
Bioethics in the Age of New Media

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The MIT Press
Cambridge, Massachusetts
London, England

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This book was set in Sabon by SNP Best-set Typesetter Ltd., Hong Kong.
Printed and bound in the United States of America.

Library of Congress Cataloging-in-Publication Data
Zylinska, Joanna, 1971–
Bioethics in the age of new media / Joanna Zylinska.
p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-262-24056-7 (hardcover : alk. paper) 1. Bioethics. 2. Mass media.
I. Title.

[DNLM: 1. Bioethical Issues. 2. Culture. 3. Mass Media. 4. Public Opinion.
5. Technology. WB 60 Z99b 2009]

QH332.Z95 2009

174'.957–dc22

2008041414

10 9 8 7 6 5 4 3 2 1

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Bioethics: A Critical Introduction

We Are All Bioethics Experts Now

By way of opening this chapter, I would like the reader to consider a few (rather big) questions:

- Is abortion murder?
- Should one be able to buy a kidney if one's life is under threat and one can find a willing seller?
- Do we need to be concerned about the possibility of cloning humans?
- Is experimentation with animals morally permissible?
- Should doctors always tell the truth?
- On what grounds, if any, would one object to organ transplantation from pigs to humans?
- Is gene therapy an attempt to produce a new "master race"?
- Is any life worth living?
- What is the value of human life?

One does not need to be a trained philosopher to attempt to answer these questions. Indeed, most people would probably be able and willing to provide an answer to at least some of the above—even if these answers were to amount to mere opinion or something like "I'm not really sure" or, perhaps, "It's rather complicated." When it comes to matters concerning our life and health, there seems to exist an unwritten consensus that they must not be left just to experts—philosophers, theologians, or doctors—and that all freethinking citizens in liberal

democracies need to have a say when decisions are being made about their lives and bodies. Of course, not all such answers will be philosophically astute; some will consist in a mere repetition of the most orthodox views developed by religious or secular experts. However, it is the very possibility of participating in the discourse on human life—a discourse whose signal points are being increasingly tested by technological developments and experiments—that is important here and that is being claimed as a right. What one will specifically say in response to these questions depends on one's intellectual and moral position: on what concept of human life one subscribes to, whether it is underpinned by religious or secular viewpoints, whether life here is seen as a superior value. One's responses will also depend on one's political convictions and one's understanding of issues of property, freedom, and social justice. This is not to say that these responses will be fixed forever. The very process of decision making is potentially dynamic, in the sense that one's values and convictions may undergo a transformation when exposed to new moral problems and questions. As new technologies and new media are constantly challenging our established ideas of what it means to be human and live a human life, they also seem to be commanding a transformation of the recognized moral frameworks—although this is not to say that the need for such a radical reassessment of values is taken as a given by everyone.

And yet debates on human life, health, and the body are never just a matter of individual responses and decisions made by singular moral entities. Instead, they belong to a wider network of politico-ethical discourses that shape the social and hold it together. The broadcast media, with their moral panics about “Dr. Dolly” attempting to clone humans or about asylum seekers infecting the home population with serious diseases such as TB and AIDS, as well as their more considered reports into the mismanagement of mental health care in the United Kingdom, play an important role in constructing narratives on human life, health, and the body.¹ No matter what position is actually taken, it is the very possibility of participating in the discourse on human life that is important here and that both media producers and media audiences are claiming as a right. Thus, even if, as stated earlier, most people can be said to “have an opinion on life,” I am principally interested in how certain

positions and opinions on life become legitimized as authoritative and hegemonic. In other words, I want to explore the emergence of the academic and professional discourse known as “bioethics” that has framed and legislated the debates on life and its technological mediations and transformations. Arising in conjunction with, and in response to, developments in the areas of biotechnology and medicine, bioethics raises philosophical questions about the constitution of the boundaries of the human and human life, as well as considering policy implications of such developments for government bodies, health care institutions, and other social organs. It is thus always already a clinically driven “expert discourse,” which can then be applied to “real-life cases.” However, bioethics is also an academic discipline, underwritten by the disciplinary procedures of moral philosophy (although theology and sociology also contribute to its intellectual trajectory). Originally positioned at the crossroads of the clinic and the philosophy department, bioethics has in recent years attracted the attention and investment of “Big Pharma,” that is, the biotechnological industry.² In spite of the differences between the European and American bioethical traditions, we can risk saying that globalization and the financial investments into medical and ethical research programs by international biotech companies have strengthened the Americanization of bioethics across the globe over the last decade or so.³ Globalization and neoliberalism have also pushed the utilitarian agenda of this newly emergent “international bioethics” much more to the fore.

Philosophically, mainstream bioethics most often employs deontological perspectives and attempts to prescribe universalizable judgment for all possible circumstances, as explained by Helga Kuhse and Peter Singer in the Introduction to their anthology, *Bioethics*.⁴ It is thus a form of applied ethics, whereby general rules are applied to different cases. Bioethics frequently adopts the philosophical framework of utilitarianism, involving the methodical calculation of goods under given sociopolitical circumstances in order to satisfy the greatest number of desires and preferences. Ethics here is not a matter of taste or opinion; instead, it is amenable to argument—and indeed, from this perspective it is the responsibility of thinking human beings to engage in argument. For this argument to be productive, consistency and factual accuracy

need to be ensured. Other philosophical positions that Kuhse and Singer list as playing a significant role in bioethics today involve a Kant-inflected belief in the inviolable moral principles formulated in the categorical imperative; the Aristotelian ethics of good based on certain adopted views of “human nature”; Christian ethics of natural good and evil regulated by the idea of God; and, last but not least, ethical positions that are not based on any principles or rules but rather on an idea of what it means to be a “good person” (and more narrowly, a “good doctor,” “good researcher,” or “good academic”). What binds all these different positions on bioethics together is the following:

- the sense of normativity they all embrace, which is filled with positive content, that is, the idea of good they refer to and defend;
- the rational human subject that can make a decision and that is seen as the source of this decision;
- the need for the universalization and applicability of the moral judgment.

It is on these three counts—predefined normativity, human subjectivity, and universal applicability—that I want to raise questions in this book for what I broadly refer to as “traditional bioethics.” The aim of this chapter is therefore to present an overview of dominant positions in bioethics as developed from within both moral philosophy and health-related professions, while also considering the financial and affective investments that underpin those positions. This overview will prepare the ground for our consideration of the possibility of thinking differently about the life and health of individual citizens as well as whole populations in what I have tentatively called “the age of new media.” I will outline—here and in other chapters—a number of such alternatives which have recently been proposed by thinkers who have remained attentive to technological processes at all levels of life, such as Rosi Braidotti, Rosalyn Diprose, Carl Elliott, Donna Haraway, Margrit Shildrick, or Eugene Thacker (to name but a few). I will also offer my own contribution to these debates.

The majority of these alternatives in thinking about bioethics inscribe themselves in a broader set of debates between foundational and non-

foundational, systemic and nonsystemic, or—to resort to something of a cliché—analytical and continental traditions within philosophy. Inspired by the hybrid that in Anglo-American academe has gained the name of “continental philosophy” (I am referring here to the predominantly French and German-influenced approach that posits reality as always already in need of interpretation and historical contextualization, rather than a timeless logical structure in need of clarification),⁵ they are also informed by interdisciplinary work on ethics within media and cultural studies, English and comparative literature, and sociology.⁶ My own line of thinking, as well as that of many of the other theorists I will be drawing on here, arises as a response to deontological moral theories which are based on a specific content (i.e., good that transcends Being in Plato, the almighty and all-loving God in Christianity). What is put forward instead is a nonsystemic ethics that dispenses with a need for a content-based obligation, while at the same time retaining the sense of duty (i.e., the concept of the obligation to the other in Levinas and the notion of active production and the expansion of life to its full potential in Deleuze).⁷ The specificity of my own argument lies in bringing the Levinas-inspired understanding of ethics as responsibility for the infinite alterity (i.e., difference) of the other, as openness and hospitality, to debates on bioethics. However, this understanding of “open-ended” ethical responsibility is also underpinned for me by a cultural studies injunction to study, attentively and singularly, multiple instances where responsibility imposes itself against specific forces and powers acting in the world and where it requires a careful negotiation with contradictory claims for such an openness.

Before I move on to outline any such alternatives, though, I would first like to spend some time examining further some of the main principles of traditional bioethical theories, focusing on their philosophical premises and political underpinnings.

“Traditional” Bioethics and Its Discontents

Kuhse and Singer explain that the term “bioethics” “was coined by Van Rensselaer Potter, who used it to describe his proposal that we need an ethic that can incorporate our obligations, not just to other humans, but

to the biosphere as a whole.”⁸ Although ecological concerns are not foreign to many bioethicists, nowadays the term is used “in the narrower sense of the study of ethical issues arising from the biological and medical sciences.”⁹ A branch of applied ethics, bioethics is most commonly seen as requiring the formal logic, consistency, and factual accuracy that set a limit to the subjectivity of ethical judgments. In most cases, however, the requirements of formal reasoning have to be reconciled, in one way or another, with “practical constraints.” Kuhse and Singer postulate “universal prescriptivism”—prescribing universalizable judgment for all possible circumstances, including hypothetical ones—as a promising alternative to both ethical subjectivism and “cultural relativism.” They explain, “The effect of saying that an ethical judgment must be universalizable for hypothetical as well as actual circumstances is that whenever I make an ethical judgment, I can be challenged to put myself in the position of the parties affected, and see if I would still be able to accept that judgement.”¹⁰ Judgment is thus being made by a rational, self-enclosed and disembodied self which remains transparent to itself and which can extricate itself from its custom and culture, that is, its *ethos*—a point to which I will return later on in this chapter.

This ethical position has been developed by the Oxford philosopher R. M. Hare and is known as “consequentialism,” a form of utilitarianism which is based on the view that the rightness of an action depends on its consequences. We can hear in this position echoes of Kant’s moral philosophy. For Kant, morality has to come from our reason, rather than from any external concept of good, and it does not involve any principles that would not be subject to universalization. His categorical, universal imperative finds its application in the so-called “Formula of the End in Itself,” which demands that we treat “humanity in your own person or in the person of any other never simply as a means but always at the same time as an end.”¹¹ Postulating respect for other persons, Kant’s ethics stems from the (rational) self which is *naturally* conducive to moral judgment. While a number of contemporary consequentialists, including Hare, are more interested in “practical” resolutions to moral dilemmas, for Kant there are inviolable rules which cannot be changed even if the moral majority would like them to be adjusted in one way or another.

Universal prescriptivism as promoted by Hare, Singer, et al. is not based on any notion of a pregiven universal good, but rather on what we might term the methodical calculation of goods under given socio-political circumstances. In this way, Jeremy Bentham's and John Stuart Mills's utilitarianism, whose ethical principles were aimed at ensuring the "greatest surplus of happiness," is modified: the idea of maximizing the net sum of all happiness is abandoned for the sake of a more modest attempt to satisfy the greatest number of desires and preferences. (Neo)utilitarian positions of this kind inform a great number of debates among contemporary bioethicists. Kuhse and Singer's own ethical proposal, rooted in utilitarian philosophy, goes beyond any predefined rules, no matter if drawn from reason, human nature, or God. It also puts in question the teleological explanation for ethical laws. If humans are seen as purposeless beings who are the result of natural selection operating on random mutation over millions of years, "there is no reason to believe that living according to nature will produce a harmonious society, let alone the best possible state of affairs for human beings."¹² Instead of a priori rules, Kuhse and Singer propose practical solutions. However, when they explain admiringly that utilitarianism "puts forward a simple principle that it claims can provide the right answer to all ethical dilemmas" and that can be applied universally, they position ethical quandaries as disembodied and decontextualized technical problems that concern singular subjects in isolated circumstances.¹³ Bioethics becomes here a "technological fix" to a technical problem.

A similar view is espoused by Stephen Holland in his *Introduction to Bioethics: A Philosophical Introduction*, a book that presents an account of positions in bioethics which are rooted in analytical moral philosophy. Holland states there that "a grasp of normative moral theory is required to address practical ethical problems."¹⁴ This statement clearly foregrounds the view of ethics as expertise rooted in predecided moral norms that can be applied to specific cases. And yet it can be argued that this kind of approach to bioethics and, more broadly, "life itself" risks turning ethics into an automated program that is somewhat schematically applied to specific cases, without taking too much account of the fact that the cases themselves are still very much "in the making." Indeed,

in encounters with new technologies and new media, the ideas and material forms of the human, the body, and life itself are undergoing a radical transformation, with new forms of kinship between humans, animals, and machines being constituted and with the human itself being repositioned as “a digital archive, retrievable through computer networks and readable at workstations.”¹⁵ This is by no means to suggest that the human has been reduced to information in the age of new media and that we can therefore do away with embodiment; it is only to point to the emergence of new discourses of the human which undermine its centering around some fixed biological characteristics or moral values. “Applied bioethics,” understood as the application of the previously agreed moral principles, informed by rational argument and based on biological knowledge, can thus perhaps be seen as threatening to close off an ethical enquiry into the emergence of, and encounters between, organisms and life forms that defy traditional classification all too quickly.

Another problem concerning bioethics which is rooted in the formal reasoning of moral philosophy is that it often relies on hypothetical case studies which function as intellectual exercises but bear little relation to the actual, material circumstances resulting from the developments in biotechnology and new media (no matter whether a case is being made in support of, or against, issues such as abortion, xenotransplantation, or gene therapy). A frequently evoked example is the one put forward by Judith Jarvis Thomson, whose proposition that abortion is morally defensible is derived from the invocation of the figure of “a famous unconscious violinist” who has a kidney disease and has been connected to another human being for nine months in order for his disease to clear.¹⁶ The case is supposed to exemplify the excessiveness or even ridiculousness of a demand posed by a supposedly worthwhile human being—a violinist but also, by extension, a fetus—who, by nature of his or her special talent, and the future potential to which it can be put, has the right to take away the freedom of another human, without considering the latter’s consent or well-being. We are faced here with a philosophical argument constructed through analogy, whereby the specificities of different situations and cases are eliminated. Again, calculation becomes a dominant tool in this kind of moral reasoning, with different

a priori principles being weighted against each other in an attempt to decide whether they are broad or narrow enough.¹⁷

Human, All Too Human

All the issues listed above notwithstanding, it is the inherent humanism of much of traditional bioethics, be it in its religious or secular form, that I find most problematic in contemporary bioethical thought. Let me illustrate what I mean by this by continuing with the abortion example. In his contribution to a debate on abortion, John Finnis, an expert in jurisprudence and constitutional law at Oxford University and author of many books on natural law, fundamental of ethics, and moral absolutes, writes:

Leaving aside real or supposed divine, angelic and extraterrestrial beings, the one thing common to all who, in common thought and speech, are regarded as *persons* is that they are *living human individuals*. This being so, anyone who claims that some set of living, whole, bodily human individuals are not persons, and ought not to be regarded and treated as persons, must demonstrate that the ordinary notion of a person is misguided and should be replaced by a different notion. Otherwise the claim will be mere arbitrary discrimination. But no such demonstration has ever been provided, and none is in prospect.¹⁸

Finnis's condemnation of abortion is based on the principle of "active potential" embraced by many bioethicists—a belief that the embryo "is a human being and human person with potential, not only a merely potential human person or potential human being."¹⁹ The embryo is thus perceived as a "human individual from the beginning of fertilization."²⁰ The ontological status, universal meaning, and transcultural value of "the human" (or, indeed, a "living human individual") is presupposed in this theory as a given. Significantly, the very same argument based on what we can describe as a "stretched scale of personhood"—from a potential human being through to a human being with yet-unfulfilled potential, and then to a human being whose potential is being realized to its maximum capacity—is used by Finnis's opponents. For example, the philosopher Michael Tooley outlines his defense of abortion by postulating "a basic moral principle specifying a condition an organism must satisfy if it is to have a serious right to life" and then arguing that "this condition is not satisfied by human fetuses and infants" and thus that

“they do not have a right to life.”²¹ The sliding scale of humanity and personhood is being applied in both types of moral argument. It is the positioning of the object of bioethical enquiry on this scale that determines the moral response to it.

Interestingly, a certain opening seems to have been created in Tooley’s argument when he calls for a need to distinguish between a human being and a person, with only the latter being moral or having moral rights, including the right to life. “Person” thus becomes for Tooley “just” a moral concept, a tactical maneuver synonymous with asserting that X has a moral right to life,²² raising the possibility of developing a nonhumanist, rights-based bioethics—if only we could agree in advance what it actually means to be alive. However, this is an impossibly big “if.” The distinction between brain death and cardiac death introduced over the last few decades in medicine and the reconceptualization of life as emergence and evolution by researchers in computing and artificial life have cast doubts over the certitude of our all-too-human understanding of the concepts of “life” and “being alive” (even if the alife discourse ultimately reinforces the humanist assumptions it sets out to challenge).²³ Significantly, the author of *The Birth of Bioethics*, Albert R. Jonsen, informs us that the key question bioethics grapples with concerns precisely the ontological status of the human, and human life and death, with, for example, Robert Morrison defining death not as an event but rather as a process commencing at the beginning of life and progressing through its entirety, and Leon Kass postulating that death is an event which should be defined by specific physiological criteria.²⁴ The possibility of the critique of humanism, and of the inherent “truth” of the human and its preestablished, albeit competing, definitions of what it means to live a meaningful life, thus presents itself as inherent to bioethical enquiry. Coming back to Tooley’s proposition, even though the identity of the person presumed by him is strategic, its humanism is nevertheless asserted by a somewhat hesitant aside: “it seems to be a conceptual truth that things that lack consciousness, such as ordinary machines, cannot have rights.”²⁵ We can see from the discussion above that Finnis and Tooley prioritize pragmatic solutions over speculative debates. They do indeed consider a possibility, somewhat jokingly or hesitantly, of the existence of other life forms, “real or supposed divine, angelic and extraterrestrial

beings,” only to position these beings as exclusions, concepts that should not detract a moral philosopher from the serious task of interrogating an already established person’s rights or intrinsic value. And thus the inevitable question, “What about out-of-the-ordinary machines?,” that many a theorist of technology and new media would like to pose to Tooley, remains unanswered.

Significantly, even Peter Singer himself—a veritable enfant terrible of contemporary bioethics due to his unabated support for euthanasia and the killing of anencephalic babies (i.e., babies who have no cerebrum or cerebellum but only a brain stem)—resorts to this very same “stretched scale of personhood” when outlining his ethical propositions. In *Rethinking Life and Death: The Collapse of Our Traditional Ethics*, Singer introduces, in a similar vein to Tooley’s argument, a distinction between a “human being” and a “person,” with only the latter, characterized by rationality and self-awareness, being worthy of ethical respect. Singer includes nonhuman animals such as great apes in the category of “persons” and believes that “whales, dolphins, elephants, monkeys, dogs, pigs and other animals may eventually also be shown to be aware of their own existence over time and capable of reasoning.”²⁶ While his “new ethical outlook” raises radical questions about the principle of the sanctity of human life, his concept of the “person” only extends the notion of the human as a rational being worthy of ethical respect. For Singer, the “new humans” are still skin-bound, carbon-based singular entities, and thus his bioethical propositions are merely an expanded version of traditional moral theories. Although Singer does encourage his readers to interrogate the boundaries of life and death, he does not really investigate the philosophico-political model (i.e., the political philosophy of self-interest and possessive individualism) which underlies his notion of the human. Indeed, not much recognition is given in his work, for example, to the fact that life sciences such as biology and primatology, rather than being just a mirror reflection of capitalist social relations or gender structures, actively reproduce them.²⁷ In Singer’s moral universe there is no room for a thorough investigation of the intermeshing of wider political processes and cultural influences with moral dilemmas.²⁸ What he therefore ends up proposing is an ethics of (and for) the individual, who has to make rational moral choices as if he or she could

always be carved out from the network of relations and flows of capital. Nor does it occur to Singer to include an investigation into the antagonisms that organize the social: any analysis of wider sociopolitical processes seemingly needs to be separated from moral judgments. In his theory of bioethics we are presented with a rational working out of rules, a process of calculation where values can be compared for the sake of elaborating a common good.

While obviously radicalizing humanist ethics by shifting the boundaries of who counts as a “person” (an ape or possibly a dolphin may, while an anencephalic baby does not), Singer still preserves the structural principle of this ethics, with an individual person serving as its cornerstone. In Finnis, Tooley, and Singer, then, all of whom I have included in this chapter as representatives of radically different moral theories, both the moral agent and the object of bioethical enquiry are defined as singular self-enclosed entities, extricated from the networks of social relations and political circumstances as well as the material and discursive conditions of their own emergence. In religious and also secular versions of many bioethical theories, bioethics conjures up the idea of a freethinking neoliberal subject, both as someone who is in charge of making a decision and someone upon whom a decision regarding life and death is to be made. Finnis’s fetus is a potential person, which is why humans as rational moral subjects have a responsibility to make this decision on their behalf, in order to enable the realization of their personhood, while Singer’s apes and dolphins are perceived to be “like humans” and therefore deserving person-like moral treatment.

Even the British moral philosopher John Harris, an unabashed supporter of “human enhancement” and a stringent critic of social hysteria over any type of alteration to humans’ mechanical or chemical make-up, turns a blind eye to the sociocultural circumstances of his technologically enhanced moral subject and thus ends up reaffirming its humanism. In *Enhancing Evolution: The Ethical Case for Making Better People*, Harris posits the need for enhancement as a universal “moral imperative” and seems to have a very clear sense what this “enhancement” actually means. His “better people” will be more intelligent, more beautiful, but also “longer-lived, stronger, happier, smarter, fairer (in the aesthetic and in the ethical sense of that term)” —in other words, “more of everything

we want to be.”²⁹ While I am in agreement with Harris that there is no need for a moral panic over enhancement since “many of us are already enhanced,” there is absolutely no realization in his argument that the allegedly objective human qualities he presents as desirable are actually cultural values, underpinned by numerous assumptions and judgments. What is more, the issue of equal opportunity, which is the guiding force behind his project, cannot be resolved merely on a philosophical level the way he proposes, without addressing the broader questions of politics and its alleged progressivism, which Harris seems to take for granted (in the sense that the “good” of enhancement enjoyed by the “early adopters” will then spread into whole populations), or the logic of capitalism in which, arguably, a certain sense of inequality is imbedded. To think that technological enhancement as such will magically solve the issue of inequality is not particularly innovative—various technolibertarians have thought that about the automobile or the Internet—but it is politically reductive and hence rather naive. This is precisely why cultural studies, which has a long history of thinking through the interconnections between culture, politics, and “the individual,” could teach many a moral philosopher a lesson about the structurations of power and the impossibility of a neat separation of entities for the sake of an elegant moral argument.

Supported by the logic of “stretched personhood” which nevertheless posits the person’s boundaries as fixed, the bioethics that develops firm moral positions in advance and then applies them to specific cases may therefore be difficult to retain if the self-enclosure of “the person” which is its prerequisite is revealed to be both a philosophical and a biological fiction. A number of examples which stretch or enhance individual personhood in totally unpredictable ways, perhaps even beyond the point at which calling them “human” is still applicable, could be evoked here. If we take into account the radical opening of the boundaries of the human body and life—through prosthetic enhancements such as corneal implants or gene therapy, programs such as the Human Genome Project, and the redefinition of death through the notion of being “brain dead”—the presumed humanism of what I call here, for reasons of brevity, “traditional bioethics” is found wanting. However, I want to suggest that a more fundamental reconceptualization of “enhancement” is needed.

Both experiential and theoretical developments in the areas of new technologies and new media are calling on us to radically rethink the mainstream understanding of technology as a tool that can be applied to discrete entities. It would be more productive perhaps to envisage instead a mutual coconstitution between the entity that gets designated as “the human” and its technology. In other words, if we think technology beyond its Aristotelian concept of a mere tool and see it instead as an environment, or a field of dynamic forces, we will have a more interesting and more critical framework for understanding “human enhancement” or “extension,” with prostheticity being repositioned as an originary relation between living and nonliving entities.³⁰ This repositioning will also allow us to analyze the political vector of many of these forces as well as their material consequences.

It should be mentioned here that a critique of traditional standpoints in bioethics which focus on a disembodied rational subject removed from its sociopolitical circumstances has been ongoing among a number of feminist philosophers. To return to the earlier abortion example, through which I highlighted similarities and differences between its opponents (Finnis) and supporters (Tooley), the feminist philosopher Laura M. Purdy defends abortion on the ground that the personhood of a woman is erased in most anti-abortion positions focused on protecting the unborn. As a consequence, such positions reduce the woman to a mere “fetal container.”³¹ Although Purdy does argue for the need to examine the social and economic context in which decisions about women’s bodies and their health are made, her standpoint is still rooted in liberal philosophy, whereby the pregnant woman is treated as an individual moral agent with rights. The “average white middle-class man in the street” remains here a measuring stick against which ethical injustice carried out against women is judged. Many other feminist positions in bioethics adopt a similar (hu)manist perspective. For example, the International Network on Feminist Approaches to Bioethics (FAB), founded in 1993, focuses on developing a more inclusive theory of bioethics which encompasses the standpoints and experiences of women and other marginalized social groups. FAB also examines presuppositions embedded in the dominant bioethical discourse that privilege those already empowered and attempts to create new methodologies and strategies

responsive to the disparate conditions of women's lives across the globe.³² While the significance of such feminist approaches to bioethics needs to be appreciated—they have been crucial in challenging the orthodoxy of many law-making bodies, changing the discourses and practices around health care, and ensuring more equality for women, people of different races, the disabled, and homosexuals—FAB's dominant agenda nevertheless conforms to a large extent with the humanism which underpins most of moral and political philosophy. It does this by focusing on women and other excluded groups as moral agents with particular experiences of oppression and particular identity-based standpoints and “voices.”

There have been attempts coming from other feminist theorists to radically rethink the liberal human-centered framework underpinning bioethical debates: one can think here about the work of the aforementioned Rosalyn Diprose, Rosi Braidotti, Sarah Franklin, Donna Haraway, or Margrit Shildrick (to name but a few). However, before I move toward sketching a number of such different feminist propositions on offer, I want to interrogate a little further some of bioethics' more conventional aspects and legacies.

A Medical History of Bioethics

While the sections above have dealt with the philosophical foundations of bioethics as an academic discipline and its intellectual heritage, I now want to move from the philosophy department to the clinic and to examine bioethics as a medical discourse which is closely linked to clinical practice. We need to bear in mind, however, that practical or applied bioethics embraces and engages with but sometimes also contests the dominant positions in moral and political philosophy discussed above. Even though bioethics as a discipline and discourse is relatively new—Jonsen situates its emergence in the late 1960s—we can seek its origins in the traditional ethics associated with medicine.³³ Warren Reich, editor of the four-volume *Encyclopedia of Bioethics*, defines bioethics precisely as “the study of the ethical dimensions of medicine and the biological sciences.”³⁴

It is the need for the regulation of medicine that has prompted the development of this field of study. The Nuremberg Doctors' Trial of

1946–47 provided a strong impetus for putting forward a set of principles that were to guide medical and scientific research at an international level, the Nuremberg Code.³⁵ The emergence of bioethics is thus clearly associated with the crisis of self-regulation within the medical community and the need to bring in an external regulatory framework. It was only in the second half of the twentieth century that medical ethics became embedded in medicine as a supervisor of its conduct from outside the profession. If one of the points of origin of what became known as bioethics can be located in the Nuremberg Trials, this raises the question of not only whether bioethics functions as a protection against the excesses of the Holocaust but also to what extent it is permanently haunted by its specter. Indeed, if “the wish to control the biological make-up of the population [lies] at the very heart of modernity,”³⁶ we can wonder about the possible continuity between the biological experiments and the overall “management” of life during the Holocaust, on the one hand, and some of the current practices involved in the positive management of the life and health of populations on the other, shocking and perhaps even distasteful as such a pairing might initially seem. However, this line of interrogation seems inevitable when we consider the proliferation of neo-eugenic discourses and sociobiological arguments at the beginning of the twenty-first century, in the context of TV makeover shows, debates on immigration, and proposals for ubiquitous genetic testing. I would therefore argue that highlighting Nazi eugenics and the Nuremberg Doctors’ Trial as its condition of possibility places bioethics in a broader political and cultural framework as well as signals its inevitable and necessary engagement with issues of race, heredity, the technicization of modernity, and the constitution of the caesura between human and nonhuman. (I will return to this point in chapter 3, when I trace the relationship between bioethics and what Michel Foucault has called “biopolitics,” a form of political regime under which citizens’ lives and bodies are being permanently regulated and managed.)

As a result of the lessons learned from the Nuremberg Trials, the prevailing agreement in medical ethics until the 1950s was that nontherapeutic research should not be conducted and that any medical research undertaken should benefit the patient. These principles fitted in with the ancient Hippocratic tradition, outlining ideal conduct for a physician.

They were adopted, in different versions and translations, by many medical schools in the Western world.³⁷ Still, with the shift to technology-based experimentation in the second part of the twentieth century and the emergence of new disciplines, such as neurophysiology, organic chemistry, and molecular biology, whose aims and agendas were still very much in the making, the limitations of the earlier principle regarding the necessary prior certitude about the therapeutic value of research on humans and other live agents became apparent. With this technicization of medicine (or, more broadly, the life sciences), the concept of “risk” has entered the field of bioethics. “Risk” is usually coupled with the notion of “benefit,” requiring the calculation of the propitious ratio between the former and the latter. In the era of intense biotechnological research, utilitarian perspectives seem to dominate over deontological or virtue-based bioethical positions as ways of responding to this “risk” factor. There is also another dimension to this technicization of bioethics. As well as referring to technology-driven experiments and innovations in the life sciences, it signifies the increased proceduralism and codification of the field, evidenced in the setting up of biopolicy-making bodies as well as national and local ethics committees and councils, and in the emergence of a consensus regarding the availability of universal applicable procedures that can govern issues of health, illness, death, and “life itself.” From the 1970s onward, governments in the United States and Europe started to set up institutions and offices regulating bioethics, thus turning the disciplinary debates into predominantly a legal issue.³⁸

The legitimization of modern biopower via instances of “giving permission” to science seems to be one of the principal tasks of bioethics today.³⁹ Proceduralism and formalism are thus two key facets of the dominant positions in bioethics, whose workings focus on providing practical solutions and specific recommendations to determinable problems and case studies. Tom Beauchamp and James F. Childress’s *Principles of Biomedical Ethics*, first published in 1979, has become a template for generations of medical students. It put forward four key principles which set a priori normative guidelines for physicians: autonomy, non-maleficence, beneficence, and justice. Jonsen describes this state of events rather harshly when he says: “[a]lmost from its birth, bioethics was an ethics of principles, formulated as ‘action-guides’ and little else.”⁴⁰ He

also points out that it is the principle of “respect for persons” that has become dominant in bioethical theory and practice, an idea that ties in with the concept of personal autonomy. This, in turn, has led to the emergence of the principle of “informed consent”—a belief that a patient is an autonomous rational being that requires full knowledge about her medical condition and the required procedures and that should participate in decisions about her health care. The doctor–patient dyad has thus become a cornerstone of medical ethics. This development, offered as a counterforce to the rampant paternalism of much of the medical profession, is of course to be welcomed, but the philosophical principles it relies on—self-enclosed autonomy of the rational human self, the decision-making process as predominantly moral rather than political and cultural—are not without problems as I argued earlier. It is also worth mentioning that the elevation of the principles of autonomy and respect to fundamental moral principles to be obeyed by clinicians and medical researchers poses a challenge to utilitarian and consequentialist moral theories, in which it is only the consequences of an act that determine whether it is moral or not. With a risk of a certain oversimplification, we can say that “conventional” bioethics today finds itself at a theoretical and practical crossroads between three schools of thought: utilitarianism, deontology (i.e., ethics of norms and rules), and virtue ethics (focusing on secular or religiously driven benevolence and charity), with all three underpinned by various humanist principles and normative assumptions.

Bioethics in the Public Domain

It has to be acknowledged, though, that since the 1970s bioethical thinking has started to incorporate the social dimension, with social scientists, philosophers, theologians, and, most recently, cultural and media theorists entering the arena. Bioethics has thus left the clinic and entered the broader social world. As Reich explains, in the United States of the 1970s “there was a political urgency to many of the biomedical issues: consider the groups who warred with each other over abortion and the use of fetal tissue for research purposes. The media craved the biomedical controversies and federal and state policymakers wanted answers.”⁴¹ Yet this

popularization of bioethics has not obviated the individualized doctor–patient dyad as its structuring relationship. On the contrary, it can be argued that the expansion of interest in bioethical issues outside the clinic and the hospital is one symptom of the general medicalization of populations in the United States and other Western democracies, with every citizen being simultaneously positioned as a patient. It is also a sign of the working of “the biopolitical regime” in which bodies are being managed and through which prescriptive (and often conservative) ideas regarding health and normalcy are being developed. Health and general well-being are perceived here as a moral issue. Of course, associations between health or its lack and morality go back a long time: we can think here of the perceptions of venereal disease or AIDS as God’s punishment for promiscuity. However, what was significant about this recodification of health as a moral issue in the second part of the twentieth century was its secularization. The hegemony of the moralizing discourse of health is still prevalent today and can be evidenced, for example, in the recent moral panic about children’s increasing obesity and laziness. Indeed, moral panics are one of the main routes through which bioethical issues enter the public domain. Exacerbated by the media—tabloid newspapers, television talk shows, Internet campaigns—the panics concerning genetically modified foods, the triple measles, mumps, and rubella vaccination, the hospital “superbug,” or cloning often foreclose the debate about the role of technology and new media in the changing status and nature of the human by resorting to ready-made moralist positions that are presented as universally binding. Bioethics is not, though, just a matter of “bad translation” from knowledgeable science to prejudiced knee-jerk public reaction, as the very same moral assumptions and cultural prejudices regarding “the human” and human life frequently sustain narratives produced by both scientists and the public.

It can be argued that it is precisely in its role and function as a public discourse, one that arises as much out of the concerns, anxieties, and passions of the public as it does out of the disciplinary preoccupations of academicians, that bioethics’ vitality and significance can truly unfold. As Jonsen maintains, “The public discourse provides the subject matter for the discipline of bioethics: while we often point to the new science and technology as the cause of bioethics, it is actually the discourse about

the uses of science and technology—the differing views and values about human life that inform individual and social judgment about those innovations—that gives rise to bioethics.”⁴² The recognition that “we are all bioethics experts now,” with which I started this chapter, can perhaps be adopted as a call for opening up the narrow professionalism of bioethical discourses and forms of knowledge, even if not for doing away with “experts” altogether.⁴³ Indeed, Andy Miah suggests that the involvement of the public in bioethical debate can have a number of positive spin-offs: crucially, it can “assist the development of the public understanding of science.”⁴⁴ He also argues that the subject matter of human genetics and the intimate environment of computer-mediated communications offer a context where the aspiration of the “public understanding of science” agenda can be successfully accomplished. It seems to me that participation in a discourse on the ethics of science and life itself can take the debate beyond its “moral panic” aspect and reposition both science and bioethics as participative, democratic practices that affect, and are affected by, a wide range of social agents.

Alternatives in Thinking about Bioethics

The limitations of the traditional bioethical theories and positions have thus already been recognized by many: we can think here not only of the ongoing critique of systematic philosophy which raises questions for principle-based bioethics but also of the work undertaken by the medical community itself as well as many cultural theorists and feminist philosophers, who have all commented on the gap between abstract, disembodied moral theories and real-life cases. Over the last decade or so, calls for more embedded, less procedural bioethical models that some have described as “postconventional” or “postmodern” have become much more vocal.

The U.S.-based writer Carl Elliott, author of *A Philosophical Disease: Bioethics, Culture and Identity*, describes his work on ethics precisely as “postmodern philosophy”: he posits it as postsystemic but also *practical*.⁴⁵ Elliott takes the latter attribute extremely seriously and keeps insisting on the “usefulness” of bioethics. His theoretical framework is loosely based on the work of late Wittgenstein, but Elliott has developed

a quasi-novelistic method and style of his own—incorporating many anecdotes, venturing into different disciplines, and borrowing equally comfortably from philosophy and cultural studies. His “general antitheory of bioethics” departs from systemic moral theories worked out in advance: instead, he proposes a pragmatic, common-sense evaluation of ethical problems in their broad contexts. Elliott’s main issue with traditional bioethics concerns its two aspects: (1) its somewhat oppressive normativity, which is rooted in an “aspiration towards dispassionate objectivity” and detachment⁴⁶ and (2) its economic investments and interests. It is the latter aspect of his critique that makes Elliott’s work particularly daring. He alerts his readers to the perhaps obvious but often occluded fact that in late capitalist societies medicine is very much part of technoscience and that bioethical debates are implicated in complex networks of political and economic influences—coming from governments, multinational corporations, research institutes, and so on. “And medical ethicists are the practice’s maintenance engineers, medicine’s moralizing scut monkeys, who outline and argue for certain limitations on medical practice,” he adds, not without sarcasm.⁴⁷ With this, Elliott raises the important question of how the exchange of money in medicine alters the nature of medical consultation, both on the part of clinicians, who deal directly with patients, and on the part of bioethicists, who provide advice to medical councils and the biotech industry. Elliott is not politically naive: he does not recommend a total severance from the dominant networks of capital (were such a thing even possible). However, he does insist on the need for a greater accountability of bioethics experts, medical doctors, and researchers, as well as a more transparent and public reflection on the vested interests of those who are engaged in dispensing medical advice.

The political economy of life itself, and the way life is inscribed, or even produced, in the network of power structures and power flows dominated by the biotech industry, the clinic, and the academy, is perhaps one of the key political issues today. While Elliott’s suspicion regarding bioethicists’ too close an alliance with commerce is fully justified, it is worth lending an ear to critiques that raise questions about the feasibility of a radical separation between gift and commodity in the economy of (bio)capitalism. Catherine Waldby and Robert Mitchell, authors of

Tissue Economies: Blood, Organs, and Cell Lines in Late Capitalism, explore the limitations of the “gift culture” based on the “sharing of vitality” in an era when different forms of bodily tissue—blood, eggs and sperm, stem cells—are already positioned within complex global networks of production and exchange and are subject to hybrid “micro-economic arrangements.”⁴⁸ It can be argued that the heavy mediation of tissues by biotechnological processes and institutions awards them a double status of “natural body parts” and “industrial products.” (Blood, for example, is rarely transfused as “whole” but rather as fractions, “subsets of blood proteins tailored to suit the clinical needs of the particular patient’s condition.”)⁴⁹ Waldby and Mitchell are no apologists for neoliberal capitalism which commodifies life under the blanket promise of general well-being, but they do acknowledge that the discrete ideas of “gift” and “commodity” are “inadequate to conceptualize their *technicity*, and the ways this technicity mediates the values and relations associated with particular kinds of tissues.”⁵⁰ If life is already technical, and if any tissue donation immediately enters a set of industrial and technical relations, then what we need is a bioethics that recognizes this technicity and relationality as a condition of bodies’ existence in the world, not an unwanted element which has to be eliminated at all costs. Even though the authors of *Tissue Economies* do not provide any specific bioethical pointers, they do encourage us to shift the parameters of the debate on bioethics and life beyond the outdated model of the skin-bound sovereign self and into the complex network of bodily connections, affective and economic investments, technological mediations, and political interests.

A number of other thinkers who derive their work from “postmodern” and “poststructuralist” perspectives have been active in outlining alternatives for less singular, more networked bioethical frameworks. “The body”—as both an unstable locus of subjectivity and an object of technological mediation—usually functions as a key nodal point in such alternatives. In the introduction to the collection of essays *Ethics of the Body: Postconventional Challenges*, which she coedited with Roxanne Mykytiuk, Margrit Shildrick charges traditional bioethics with relying on “models of moral evaluation that derive from a belief in fixed and normative templates as adequate for all new knowledge” and thus

effectively duplicating “the master discourse and maintain[ing] the split between a secure sense of the transcendent self as moral agent, and a more or less unruly body that must be subjected to its dictates.”⁵¹ She also accuses it of being, both figuratively and literally, “out of touch.” Drawing on feminist theory, poststructuralism, and phenomenology, she calls for a bioethics of uncertain responses, “radically transformed by the capacities of bioscience to vary and extend the hitherto limited things of which bodies seem capable.”⁵² Shildrick’s nonnormative ethics for the biotechnological era thus adopts a much more fluid and unstable model of selfhood and embodiment. Embodiment here is not something added that should “also” be taken into account in ethical deliberations: it is a condition of being a self.

Shildrick has already taken some steps toward outlining such a bioethics of an embodied self in her earlier work. In her 1997 volume, *Leaky Bodies and Boundaries*, she makes an astute observation that “the body is curiously absent to us during health, and it is only in sickness that it makes itself fully felt, and then as that which unsettles the sense of self.”⁵³ Calling instead for a positive recognition of the body as a “lived presence,” she also acknowledges the instability and internal difference of this bodily presence, which carries markers of difference within it. The body in Shildrick’s theory is thus always unstable, but it is also materialized, gendered, and, to use her own term, “leaky.” Shildrick is particularly concerned about the normalizing influence of mainstream medical and bioethical practices and the consequences of the differentiations legitimated by these practices for feminist politics. She argues: “The transgressive excess that health care attempts to counter is not peculiar to marginal bodies, but is an integral possibility of all bodies.”⁵⁴ Set against the traditional medical concerns over the preservation of the material boundaries of the body and the exclusion of otherness—in the form of disease, disability, or virus—from it, Shildrick’s bioethics instead recognizes this otherness (of which the body’s “leaky status” is just one manifestation) as an intrinsic condition of our being in the world. This being in the world is also always already a way of “being-related”—to other bodies, or, more broadly, other materialities. The ethical moment consists for her in “radical openness to the multiple possibilities of becoming.” This she qualifies by explaining that “we

should position ourselves among others, claiming no special authority, but without eschewing responsibility either.”⁵⁵ But it is only through singular situations and cases—the example she studies in detail concerns the use of new reproductive technologies by lesbian couples—that the meaning and moral significance of each particular relation between bodies, knowledges, and values can be worked out, ethically and responsibly.

Some of the most challenging interventions into conventional bioethics have recently come from theoretical positions influenced by the work of Gilles Deleuze, especially by his interpretation of Spinoza’s notion of ethics—the echoes of which can be heard in Shildrick’s work discussed above. This theoretical development can perhaps be explained by Deleuze’s explicit departure from the humanist and organicist vocabulary as well as his putting forward of the notion of the “virtual” as always already “real,” and as expanding the scope of potentialities beyond what the human has already imagined or predicted. For Deleuze, ethics is “an *ethology* which, with regard to men and animals, in each case only considers their capacity for being affected.”⁵⁶ Situated beyond the paradigm of good and evil, it does not seek to reaffirm any fixed values. Instead, ethics refers to the “qualitative difference of modes of existence (good–bad),” the evaluation of which is material or, we could even say, pragmatic, rather than transcendental.⁵⁷ The ethical injunction for Deleuze lies in going along with this nonhuman flow of life and expanding life to its fullest potential, beyond the already imagined possibilities. It is “the becoming body” rather than the fixed human subject that is the focus of his ethics. We can see here how this notion of the “becoming body” which is always already machinic, and which is implicated in the ongoing process of life over which the human has no absolute control because she or he is also part of it, has become attractive to researchers of new technologies and new media, especially those connected with biotechnology. In biotechnological processes, living and nonliving elements exist in intimate couplings and associations which imply a design that disallows both the notion of life as something entering a machine in order to animate it and the notion of technology as something added postfactum to the original living entity.⁵⁸ What emerges instead is a much more enmeshed model of relations between

living and nonliving forms which always already bear a technological inscription.

Claire Colebrook explains that Deleuze uses the concept of the machine to rethink ethics from its “reactive forms” (as a reaction to a pre-given unity that humans as goal-oriented beings envisage) to its “active” status, beyond “an intent, identity or end.”⁵⁹ With this notion Deleuze describes “a production that is immanent: not the production of something by someone—but production for the sake of production itself, an ungrounded time and becoming.”⁶⁰ He therefore allows us to theorize life as a technical process, and an ongoing one at that. If life, including human life, is undergoing a constant process of change, then working toward developing new, interesting ways of being and becoming becomes a foundational imperative of Deleuze’s (bio)ethics. We could perhaps describe it as a “soft” or minimal imperative, the force of which Colebrook justifies as follows: “A maximised becoming is a commitment to univocity, affirming all those differences and creations which traverse us, including the genetic, historical and affective investments that have constituted us but do not define us once and for all.”⁶¹

The injunction to affirm and work with the differences that constitute our bodies and minds prepares the ground for a different model of bioethics, one in which the distinction between self and other, between inner dynamics and external influence, is not so clear-cut. Drawing on Deleuze’s notion of ethics, Adrian Mackenzie admonishes the more conventional bioethical positions for overlooking the ways in which the body contests the prerogatives of consciousness and for normalizing differences by seeing them as secondary and external to the moral subject, not constitutive of it. Mackenzie proposes instead a bioethics that maintains an ethos of “of embodied differences, of the character and habits of individual bodies” and that recognizes the active role of technoscientific intervention in both producing and effacing these differences.⁶² In a similar vein, Eugene Thacker turns to Deleuze in the Conclusion to his book, *Biomedica*, in order to develop a bio-ethics—a term he hyphenates in order to foreground its relation to, and rooting in, the body—which would “take . . . up the potential implications of design relationships between bodies and technologies.”⁶³ Driven by Spinoza’s question, “What can a body do?” and by Deleuze’s rereading of Spinoza, Thacker’s bio-ethics

is also an “ethics of transformation,” with design—of body, matter, and “life itself”—being seen as a bioethical endeavor.⁶⁴ This involves, as Thacker explains, a shift toward perceiving bodies as relations between different entities affecting one another, rather than discrete entities. Ethics functions here as an inquiry into the constitution and meaning of the human. This kind of ethics is, in Thacker’s words, “nonhuman,” even if it does place human concerns as central to itself, precisely because “it does not prescribe human interests, as if the human could be effectively separated from a milieu in which specific embodied humans exist.”⁶⁵ The recognition of the relationality of the human to other living and non-living entities radically alters the way we can think about both moral agency and technological influence. It also offers a way out of the moralism of many forms of traditional bioethics which declare in advance that certain procedures and interventions are “good” and “bad” and then apply this checklist to all cases, including future ones.

Spinoza’s question “What can a body do?” finds one of its most enthusiastic respondents in the work of the feminist philosopher Rosi Braidotti. (Her answer, as we will see below, is a firm “A lot.”) With some help from Deleuze and a number of other poststructuralist thinkers, Braidotti develops a materialist, nomadic philosophy of becoming as an alternative to the simplistic models of biotechnological evolution promoted by “hyper-colonialist capitalism.”⁶⁶ Siding decisively with the technological forces, she nevertheless opposes “the liberal individualistic appropriation of their potential.”⁶⁷ As is the case with the other theorists of “alternative bioethics” discussed above, embodiment and embeddedness in the material world are crucial for Braidotti’s ethics. She lists the placenta, the parasite, the cloned animal, and the leaping gene as figurations which can be seen as “steps towards a nonlinear rendition of the subject in its deep structures”⁶⁸ and as a physical and conceptual opening of the subject to relationality, the self–other interaction, which, in the area of biotechnology, is not just an ethical injunction but also a lived reality. It can be argued that how we live through this hybrid human–nonhuman relationality is precisely one of the key ethical questions today. Working toward a sustainable future while remaining accountable for the constantly becoming world constitutes the goal of Braidotti’s philosophico-political project. She is aware that, to be truly ethical rather

than oppressive, this project needs to steer clear of the mastering gestures of many Western attempts, both philosophical and political, to “save the world” as a graspable entity, without lending an ear to specific locations, with their singular narratives and practices. It also must remain open to the liberatory and transformative power inherent in, but not guaranteed by, technological forces and processes taking place in the world. The impetus for Braidotti’s nomadic ethics of transformation stems from *zoē*: a source of nonhuman, “raw” vitality which she reads—contra Agamben⁶⁹—as a generative force driving both human and nonhuman life.

The Difference of Difference: A Bioethics (Yet) Otherwise

The new way of thinking about life, the body, the human, the animal, and the machine through Deleuzian philosophy is an important step in developing a different framework for bioethics. Pointing to the productivity of technology which is never entirely separate from the human but which rather coconstitutes the world, thinkers such as Thacker, Mackenzie, and Braidotti have made a serious effort in attempting to dethrone human-centered moral philosophy from its position of an arbitrator over the value of life. Positing nondialectical difference as crucial to the possibility of having an ethical future and enacting a political transformation, they have refocused the ethical debate on the question of the body and the processes of embodiment and also have placed ethical issues in a wider context of biocapitalism and globalization.

And yet, as I said earlier, even though when it comes to its intellectual and affective investments my book sits close to the work of many theorists inspired by Deleuze, the way it approaches “difference” is somewhat different. Rather than following Deleuze’s understanding of difference as a “power within,” an immanent force that ceaselessly produces new forms, it understands the source of an ethical injunction as coming from what Emmanuel Levinas has called “otherwise than being”: a place of absolute alterity that cannot be subsumed by the conceptual categories at our disposal. The echoes of Levinas’s “otherwise than being” resonate in Derrida’s notion of “différance,” a spatiotemporal difference which is both the condition of the possibility of meaning and the condition of its

impossibility. This place of absolute alterity is thus transcendent—but only in a formal sense: there is no God or other concrete being that legislates this ethical injunction to respond to the alterity of the other. It is the assumption itself—philosophical but also, we may risk saying, experiential—of there being an alterity that exceeds the conceptual grasp, and the very being, of what we understand as the self, that creates the framework for an ethical encounter and ethical event. The difference between these two philosophical positions—one of immanence as encapsulated by the work of Lucretius, Spinoza, Hume, Bergson, Nietzsche, Foucault, and Deleuze, and one of transcendence as developed by philosophers such as Hegel, Husserl, Kant, Heidegger, Levinas, and Derrida—has been articulated most cogently by Daniel W. Smith in his article “Deleuze and Derrida, Immanence and Transcendence: Two Directions in Recent French Thought.” Smith states that while Deleuze tries to expunge from Being all remnants of transcendence, Derrida seeks to trace the eruptions and movements of transcendence *within* Being. Deleuze’s difference is defined “in terms of a genetic principle of difference,”⁷⁰ as differentiation within life itself, and is strictly linked to becoming.⁷¹ This is why he can reconcile this idea of difference and differentiation-from-within with his concept of univocity (an idea, as Smith explains, which Deleuze borrows from Duns Scotus), where a certain link or kinship is posited between all forms of life, both real and virtual ones. For Derrida, in turn, difference always already involves a “cut,” an impossibility of the ultimate connection. It is precisely in differentiation that cannot be sublated or tied in to any entity that an ethical demand and ethical impression on the self take place.

Thus, even if we agree with Paul Patton and John Protevi when they say that “Derrida and Deleuze share an ethico-political conception of philosophy as oriented towards the possibility of change,”⁷² we may also perhaps say that Deleuze is more interested in the flow of life, while Derrida pays more attention to a cut or interruption to this flow. It is precisely this cut, a differentiation within the flow of life that cannot be subsumed by this life because it comes from (formal, not theological) “elsewhere,” that will constitute a pivotal point of entry for my own attempt to rethink bioethics in this book. Now, the difference between the two positions or indeed traditions—because, as I explained above,

we are not just setting Deleuze against Derrida here but rather considering two parallel, even if not entirely separate, philosophical lines of thought that can be aligned under the headings of “immanence” and “transcendence”—is not purely academic. It reflects a broader set of concerns that are important for my search for bioethical alternatives: the role of negativity in ethics, the position of desire in its relation to both productivity and lack, the graspability (or not) of otherness that drives this ethics, the understanding of power and its relation to oppression and liberation. My own position springs from a certain suspicion toward Deleuze’s “joyful affirmation” and a concern over what we could describe, perhaps too briskly, as “theoretical neuroticism” that seems to drive it. This is not to say that a bioethics I want to envisage, with some help from a number of thinkers inspired by the philosophy of nonreducible alterity, will be “negative” but rather that it will recognize the place of negativity, lack, and what I have described above as “the cut” in the flow of life as constitutive to it. The latter will also allow us to consider the differential relation between humans, animals, and machines in this ethics while also attending to the nature of this difference, always in a singular way—as a question that needs to be asked over and over again. It will thus deal with issues of limitations, restrictions, and fractures as much as it will with transformations and potentialities. Last but not least, the bioethics rooted in the position of infinite alterity will suspend us between body and language, not in the sense that the materiality of the body will be reduced to language but rather that, to be properly understood, in both its multiplicity and its lack, and to be able to meaningfully act and enact, the body will require linguistic articulation. As Judith Butler puts it in her rejoinder to Rosi Braidotti’s work (with which she does recognize numerous philosophical and political affinities), “The body is that upon which language falters, and the body carries its own signs, its own signifiers, in ways that remain largely unconscious.”⁷³ So we are back here with lack and “the cut” as both a limitation that has to be worked through and a condition of possibility.

However, let me repeat it again: my position is not anti-Deleuzian, rather “alongside Deleuzian,” because I share many of the affective investments that structure Deleuze’s philosophy and that of numerous other thinkers who draw on his work—an investment in the idea of the

transformation of life, in envisaging better, more free ways of living, or in attending to the relationality between different life forms. I just find different points of entry into addressing these issues. Rosalyn Diprose, who has made a serious attempt to think about bioethics from the position of alterity, seems to be thinking in a similar vein when she argues that ethics predicated on the infinite alterity of the other ensures the possibility of a real transformation of both the self and the world. She writes in *Corporeal Generosity* that “it is the other’s alterity that makes me think, rather than ideas I live from and that seem to make me what I am. It is this alterity that provokes any gesture of expression, is necessary for its production, and is not subsumed by the incarnate thinking that results.”⁷⁴ In her earlier book, *The Bodies of Women: Ethics, Embodiment and Sexual Difference*, Diprose argues that it “is about being positioned by, and taking a position in relation to, others”⁷⁵ and that both our “being” and the “world” are constituted by the “in” that connects them. In other words, the relationship between embodied place and the social world is constitutive for her. However, Diprose also insists that ethics must pay attention to different ways in which these relations between various beings are established. “[I]f ethics is about taking a position in relation to others then it is also about the constitution of identity and difference,” she adds.⁷⁶ These instances of the constitution of identity and difference also become what I call “temporary points of stabilization” in the process of change, in the becoming of matter (which Deleuze refers to poetically as “becoming-woman,” “becoming-animal,” and “becoming-machine”). The study of these points of stabilization becomes an important task for bioethics today, but any such study needs to be undertaken from the embedded position of lived experience, of already being embedded, immersed, and connected—and being able to grasp the meaning of this connectedness.

Even though the inspiration for the bioethics I want to outline throughout this book comes from the tradition of the philosophy of difference, this tradition needs a clearly articulated supplement to which I have been referring throughout this chapter: that of a more engaged relationship with technicity. Such a supplement will allow us not only to overcome the humanism of Levinas⁷⁷ but also to take the bioethics of life beyond the context of the clinic and the lab and into the multiple territories of

everyday life where new technologies and new media are constantly engaged in redefining the constitution of the human, of human and nonhuman life: virtual gaming environments, social networking portals, televised aesthetic surgery, biotechnological experimentation and commercialization.

As the reader will have hopefully realized by now, the role of the critical overview of what I tentatively describe as “traditional bioethics” presented in this chapter has not therefore been merely descriptive. By probing into the intellectual tradition, philosophical assumptions, and disciplinary boundaries that demarcate dominant positions in bioethical thought, we have also begun to see emerge a different framework for thinking about bioethics in the age of new media: one that does not fully negate the existent framework but that rather emerges at the margins of the dominant system of thought as the very system’s not always acknowledged aberration or exception. This bioethical framework, which I will articulate and enact in more detail in the following chapters, will not rely on a priori principles that could then be applied to selected cases, nor will it be involved in a mathematical calculation of goods in order to satisfy the greatest number of desires and preferences. Informed by the need to provide a constant response to the alterity of other beings and life forms, and for a decision, always to be made anew, about what to do, it will nevertheless assume responsibility for the lives and deaths of multiple, human and nonhuman, others, even if the locus of this responsibility, response, and decision will not be clearly located in a bounded, rational, human self. Putting into question the concept of the human, body, and life—and thus also many of the concepts positioned as the human’s “other,” such as animal and machine—the bioethical enquiry, the way I envisage it, will also involve an examination of the historical formation and ideological structuration of “the human” and the related concept of life. The human will thus not disappear entirely altogether from this enquiry. Instead, this “not yet human, never fully human” will become a strategic point of entry for this nonfoundational, aprincipled bioethics. But it is first of all the relationality of the human—his or her emergence through technology, his or her material coexistence in the sociocultural networks, and his or her kinship with other life forms—rather than the human’s positioning as a cognizable,

disembodied, separate moral unity that will drive my efforts to think bioethics otherwise. The new bioethical framework will seriously consider the temporary moments of stabilization, with all their accompanying and inevitable violence, as meaningful instances in which “something emerges” and “something happens,” but whose fleeting ontology does not arrange itself into a stable image of Being.

It can be argued that the interdisciplinary project of media and cultural studies, which has been actively engaged both in studying “the discourse about the uses of science and technology” and in seriously considering the public discourse as constitutive of what counts as “culture,” “morality,” and “politics,” is rather well predisposed to undertaking a bioethical enquiry in the age of new technologies and new media, and taking it in a radically different direction. Indeed, media and cultural studies, informed by work conducted under the aegis of science and technology studies, anthropology, sociology, and feminist theory, can provide a necessary rejoinder to the classical disciplines—philosophy, theology, law, and medicine—that have shaped the field of bioethics. It is with these concepts as tools in hand—alterity, technology, new media, culture, and embodiment—that I want to move on toward outlining or maybe rather enacting this alternative bioethical framework in the chapters that follow.