of beneficence is somewhat, though certainly not fully substantial; at most, it is quasi- substantial. It states that:

The goal of moral action is the achievement of goods and the avoidance of harms. In a secular pluralist society, however, no particular account or ordering of goods and harms can be established as canonical. As a result, within the bounds of respecting autonomy, no particular content-full moral vision can be established over competing senses (at least within a peaceable secular pluralist society). Still, a commitment to beneficence characterizes, the undertaking of morality, because without a commitment to beneficence the moral life has no content. As a consequence,

- (i) On the one hand, there is no general content-full principle of beneficence to which one can appeal.
- (ii) On the other hand, actions without regard to concerns of beneficence are blameworthy in the sense of placing violators outside the context of any particular content-full moral community. Such actions place individuals beyond claims to beneficence. In particular, malevolence is a rejection of the bonds of beneficence. Insofar as one rejects only particular rules of beneficence, grounded in a particular view of the good life, one loses only one's own claims to beneficence within that particular moral community; in either case, petitions for mercy (charity) can still have standing. Actions against beneficence constitute moral impropriety. They are against the content proper to moral life.⁶

Armed with these two principles, moral strangers can construct what they view as mutually beneficial and binding rules, principles, systems, and structures. Provided that they do not act malevolently (malevolence being a state of affairs that Engelhardt regrettably refuses to specify), and provided that they act *voluntarily*, moral strangers are permitted to use or not use medicine in any way they choose. Indeed, Engelhardt is prepared for there to be as many "medicines" as there are groups of moral strangers and, for that matter, moral friends. It is just that the medicine of moral strangers will be a product of human will, whereas the medicine of moral friends will be a product of reason or faith, or some reality that transcends the limits of human subjectivity and raw self interest.

Feminist Approaches to Bioethics: The Theory

Feminists developing approaches to bioethics agree with Engelhardt's description of the postmodern world: it is a world characterized by enormous diversity, including moral

diversity. Rather than lamenting the fact that there is no one single concept of the good to which everyone subscribes, however, feminist bioethicists tend to affirm difference. Difference is, of course, not only an exciting and exhilarating state of affairs. It is also a disconcerting and disconnecting state of affairs. Feminists, including feminist bioethicists know this first hand. Contrary to common misconceptions, the feminist community is not a monolithic whole but a cluster of diverse feminist communities held together by a relatively thin concept of goodness, according to which "badness" is anything that creates or maintains women's systematic subordination to men. Feminists realize that because subordination is an underspecified concept, it stands to reason that feminists should split on whether pornography, for example, contributes to women's subordination or to women's emancipation. Is it a *dangerous* way for men to put women down, to reduce them to mere bodies to be used for male sexual satisfaction - a visual preparation for acts of sexual harassment, rape, and women-battery? Or is pornography instead *pleasurable* means for women to explore their own sexuality, to discover what they do and do not like about heterosexuality, lesbianism, and autoeroticism, and to test whether sex is more or less satisfying without love?

But even though women's diversity no longer surprises feminists, it remains a matter of grave political concern for feminists. In order to formulate policies that foster all women's general interest in freedom and well-being without forcing any particular woman or any particular group of women to accept as dogma the "true" feminist conception of freedom and/or well-being, feminists (including feminist ethicists and bioethicists) have developed a methodology peculiar to them. Although feminists sometimes debate the specific elements of feminist methodology among themselves, they all agree that, in one way or another, its essential aim is to determine whether (or to what degree) a practice, structure, system, or institution either creates or maintains a women's systematic subordination to men. In her representative explanation of feminist methodology, bioethicist Susan Sherwin says that:

...In pursuing feminist ethics, we must continually raise the questions, what does it mean for women? When, for example, feminists consider medical research, confidentiality, or the new reproductive technologies, they need to ask not only most of the standard moral questions but also the general questions of how the issue under consideration relates to the oppression of women and what the implications of a proposed policy would be for the political status of women. Unless such questions are explicitly asked, the role of practices in the oppression of women (or others) is unlikely to be apparent, and offensive practices may well be morally defended. According to feminist ethics, other moral questions and judgements come into play only if we can assure ourselves that the act or practice in question is not itself one of a set of interlocking practices that maintains oppressive structures.⁷

To be sure, it is easier to ask than to answer the so-called woman question. In the past, some feminists, including some feminist bioethicists erred when they accepted as true only *certain* answers to the woman question. For example, Shulamith Firestone asserted that the truly liberated woman is she who realizes that pregnancy is a barbaric experience best forgone. Until the artificial placenta replaces the womb, women will

remain chained to their oppressive reproductive roles.⁸ In contrast, Gena Corea observed that reproductive technology is simply the latest means designed to oppress women, and that the truly liberated woman is she who gives birth as naturally as possible. Far from liberating women, the artificial placenta will render women obsolete: good for nothing except for their egg which IVF practitioners will "snatch" away from them.⁹ The trouble with Firestone's and Corea's respective viewpoints is that they both assume that there is *one, best* way for all women to experience pregnancy - as a curse or, alternatively, as a blessing. But, as any particular woman will tell you *her* pregnancy was an experience unique to *herself*. Depending on her race, class, sexual preference, age, marital status, health status, ethnicity, and so on, a woman may experience pregnancy as nine, agonizing or nine, wonderful months, the worst or the best experience she ever had. Thus, feminists, including feminist bioethicists are increasingly eager to identify means that will enable *each* woman to do what she regards as the most liberating and most beneficial for herself without, however, making it difficult or impossible for other women to do the same. In other words, feminists, including feminist bioethicists are increasingly eager to admit that what constitutes one woman's oppression may constitute another woman's liberation. What feminists, including bioethicists are not prepared to concede, however, are the two bottom-line convictions that ground all schools of feminist thought and which Laura Purdy has articulated as follows:

- 1 ... women are, as a group, worse off than men because their interests routinely fail to be given equal consideration.
- 2 ... that state of affairs is unjust and should be remedied.¹⁰

II. Applying Engelhardt's and Feminists' Theory

One way to better understand a bioethical theory is to apply it to some passionately-debated bioethical issues. I have selected for analysis two practices: (1) euthanasia and physician-assisted suicide and (2) female circumcision/genital mutilation. Whereas Engelhardt's moral strangers will be inclined to accept both of these practices in one form or another, most feminists are presently opposed to both of these practices, especially the second one. Nevertheless, I believe that were a group of non-feminists to enter into respectful conversation with a group of feminists, both of these groups might at least modify if not entirely change their respective positions on euthanasia and physician-assisted suicide and female circumcision/genital mutilation. I hold out hope for this meeting of minds because I am convinced, contrary to Engelhardt, that at least some groups of non-feminists and at least some groups of feminists are not as morally alien to each other as Engelhardt fears they are.

A. Engelhardt on Euthanasia and Physician-Assisted Suicide

Engelhardt invites readers to imagine what would happen if a group of people consisting of Dr Kevorkian, Dr Quill, the president of the Hemlock society, a conservative Roman Catholic bishop, the president of the American Medical Association, Baby K's mother, and Helga Wanglie's husband were asked to reach a consensus on the morality of euthanasia and physician-assisted suicide. As Engelhardt sees it, such a group of moral strangers is more likely to engage in a fist fight than to express a consensus on these

practices. Since they do not share a common understanding "as to what suffering should be borne, when death should be accepted, or when suicide should be undertaken,"¹¹ they cannot agree whether euthanasia and physician-assisted suicide are "objectively" right or wrong. All they can do is to express their own subjective convictions about the "rightness" or "wrongness" of these two practices. The deeply committed Christians in the group will reason through a perspective in which suffering is purposeful, pain is redemptive, and death is the beginning of eternal life. Thus, they will probably claim that it is wrong to directly intend the death of an innocent individual, including one's self. In contrast to these believers, the agnostics and atheists in the group will reason through a perspective in which suffering and pain are ultimately meaningless and death is the end of it all. Thus, they will probably insist that even if life is not a choice, death is; and that it is up to the individual to decide how much pain and suffering he or she is willing to tolerate in order to continue living. Although some patients might value their quantity of life so much that they are willing to endure tremendous pain and suffering in order to continue living, others might prefer to quit the race of life as soon as the going gets tough, viewing those who trudge on as fools or masochists who care naught about the quality of their lives.

Given the fact that there is no way to prove whether the world view of committed Christians or the worldview of staunch atheists is the "true" one. Engelhardt argues that the secular State cannot justify a ban on euthanasia and assisted suicide. He reasons that outside of a particular moral vision - for example, the Christian vision - "...all else being equal, it becomes impossible to make out what would be wrong in directly intending to kill one's self or to aid another in suicide in order to avoid intractable pain and suffering,"¹² and if suicide is not wrong in the atheist's mind, then the Christian has no right to prevent him or her from bidding life adieu. Moreover, as Engelhardt sees it, the state is not entitled to frustrate the atheist's wishes unless it can be shown that the atheist is incompetent or that permitting him or her to "exit" life is malevolent (a very hard case to make in the case of some forms of advanced cancer, e.g.). Otherwise the atheist has just as much a moral right to die as the Christian has a moral right to live. To be sure, concedes Engelhardt, not every competent person ready to be euthanized or assisted in suicide will be like the staunch atheist, who, it is implied, would probably choose to go on living were he or she not dying of a terminal, incurable, very painful disease. Some competent persons who request euthanasia or assisted suicide will do so "on ill considered grounds"¹³ - for example, on the false belief that physicians will not be able to control their pain - or "because of circumstances that can be remedied through the kindness and compassion of others"¹⁴ - for example, by relatives and friends reassuring them that they are not intolerable burdens. Such individuals, Engelhardt notes, "should be the subject of peaceable persuasion aimed at preventing suicide."¹⁵ But, implies Engelhardt, if peaceable persuasion fails with such individuals, then, as in the case of the committed atheist, the State ought not lay its coercive hands on them.

An enormously consistent theoretician, Engelhardt stresses that although it is wrong for the State to prevent competent patients from seeking and securing euthanasia or suicide services, it is equally wrong for the secular state to force unwilling healthcare practitioners to euthanize patients or to assist their suicides. Unless a healthcare practitioner has consented - through a contract, for example - to help end a patient's life, or unless it can be established that failing to end or help end a competent patient's life when he/she *wants*

to end it is malevolent, then the State may not force an unwilling healthcare practitioner to euthanize or assist in suicide a patient, even if *no* other healthcare practitioner is willing to do so. But, speculates Engelhardt, in a pluralistic society there is very little chance that, absent State coercion, a competent patient who wishes to be euthanized or assisted in suicide will be unable to find a healthcare practitioner willing to help him/her. On the contrary, Engelhardt confidently predicts that:

If states and other groups refrain from using secularly unjustifiable coercive power, there will be opportunities of various associations to support diverse moral visions peaceably. Such associations could sustain various parallel health care systems built around particular content-full moral visions. Many would understand the moral evil involved in abortion and euthanasia. Others might provide special insurance discounts for those agreeing to prenatal diagnosis and abortion, as well as euthanasia under defined circumstances. Yet others may simply wish to contract for cheaper health care, although they recognize that this will expose them to some increased risk of suffering and death. To allow individuals to agree to morally diverse visions of health care will require taking moral diversity seriously, as well as the secular moral authority that individuals have to collaborate freely with consenting others.¹⁶

B. *Feminists on Euthanasia and Physician-Assisted Suicide*

Given that many women as well as men *wish* to be euthanized or assisted in suicide, and given that almost all of the healthcare practitioners prepared to honor their wishes are *benevolently* motivated, it would seem that feminist bioethicists should support permissive euthanasia and physician-assisted suicide policies. And indeed, in an ideal world, inhabited by abstract persons - that is, persons conceived apart from the contexts that specify them as Jane or Jim, for example - most, if not all feminist bioethicists would probably follow in the footsteps of Engelhardtian moral strangers. But in this context-heavy, real world, inhabited by all manner and fashion of James and Jims - many feminist bioethicists fear that permissive euthanasia and physician-assisted suicide policies might continue rather than end women's subordination to men. For example, Susan M. Wolf has argued that there is reason to doubt that the kind of permission US women typically give to euthanasia or physician-assisted suicide is as genuine (consensual) as the kind of permission US men typically give to these practices. She notes that in the US women (1) are at greater risk than men for inadequate pain relief and for depression; (2) get more, but generally worse treatment than men for their illnesses; (3) have less adequate health insurance than men; and (4) have poorer family support systems than men. Wolf concludes that on account of these and other related facts, US women are probably more likely than men to view euthanasia and/or physician-assisted suicide as their best or only option when they fall prey to a serious, painful illness.¹⁷

Although Wolf concedes that none of the facts listed above render a woman technically incompetent (that is, incapable of demanding as a matter of right that she be permitted to die), she nonetheless insists that, considered together, they constitute a good reason not to legalize euthanasia and assisted suicide in the United States at this time. She claims that in a country such as ours "in which many millions are denied the resources to cope

with serious illness, woefully mishandled, and in which we have a long way to go to make proclaimed rights to refuse life-sustaining treatment and to working realities in clinical settings,"¹⁸ it is "premature" to legalize these practices. Moreover, in a country such as ours, which views women but not men as sacrificial by nature and which tends to take better care of infirm men than infirm women, these practices are not only "premature" but also very likely "dangerous" insofar as women are concerned.¹⁹ Apparently, Wolf fears that as the United States becomes increasingly intent on reducing healthcare costs, it will be sorely tempted to use euthanasia and physician-assisted suicide as cost-saving measures. After all, the sooner a seriously ill person dies, the less he or she will burden society. Why spend extra time and money developing better treatments for depression and pain, and why provide people - particularly women - with better healthcare insurance and healthcare - when not only this *extra* time and money but also the time and money currently spent on the dying could instead be spent on the living? Why not instead persuade the dying to volunteer for a swift exit from this world, and why not begin the search for volunteers within the female population? After all, given women's traditional ethic of care for others, it simply makes sense for society to approach women to do their "duty" even before it approaches men whose traditional ethic of justice and rights might cause them to view dying as no more their duty than anyone else's.²⁰

Interestingly, I think that Engelhardtian moral strangers might be willing to consider at least a *temporary* ban on euthanasia and physician-assisted suicide were Wolf able to convince them either that gender inequality is so great that women's capacity to consent to dying is severely compromised, or that society's desire to control healthcare costs is so great that it is prepared to act malevolently - to harm at least some of its citizens. But Wolf herself admits that, as of now, there is no *clear empirical evidence* for her deeply-held conviction that permissive euthanasia and physician-assisted suicide policies will tend to work against women's interests in ways that they will not work against men's interests. Thus, in the absence of *clear empirical evidence* for her gender-related concerns about permissive euthanasia and physician-assisted suicide policies, I predict that Engelhardtian moral strangers would seek to reassure Wolf that even if the State legalizes these practices, she will remain free to band together with like-minded bioethicists and healthcare practitioners to do everything in their power to remedy problematic cultural stereotypes about women, to provide all patients with adequate palliative treatment and treatment for depression, to enable families to be more supportive of and responsible for their infirm members, to find ways to control healthcare costs that do not discriminate against any single group of people, especially an extremely vulnerable population like the very sick and dying, and to encourage each other to think long and hard before they agree to euthanize or assist in suicide a patient simply because he or she *says* "I *wants* to die."²¹ However, I also predict that Engelhardtian moral strangers would remind Wolf that should her coalition's mission of moral persuasion fail, they must not interfere with the euthanizing or assisting in suicide of competent patients. Why, they might challenge Wolf, should her coalition aim to prevent a patient like Dr Quill's Diane from requesting and then receiving physician-assisted suicide? After all, Diane was a relatively-privileged, highly-intelligent, and much-loved wife and mother who had been provided with expert therapeutic and palliative care. If the feminist answer to this question is that Diane is some sort of exception to the general rule of female oppression, and that although permitting euthanasia and physician-assisted suicide will probably not contribute to the subordination

of women like her, it probably will contribute to the subordination of women unlike her - a much larger group of women - then, Engelhardtian moral strangers might justifiably ask feminists whether it is fair to ask Diane and women like her to sacrifice themselves for women unlike themselves. Indeed, they might justifiably ask feminists why it is worse for a woman *to choose to die* because she does not want to burden her family than it is for a woman *to choose not to die* for fear of contributing not to her own but to *other* women's continuing subordination to men?

C. Engelhardt on Female Circumcision/Genital Mutilation

Although Engelhardt addresses the topic of female circumcision/genital mutilation in a cursory manner - indeed, in a single footnote -,²² it is not difficult to determine his view on this practice. Engelhardt alludes to the fact that like female circumcision, male circumcision is a form of genital mutilation usually performed on a minor child - indeed, an infant - without that child's stated consent. Why, then, do most US citizens, for example, not condemn male as well as female circumcision as a form of child abuse? Without discussing the similarities and differences between the male and female forms of "genital mutilation," Engelhardt suggests that because male circumcision appears to violate neither the principle of beneficence nor the principle of permission, most US citizens regard male circumcision as a morally justifiable practice. Parents who circumcise their infant sons do so for benevolent reasons - they want their infant sons to be accepted as full-fledged members in their religious tradition, or they want their infant sons to be protected from certain health risks to which uncircumcised men are *supposedly* vulnerable.²³ Moreover, circumcised men rarely rue the day they were circumcised, castigating their parents for "marking" them for life. Generalizing from this example and others like it, Engelhardt concludes that the State may not intervene on behalf of a minor child unless:

- (i) The child asks for rescue, is competent, and the guardians actions or omissions injure the body or mind of the ward to a degree significantly contrary to the best interests of the ward, as determined by the standard of the rescuer, and the rescuer pays any costs imposed on the guardian; or
- (ii) The ward's actions or omissions are malicious, that is, malevolent; or
- (iii) The actions or omissions are contrary to agreements made with the ward before the ward became incompetent; or
- (iv) The actions of the guardian are such so are very likely to be interpreted as direct injuries by the ward and the ward is competent.²⁴

With respect to female circumcision/genital mutilation, then, the question for Engelhardt is whether this practice violates any of the above conditions (i)-(iv); and given, as I shall later argue, that at least the more invasive versions of this practice probably violate one or more of these conditions, Engelhardt might very well warrant some State intervention in this practice.

D. *Feminists on Female Circumcision/Genital Mutilation*

Although a variety of feminists, including feminist bioethicists have written on the topic of female circumcision/genital mutilation, Susan Sherwin's analysis of this practice is particularly instructive for our purposes.²⁵ She sets her analysis of female circumcision/genital mutilation within the framework of a broader analysis of relativism, a moral world view to which she thinks many feminists are inclined and rightly so. After all, to the degree that feminist epistemology rejects universal truth as a desirable goal for human knowledge, and that feminist ontology rejects the totally self-sufficient individual as a desirable model for human personhood, a feminist approach to ethics/bioethics rejects absolute goodness as a desirable goal for human action. Feminist approaches to ethics/bioethics do not seek to identify *the* rock-bottom foundation of morality for all human beings, be they female or male, the oppressed or the oppressors. On the contrary, feminist approaches to ethics/bioethics seek to provide oppressed women - and also other oppressed groups - with moral action guides and thumb rules suited to their particular historical situation. These flexible norms aim to help oppressed women liberate *themselves* from those who would dominate them, for unless a person is free, she cannot be moral. Because liberation is not an overnight process or a miracle that can be worked at will, most feminist approaches to ethics/bioethics tend to be incremental. To the degree that a woman, usually with the help of other women, frees herself from the constraints that limit her ability to do the most moral thing anyone can do - namely, to help structure a world in which relationships of domination and subordination do not exist - to that same degree, she becomes a moral agent. The principles and imperatives of a feminist approach to ethics/bioethics are as different as the women to whom they speak. Each woman is like Joan of Arc. She must decide whether her "voices" are leading her out of the captive land or further into it. As Sherwin sees it, however, it is not enough for a feminist approach to ethics/bioethics to encourage women to assess the moral validity of the different voices that are speaking to them. On the contrary, a feminist approach to ethics/bioethics must provide women with a rationale for determining whether a "voice" is singing gibberish or articulating a meaningful message. Even if feminists tend to reject what is ordinarily labeled "moral absolutism," they are not prepared to embrace the kind of "moral relativism" that permits anything and everything including the oppression of women or other oppressed groups. Only if feminists can confidently say, "oppression is always wrong," can feminists justifiably fight against oppression. Thus, as Sherwin sees it, feminists cannot afford to be relativists in the traditional sense. They must devise a form of relativism that respects most, though not all the differences that exist among the peoples of the world - that avoids the perils of moral imperialism without forsaking the authority to proclaim that irrespective of context/culture, some actions are so egregiously wrong - so destructive to what anyone in any context/culture means by "person" (or the conceptual equivalent thereof) - that they must be condemned and, if necessary, forbidden by the State.

In an attempt to elucidate just how difficult it is for feminists to steer a course between the Scylla of absolutism on the one hand and the Charybdis of relativism on the other, Sherwin focuses on the widespread practice of female circumcision/genital mutilation in many African and Middle Eastern societies. She notes that among the justifications for female circumcision/genital mutilation are "custom, religion, family honor, cleanliness,

aesthetics, initiation, assurance of virginity, promotion of social and political cohesion, enhancement of fertility, improvement of male sexual pleasure, and prevention of female promiscuity."²⁶ Sherwin also alludes to a fact that Loretta Kopelman, another feminist bioethicist, has willingly admitted; namely, that "most women in cultures practicing female circumcision/genital mutilation, when interviewed by investigators from their culture, state that they do not believe that such practices deprive them of anything important."²⁷ On the contrary, they maintain that these practices make them sexually desirable to men and worthy candidates for marriage. Any loving mother, therefore, would want her daughter to be circumcised; and any self-interested daughter would want to be circumcised.

In arguing against female circumcision/genital mutilation, especially in its more invasive forms,²⁸ feminists have stressed that many of the justifications given for performing this ritual surgery are based on false information. For example, the belief that the Muslim religion requires female circumcision/genital mutilation is countered by the fact that the Koran does not explicitly enjoin this practice.²⁹ Similarly, the belief that the practice advances health and hygiene is incompatible with empirical evidence which links female circumcision/genital mutilation to mortality or morbidities such as shock, infertility, infections, incontinence, maternal-fetal complications, and protracted labor.³⁰ Feminists have also emphasized that not all the people in the societies that practice female circumcision/genital mutilation agree with this practice. For example, over a decade ago, then Kenyan President Daniel Moi condemned female circumcision/genital mutilation. Like many other people in his government, he had become convinced that this kind of ritual surgery harms women and children physically and psychologically and that since no developing country can afford to harm its own human resources, it was in everyone's best interests to stop the custom.³¹ More recently, and even more to the point, young girls have fled their homes rather than submit to circumcision/mutilation - a fact that would prompt Engelhardtian moral strangers to support at least some legal limitations on the practice.

Suspecting that an increasing number of people within the societies that have traditionally subscribed to female circumcision/genital mutilation are beginning to question the practice, Sherwin reasons that feminists and, I would add, Engelhardtian moral strangers are justified to condemn female circumcision/genital mutilation if there is reason to think that it is the result of "coercion, exploitation, ignorance, or even indifference."³² She also leaves the door open - whether intentionally or unintentionally, I do not know - for permitting, for example, those forms of female circumcision that most closely resemble male circumcision, provided that female circumcision is not used to reinforce the notion that women are subordinate to men - that their sexuality exists for male sexual pleasure only and that men have a right to control women's sexuality not only for *male* sexual pleasure but also for *male* reproductive purposes. No doubt, Engelhardtian moral strangers might challenge Sherwin at this point, arguing that if everyone in society consents to a way of life in which men's interests trump women's interests, then so be it, provided that the intent behind this way of life is not motivated by a desire to harm women - i.e. to treat women "malevolently" (whatever it is that Engelhardt means by this term for, as feminists see, the oppression of women *is* a malevolent state of affairs).

Conclusion

Reflecting back on all the points I have made, feminists' emphasis on the importance of context seems to be one of the points that most separates Engelhardt from feminist bioethicists. Unlike Engelhardt, feminist bioethicists *begin* not with the principle of permission but with the principle of beneficence - that is, with the "thin" view that the subordination of women is harmful (malevolent). They then appeal to the principle of permission to determine whether a particular practice, for example, is contributing or will contribute to women's oppression or to women's liberation. Interestingly, it is precisely at this stage of moral deliberation that feminist bioethicists are most likely to go wrong if they refuse to recognize as *genuine* a woman's consent to a practice that they have prematurely and without adequate empirical investigation labelled "oppressive." In contrast, Engelhardt is most likely to go wrong when he tries too hard to defend the principle of permission from infection by a content-laden as opposed to content-empty principle of beneficence. In fighting this particular battle, Engelhardt comes close to accepting *any* choice, simply because it is a choice, as morally determinative - as if freedom was the *only* important thing in the moral life and he was not serious about the principle of beneficence, after all.

There is another point that differentiates Engelhardt from feminists, however. He divides the world into moral friends and moral strangers. I think that, unlike Engelhardt, most feminists believe that even if all women, for example, are not moral friends, they are not necessarily moral strangers. On the contrary, they are moral acquaintances who might discover through mutually respectful conversation that they have more than their mere womanhood in common. Thus, there is in feminist bioethics an emphasis on the moral possibilities that discussion can generate. Manifesting a hopeful attitude about the possibility of *creating* feminist consensus, philosopher Alison Jaggar has developed a method of discussion she terms "feminist practical dialogue." Rather than shying away from conversations with moral acquaintances, Jaggar insists that if a woman truly wishes to broaden and deepen her own moral perspective, she must talk with women who have led lives very different from the one she has led. For this reason, she claims that because feminist practical dialogue aims to bring together a *diverse* group of women, it, more than most other modes of dialogue, is able to yield the empirical richness that makes it such a useful methodology in a postmodern world.³³

Jaggar does not believe that feminist practical dialogue has anything in common with gossiping or "coffee-clubbing." On the contrary. She thinks it is hard work that takes effort, skill, and the practice of such virtues as responsibility, self-discipline, sensitivity, respect, trust, and, above all, "care for each other as specific individuals."³⁴ In this connection, Jaggar indicates that, despite their differences, if women want to work together to overcome gender inequity - to end women's subordination to men - they must try to move from the state of moral acquaintances to that of moral friends. Thus, Jaggar approvingly refers to a much cited article in which Maria Lugones and Elizabeth Spelman write that neither self-interest nor duty but friendship is the only appropriate motive for Anglo and Hispanic women to come together to iron out their differences. Lugones writes that "A non-imperialist feminism requires that ... you [Anglo feminists] follow us into our world out of friendship."³⁵ Once there, the task for Anglo and Hispanic women is to find ways

of interacting that are respectful of each other's cultural differences, and yet courageous enough to articulate their gender oppressive implications.

Jaggar cautions that like any theory in practical application, feminist practical dialogue has its limitations. It sometimes fails to bring about the consensus it so urgently seeks. The goal of consensus may also open the dialogue process to abuse by those who would "screen" participants for agreement on a particular moral issue so that consensus is likely from the start. Furthermore, like the principles of permission and beneficence, the *ideals* upon which feminist practical discourse are based (equal respect and consideration for persons) spring from a culture which is, of course, limited. Women from non-western cultures may find feminist practical discourse alien if it violates their conventions of discourse regarding, for instance, self-disclosure, eye contact, forms of address and direct disagreement. Other women may be unable to participate in feminist practical discourse because the very means of discourse are unavailable to them. Their inability to engage in dialogue may result from not speaking the language of the discourse group, physical challenges, mental illness, a history of abuse that renders them unable to trust and communicate with others, or simple shyness.³⁶ Nevertheless, provided that those who participate in feminist discourse continually remind each other of its limitations, this method of conversation at least holds out the hope of true consensus - a coming together of minds, made all the more precious if, for it began as a serial assertion of diverse points of views.

Clearly, Engelhardt's bioethics and feminist approaches to bioethics are not entirely compatible. I do think that feminists think that friendship can *develop* even among women who are very different. I also think that Engelhardt's thin principles suffer from anorexia. Even a content-empty morality is not context-free. It occurs in a real as opposed to an ideal world - a world full of concrete people. Although most feminists prefer thin to thick principles, underspecified to over specified rules, they need more moral food than Engelhardt offers to those whom he regards as moral strangers - *nice* moral strangers, but moral strangers nonetheless. Nevertheless, I do believe that, on balance, Engelhardt and most feminist bioethicists are capable of moral acquaintantship, if not moral friendship. Respect and consideration for people requires an attentiveness to their differences, a readiness and willingness to give them the kind of moral space an individual needs to develop as a unique person. Certainly, we must permit each other this opportunity; but we must, I believe do more than this. We must care about each other. Beneficence requires us to do more than to respect each others' voluntary decisions. It requires me, for example, to read *The Foundations of Bioethics* with friendly eyes, on the look out for the kind of common moral fragments that he and I can use to create a foundation for some small consensus between us; for unless we *try* to do this, we will pave the road to a world in which people have fewer and fewer moral friends - so few, in fact, that they will ultimately find themselves entirely isolated - permitting just about everything, and wondering, I suppose, about why no one bothers to talk to anyone anymore about anything that really matters.

Endnotes

1. Alison M. Jaggar, "Feminist Ethics," in Lawrence Becker with Charlotte Becker, eds. *Encyclopedia of Ethics* (New York: Garland, 1992), p.361.
2. Jaggar, "Feminist Ethics: Projects, Problems, Prospects," in Claudia Card, ed., *Feminist Ethics* (Lawrence: University of Kansas Press, 1971), p.366.
3. H. Tristram Engelhardt, Jr., *The Foundations of Bioethics*, 2nd ed. (New York: Oxford University Press, 1996), p.7.
4. *Ibid.*, p.42.
5. *Ibid.*, p.122.
6. *Ibid.*, p.123.
7. Susan Sherwin, *No Longer Patient: Feminist Ethics & Health Care* (Philadelphia: Temple University Press, 1992), p.55.
8. Shulamith Firestone, *The Dialectics of Sex* (New York: Bantam Books, 1970), pp.198-199.
9. Gena Corea, "Egg Snatchers," in Rita Arditti, Renata Duell: Klein, and Shelley Minden, eds., *Test-Tube Women: What Future for Motherhood?* (London: Pandora Press, 1984), p.45.
10. Laura Purdy, *Reproducing Persons: Issues in Feminist Bioethics* (New York: Cornell University Press, 1996), p.5.
11. Engelhardt, *The Foundations of Bioethics*, p.341.
12. *Ibid.*, p.343.
13. *Ibid.*, p.352.
14. *Ibid.*, p.353.
15. *Ibid.*
16. *Ibid.*, pp.357-358.
17. Susan M. Wolf, "Gender, Feminism and Death: Physician-Assisted Suicide and Euthanasia," in Susan M. Wolf, ed., *Feminism & Bioethics: Beyond Reproduction* (New York: Oxford University Press, 1996), pp.290-291.
18. *Ibid.*, p.306.

19. *Ibid.*

20. Nel Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (Berkeley, CA: University of California Press, 1984), p.3.

21. Wolf, "Gender, Feminism and Death: Physician-Assisted Suicide and Euthanasia, p.293.

22. Engelhardt, *The Foundations of Bioethics*, p.367, note 74.

23. *Ibid.*, p.329.

24. *Ibid.*, p.328.

25. Sherwin, *No Longer Patient*, pp.59-66.

26. *Ibid.*, pp.66-75.

27. Loretta M. Kopelman, "Female Circumcision/Genital Mutilation and Ethical Relativism," *Second Opinion* (October, 1994), p.56.

28. According to Kopelman, female circumcision/genital mutilation take three forms. They are as follows, according to Kopelman:

"Type 1 circumcision involves pricking or removing the clitoral hood, or prepuce. This is the least mutilating type and should not preclude sexual orgasms in later life, unlike other forms. When this surgery is performed on infants and small children, however, it may be difficult to avoid removal of additional tissue, because infants' genitalia are small, and the tools commonly used are pins, scissors, razors, and knives. In the southern Arabian countries of Southern Yemen and Musqat-Oman, Type 1 circumcision is commonly practiced. In African countries, however, Type 1 circumcision is often not regarded as a genuine circumcision (Koso-Thomas 1987; Abdalla 1982). Only about three percent of the women in one east African survey had this type of circumcision (El Dareer 1982), and none in another (Ntiri 1992) where all the women surveyed had been circumcised.

Type 2, or intermediary, circumcision involves removal of the clitoris and most of all the labia minora (the two extremes of Type 2 are shown in the figure on pp.58-59). In Type 3 circumcision, of infibulation, the clitoris, labia minora, and parts of the labia majora are removed (see figure). The gaping wound to the vulva is stitched tightly closed, leaving a tiny opening so that the woman can pass urine and menstrual flow. (Type 3 is also known as Pharaonic circumcision, suggesting that it has been done since the time of the pharaohs [Abdalla 1982]). In some African countries most young girls between infancy and 10 years of age have Type 3 circumcision (Abdalla 1982; Ntiri 1993; Calder et al. 1993). Traditional practitioners often use sharepened or hot stones, razors, or knives, frequently without anesthesia or antibiotics (Rushwan 1990; Abdalla 1982; El Dareer 1982). In many communities thorns are used to stitch the wound closed, and a twig is inserted to keep an opening. The girl's legs may be bound for a month or more while the scar heals (Abdalla

1982; El Dareer 1982). See Kopelman, "Female Circumcision/Genital Mutilation and Ethical Relativism," pp.57- 58.

29. Kopelman, "Female Circumcision/Genital Mutilation and Ethical Relativism," p.62.

30. *Ibid.*, p.63.

31. Leonard J. Kouba and Judith Muasher, "Female Circumcision in Africa: An Overview," *African Studies Review* 28, No. 1 (March 1985), pp.105-109.

32. Sherwin, *No Longer Patient*, p.69.

33. Alison Jaggar, "Toward A Feminist Conception of Moral Reasoning," in James Sterba, ed., *Moral and Social Justice* (Lanham, Md.: Rowman and Littlefield, 1995), pp.131-132.

34. *Ibid.*

35. Maria Lugones and Elizabeth Spelman, "Have We Got a Theory for Your Feminist Theory, Cultural Imperialism, and the Demand for 'The Woman's Voice,'" in Janet Kourany, James P. Sterba, Rosemarie Tong, eds., *Feminist Philosophies* (Englewood Cliffs, NJ: Prentice Hall, 1992), p.383.

36. Jaggar, "Toward a Feminist Conception of Moral Reasoning," p.133.