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SCIENTIFIC CONTRIBUTION

Respect for cultural diversity in bioethics. Empirical, conceptual and normative constraints

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Abstract In contemporary debates about the nature of bioethics there is a widespread view that bioethical decision making should involve certain knowledge of and respect for cultural diversity of persons to be affected. The aim of this article is to show that this view is untenable and misleading. It is argued that introducing the idea of respect for cultural diversity into bioethics encounters a series of conceptual and empirical constraints. While acknowledging that cultural diversity is something that decision makers in bioethical contexts should try to understand and, when possible, respect, it is argued that this cultural turn ignores the typically normative role of bioethics and thus threatens to undermine its very foundations.

Keywords Adaptability of culture · Biological and cultural traits · Cultural and individual differences · Definitions of culture · Moral diversity · Normativity · Stereotyping

Introduction: bioethics and culture

In contemporary debates about the nature of bioethics there is a growing insistence on the importance of culture and cultural differences. The view that bioethical decision making must involve certain knowledge of and some sort of respect for cultural diversity of persons or groups of persons to be affected by particular decisions appears in various forms and under various names, like "cultural bioethics" (Callahan 2003), "anthropologically informed bioethics" (Koenig and Marshall 2003), "critical bioethics" (Hedgecoe 2004) etc. Due to several reasons which should become clear in this article, this cultural turn of bioethics is difficult to define and it is probably most convenient, therefore, to present its general agenda with some of its typical claims.

The bioethical turn towards culture seems motivated by at least two factors. The first factor is dissatisfaction with Western philosophical approaches to bioethical dilemmas. Koenig and Marshall (2003, p. 215) thus claim that "simplistic application of ethical universals to particular cases discounts the complexity of lived experience and real world dilemmas" and argue for the "anthropologically grounded framework for bioethics" which "requires a solid recognition of the cultural assumptions that underlie our definition of the 'good' in the biomedicine." Irvine et al. (2002, p. 175) find it "questionable whether a universal medical ethics based on a set of a priori principles can adequately deal with moral and ethical complexity", because for culturally complex societies and globalized world "principle-based approaches may be too simplistic, and a duties (deontic) approach too rigid." Brody (1997, p. 277) is similarly worried about the possibility that bioethical principles like autonomy, beneficence, non-maleficence and justice reflect Western (in particular American) cultural biases, which is why he emphasizes the need to take "cultural beliefs and practices of different countries more seriously."

The second factor is the expectation that taking other cultural traditions seriously will somehow enrich bioethics and enhance its decision making capacities. Thus Callahan (2003, p. 281) sees "cultural bioethics" as the "effort systematically to relate bioethics to the historical, ideological, cultural, and social context in which it is expressed",

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stressing that its insights and analysis "can help everyone to a better understanding of the larger cultural and social dynamic that underlies the ethical problems." In their discussion of the connection between bioethics and culture, Carese and Sugarman (2006, p. 1870) claim that culturally influenced (possibly even determined) values, preferences and perspectives are "critically relevant to bioethics". They maintain that "approaching cultural differences with sensitivity and skill can lead to better understanding and better outcomes" and they sympathize with the "cultural humility" view which "requires an open and respectful attitude toward diversity" and "recognizes the legitimacy of alternative ways of thinking and being." In a similar vein, Irvine et al. (2002, pp. 175–176) believe that "contemporary biomedical ethics has not adequately engaged with indigenous and non-Western ethical frameworks and modes of moral thought." In their opinion, this is a "critical failure" because consulting non-Western "moral and medical knowledge" and "voices" could forge "new and unexpected relationships" and reveal "new modes of thought" that could "enrich and enhance our conception of the good and our realisation of well-being."

The agenda of "cultural bioethics" exemplified by the above claims is well accepted in contemporary bioethics and many seem to believe that something like the idea of respect for cultural diversity is likely to help bioethics deal with some of its most perplexing issues. In what follows I will try to show that this optimism is fundamentally misleading and that the idea of respect for cultural diversity in bioethics cannot be fruitful due to several conceptual, empirical and normative constraints. A *caveat* before proceeding: although "culture" and "religion" are not interchangeable concepts, I tend to conflate them here for brevity reasons, bearing in mind the acknowledged fact, however, that cultural and religious phenomena are often tightly interwoven and practically inseparable, especially in their influence on moral beliefs and values.

What is culture?

The first constraint of the idea of respect for cultural diversity in bioethics (and not only in bioethics) is that "culture", as the thing or the aggregate of things that should be respected, is extremely difficult to define. The problem with most definitions of culture is that they are usually too inclusive. For example, according to the classical definition by Tylor (1871, p. 1), culture is "the complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habit acquired by man as a member of society" (quoted in Triandis 2007, p. 61). According to the definition from the Universal Declaration on Cultural Diversity by UNESCO, culture is "the set of distinctive spiritual, material, intellectual and emotional features of society or a social group" which encompasses "art and literature, lifestyles, ways of living together, value systems, traditions and beliefs." It is a notorious fact that there are numerous definitions of culture and more than half a century ago Kroeber and Kluckhohn (1952) have gathered 164 definitions of culture.

If bioethical decision makers, as culturally oriented bioethicists propose, are supposed to respect someone's cultural background, the question remains which elements of that background should figure prominently in their decision making. In virtue of their *prima facie* connection with people's moral views, probably the most serious candidates are "value systems". However, value systems are also highly complex things which are hard to separate from other elements constitutive of a given culture—like its intellectual and emotional features, lifestyles, or even beliefs about factual matters. Moreover, various elements of a given culture can point in different directions as to what particular individuals could prefer when faced with some bioethical dilemma. Consider the following advice regarding Hindu and Sikh bioethics:

> The ethical agent in Hindu and Sikh traditions is usually understood to be the collective (extended) family rather than the autonomous individual. However, there is still a sense of individuality that must be respected. Thus, involve the extended family but ensure that the wishes of the individual are respected (Coward and Sidhu 2008, p. 406).

For Hindus and Sikhs, we are told, collective and individual decision making are equally important and we have to respect them both. However, if we take the idea of respect for cultural diversity in bioethics really seriously, it remains unclear which element should have more weight in our decision making: collective (family) decision making or individual decision making? When individual decision is in accordance with the family decision, practically no bioethical dilemma exists. When individual decision is not in accordance with the family decision, bioethical dilemma emerges, but we are left without guidance as to how to resolve it. It is obvious that cultural complexity is the source of the bioethical dilemma here, but it is less obvious how it can help us resolve it. Moreover, things can become more complicated considering Hindu and Sikh cultural preference for male children. As Coward and Sidhu (2008, p. 405) also point out, the fact that the eldest son usually becomes head of the extended family tends to create "a strong male dominance in matters of consent".

Cultures are complex and changing wholes with frequent tensions between their own values and it is not always clear which intracultural values should be observed

and given special weight. Different cultures are also often inconsistent wholes and their different facets, as we have seen, can point in different directions when it comes to specific bioethical dilemmas. A related problem is that people usually at the same time belong to different cultural subgroups (religious, ethnic or even popular) and it is not a priori clear if membership in whichever subgroup should make the difference in bioethical decisions. Large and complex cultures are especially problematic. As Gregory Pence said:

> … modern societies have inherited no single ethical tradition from the past, but fragments of conflicting traditions: we are Platonic perfectionists in saluting gold medalists; utilitarians in applying the principle of triage to the wounded in war; Lockeans in affirming rights over property; Christians in idealizing charity; Muslims in preferring polygamy; Kantians in affirming personal autonomy. No wonder that moral traditions conflict and people are confused (Pence 1993, p. 251).

It seems that the idea of integrating culture into bioethics—already at the most basic conceptual level—is plagued by vagueness. Respect for culturally diverse identities is inherently constrained by the too elusive (and too inclusive) nature of the concept of "culture". In real life situations, deciding what is central to someone's cultural identity and, by the same token, bioethically relevant can go on *ad infinitum*, especially when persons with multilayered cultural identities are involved. Bioethical stalemates caused by this vagueness and elusiveness of "culture" are likely to create the need for some independent ethical criterion to guide our choices. Nevertheless, the very same stalemates need not entail one's total abandonment of respect for cultural diversity: they can be treated simply as evidence that respect for cultural diversity is inadequate in bioethics, without further generalization or going into the question of possible alternatives.

Culture as adaptive mechanism

A further problematic feature of introducing respect for cultural diversity into bioethics is its potential to impede the development of some culture by assigning the inappropriate normative force to it. Bioethical respect for cultural diversity seems to imply that cultural traditions can be taken as stable backgrounds against which particular bioethical decisions can be made. This view corresponds well with the fact that various cultural traditions do diverge when it comes to morally saturated questions (like the beginning of life and death or the nature of illness and health), as well as with the fact that cultural traditions do provide stable backgrounds against which their members make sense of their lives. However, cultural traditions should probably not be viewed by bioethicists as too stable, let alone as something that should be made as stable as possible. Any culture worth its name must be "living culture" in practically literal meaning of that term. It is undeniable, namely, that many elements of different cultures came into being and survived because they fulfilled some socially desirable purposes. It is also undeniable that cultures evolve and change over time, borrowing elements from other cultures, abandoning other elements and inventing new elements of their own. As Sutton and Anderson point out:

> In essence, culture itself is an adaptive mechanism. Cultures contain a number of elements, such as social and political systems, settlement patterns, and technology and storage that are adaptive in their form and evolve as environments change (Sutton and Anderson 2010, p. 131).

Scholars from various fields maintain that culture is adaptive. For example, advocates of the so-called "gene-culture co-evolution" argue that human cultural evolution was not only adaptive, but also interwoven with human biological evolution (see e.g. Durham 1991; Boyd and Richerson 1985), while biological anthropologists and evolutionary psychologists tend to interpret many cultural phenomena (like sex and food taboos, infanticide or parricide) as adaptive responses to changes in natural and social environment (see e.g. Barkow et al. 1992). Now, if these views of culture are plausible, the bioethical insistence on cultural diversity may actually work against that same diversity. Human cultures are older than most scientific or medical advances that create bioethical dilemmas and it is irrational to seek solutions to historically novel dilemmas in cultural norms and practices created in distant past and in different circumstances. Assigning too high normative status to culture may negatively affect its capability to change and adapt to new environmental circumstances. Most societies today face rapidly changing world and their survival could depend crucially on their capability to adapt to new and previously unimaginable challenges. Modern science and medicine are replete with such challenges and the viability of any given culture might depend crucially on its ability to meet them by abandoning or significantly modifying some of its values and beliefs. However, demanding a too firm respect for some societies' cultural beliefs and values may actually weaken its chances for future survival as that particular society. If maintaining intercultural diversity is important, maintaining intracultural diversity is just as important.

An analogy with biological traits

The above objection can be formulated alternatively, in terms of the analogy between human biological and cultural traits. Just as biological (genetically transmitted and inherited) traits can become harmful and undesirable, cultural traits (transmitted and inherited through socialization and enculturation) can become harmful and undesirable too. Both cultural and biological traits can be adaptive, neutral or maladaptive, and it is well-known that traits that were adaptive in one environment and in one time can become maladaptive in another environment and another time. Standard example of this switch from (biologically) adaptive to maladaptive human trait is given by George C. Williams:

> In the Stone Age there was a consistent advantage in going after foods that were as sweet and tender and rich as could be found. […] Maximizing intake of sugar and fat normally led to health and vigor. Salt was also an essential nutrient often in short supply. We have the same Stone Age motivations today, but have easy access to many times the historically normal levels of sugars and fats and salt. The result is undoubtedly a much higher incidence of obesity, diabetes, cardiovascular disorders, and many kinds of cancer than we would have on normal Stone Age diets (Williams 1996, p. 207).

Biological traits are rarely taken by moral philosophers as the source of moral norms. Actually, most moral philosophers will claim that even if some trait or behavior is biologically advantageous, that does not mean that it is morally justified. In the same vein, the fact that some trait or behavior was advantageous in our evolutionary past does not have any prescriptive force today; moreover, it is claimed more often that many biologically adaptive traits (like aggressiveness or promiscuity) inherited from the past should actually be eradicated from our present behavioral repertoire. The basic assumption behind these classical warnings against deriving "ought" from "is" is that we are not slaves of our biological past, but free to choose behaviors which we morally value irrespective of our genetically inherited behavioral tendencies and modes of thought.

The parallel lesson applies to our cultural past and culturally inherited traits. If we can discard our biological heritage (be it adaptive, neutral or maladaptive) as completely devoid of any prescriptive force, it is not clear why we should take our cultural heritage (be it adaptive, neutral or maladaptive) as being any more prescriptive. Biological and cultural traits are very similar in at least two important respects: we cannot decide which biological traits we will inherit, just as we cannot decide into which culture we will be born, and both biological and cultural traits strongly influence the way we perceive and conceptualize the world around us. The fact that culturally inherited traits (like racism or xenophobia), as well as biologically inherited traits (like desire to eat meat or to have sex with multiple partners), can be morally challenged entails that neither culture nor biology deserve some special role in bioethics. If standards of right and wrong lie outside biology, then they lie outside culture too.

It is not suggested here that culture is causally irrelevant for morality. Morality—as the human capacity to judge about right and wrong—is undoubtedly of social and cultural origins and it develops in each individual as he or she internalizes culturally transmitted values. The crucial assumption underlying the above analogy is that morality is also shaped by biological processes and mechanisms. Although the idea of biological origins of morality was strongly resisted by most social scientists during the larger part of the twentieth century, its plausibility is today beyond dispute (research literature in this area is extensive, but useful discussions of the major approaches can be found in Sinnott-Armstrong 2008a, b). However, in spite of the fact that biology and culture are acknowledged as empirically equivalent building blocks of human morality, they are treated differently when normative issues are at stake. Whereas one building block (culture) is generally perceived as the legitimate source of values, the other building block (biology) is rejected in this respect as unpromising or even dangerous, and this rejection usually proceeds by invoking the well-known "naturalistic" or "genetic" fallacy (or both). Nevertheless, this normative asymmetry between culture and biology does not seem justified: if identification of values with biological facts and evaluation on the basis of biological origins are instances of "naturalistic" and "genetic" fallacy, then identification of values with cultural facts and evaluation on the basis of cultural origins is just as fallacious.

Stereotyping and individual differences

Similarly problematic is the fact that individuals rarely share all beliefs and values of their culture. As we have seen, cultures are "complex wholes" composed of many elements which change in response to various natural and/or social challenges. It is not uncommon that members of some culture, although they see themselves as true members of that culture, explicitly reject some of that culture's important values and beliefs. For example, members of the Catholics for Choice organization are Catholics who disagree with the teachings of Catholicism concerning abortion and contraception. It is also important not to neglect the distinction between "ideal" and "real" culture, i.e.

distinction between what people say they believe and how they actually behave. For example, according to Gallup's 2006–2009 values and beliefs poll, in spite of the opposition to abortion and embryonic stem-cell research by Roman Catholic Church, American Catholics are as liberal as non-Catholics concerning those issues (the same point concerning abortion was made by Dworkin 1993, Chap. 2).

The above considerations probably apply to all cultures with their various beliefs and values. The basic message here is that including cultural diversity in bioethical decision making carries a danger of stereotyping and neglecting multiple ways in which individuals relate to their cultures. However, the very same considerations give rise to the additional ethical dilemma: Why should *cultural* differences have more weight in bioethics than *individual* differences? In virtue of various factors like one's understanding (or misunderstanding) of his or her cultural tradition, differences between individuals can be even larger than differences between cultures. If bioethics is expected to profit from including respect for rich differences at the level of cultures, would it not profit more from including respect for even richer differences at the level of individuals? Why not make this next step and stop being just "culturally informed" and become "individually informed" bioethics? Of course, beliefs of different individuals—especially beliefs concerning bioethical issues like health, death or life—can be extremely irrational and strange, but so can beliefs of different cultures. However, if irrationality and strangeness of beliefs should not prevent bioethicists from taking cultural differences seriously, they should not prevent them from taking individual differences just as seriously.

A good illustration of the above tension between culture and individual is given by Muramoto (2008) in his discussion of bioethical practice concerning well-known refusal of blood transfusion among Jehovah's Witnesses. As he says, it is problematic that clinicians tend to treat all Jehovah's Witnesses "uniformly according to the policy of the WTS [Watchtower Bible and Tract Society]" and to ignore their "diverse personal identity", just as it is problematic that refusals of blood by non-JWs are not respected "as much as those of JWs because they lack a religious identity" (Muramoto 2008, p. 240). In short, culturally informed bioethicists have to provide some explanation of what is so bioethically special about culture and cultural differences, but not about individual and individual differences. Until they do, their insistence on cultural diversity remains arbitrary.

Cultural diversity and moral diversity

In general, the uncritical emphasis on cultural diversity can become detrimental as it may explicitly or implicitly suggest that cultural differences are coextensive with or indicative of irreconcilable moral differences. Diversity of cultural beliefs need not imply diversity of moral beliefs and ascribing high ethical relevance to cultural diversity can obscure the fact that many moral values are, contrary to appearances, shared by most cultures. The Eskimo practice of parricide and infanticide (especially of girls), for example, is usually taken as evidence in arguments *for* moral diversity. However, it is frequently argued (McNaughton 1988, p. 202; Rachels 2003, pp. 24–25) that practices like these should not be taken at face value, as suggesting that Eskimos have less respect for their parents or children than we do. They are most likely forced to such practice by their nomadic way of life in harsh environment, with males as the primary food providers. The practice of parricide and infanticide among Eskimos does not mean that human life is of no value to them; it only means that they, just as we do, take the quick and less painful death as preferable to slow and painful one and that they, just as we do, place community good above the individual good. Non-moral facts and circumstances are different, but moral values are not.

The abovementioned practices are standard illustrations of ethical distinction between fundamental and non-fundamental moral disagreements. Moral disagreement is fundamental when two parties agree about all non-moral properties of some action, but fail to agree about its moral value; moral disagreement is non-fundamental when two parties can, by means of scientific or some other rational method, reduce it to and resolve it as disagreement about non-moral facts or properties (Brandt 1967). In spite of some criticisms (e.g. Moody-Adams 1997, pp. 29–43), this distinction seems central to many bioethical questions. Discussions about abortion are often driven by disagreements over non-moral facts: whereas most people agree that it is wrong to kill a person, they tend to disagree over the question whether fetus is a person (this is not a moral but factual question). Similarly structured are some debates about the morality of culturally embedded practice of female circumcision. As Kopelman (1994) has shown, many *prima facie* moral disagreements over this practice can be reinterpreted and resolved as factual disagreements (like the factual disagreement over what is beneficial or detrimental for woman's health). Understanding non-moral but morally relevant cultural beliefs and practices is surely helpful in seeking solutions to many bioethical dilemmas and in this respect the potentially beneficial role of cultural bioethics is not denied.

Nevertheless, nothing guarantees that all moral disagreements are reducible to factual ones and that moral consensus is always there, just waiting to be deciphered from culturally specific factual beliefs. Starting with David Hume's points about not deriving "ought" from "is", continuing with Alfred J. Ayer's distinction between

(factual) beliefs and (moral) attitudes, the influential tradition of moral non-cognitivism was developed according to which it is "perfectly possible that two people might agree about all the facts and yet still disagree about moral values because they had different attitudes to those facts" (McNaughton 1988, p. 17). For example, in 1990 there was a case (discussed by Rachels 1991) of a married couple who decided to conceive a child so that it can become a bone-marrow donor for their teenage daughter who was dying of leukemia. The case provoked serious discussion among ethicists, with some of them criticizing and some defending the couple's decision. Although parties on both sides of the dispute agreed about all non-moral facts pertaining to this case, they failed to agree in their moral attitudes—ethicists were particularly divided over the Kantian principle that we should never use another person as a means to an end but only as an end in itself. The same is true about some disputes about abortion. Although such disputes, as we have seen, are sometimes reducible to factual disagreements, they can assume the form of fundamental moral disagreements. It is possible to concede, namely, that fetus is a person from the moment of conception, but to argue still that there is nothing morally wrong with abortion. Probably the best known example of such an argument is Thomson's (1971) defense of abortion with her famous "violinist" analogy.

If moral conflicts about pressing bioethical questions, even among members of the same culture, cannot be resolved by reducing them to conflicts about non-moral facts, it isn't likely that they will be resolved in that way when they involve parties from different cultural and moral traditions. People with different cultural identities can have radically different views about the status of fetus and, consequently, about the permissibility of abortion. Catholics, for example, believe that fetus is a person from the moment of conception; for Muslims, fully human life of the fetus begins after it is ensouled (120 days after the conception); for Hindus and Buddhists, a complete human person exists even before conception (these and many other cases of culturally diverse bioethical views are reviewed in Singer and Viens 2008, pp. 379–441). Similar divergence of opinions appears when it comes to questions about the end of life and definition of death (which is important in debates about euthanasia and assisted suicide). The crucial thing to notice here is that many culturally and religiously informed moral beliefs often have the same authority and credibility as ordinary factual beliefs. Such beliefs cannot be negotiated about or reduced to factual beliefs verifiable by science or any other rational method.

It is undoubtedly possible for someone, if he or she is well-informed and open-minded, to understand someone else's culturally different beliefs (a person who does not believe in *karma*, for example, can understand what the concept of *karma* means for someone who does). However, being skilful in cross-cultural hermeneutics and to achieve cultural understanding is not the same as to achieve moral agreement. Many bioethical dilemmas are caused by moral beliefs which are inseparable from other culturally specific factual or quasi-factual beliefs (e.g. belief in the sanctity of life, immortality of the soul or effect of one's actions on his or her next reincarnation). Such cases reveal the low applicability of cultural bioethics—possibly to the extent that the use of the term "bioethics" for the whole enterprise becomes questionable. Just as Singer (1993, p. 2) said that "ethics is not an ideal system that is noble in theory but no good in practice" and that the "whole point of ethical judgments is to guide practice", one might say that cultural bioethics, although it seems attractive and promising in theory, is of little help in real-life dilemmas which essentially gave rise to the discipline of bioethics in the first place.

In a nutshell, if parties in a bioethical dispute entertain fundamentally different moral views, it is likely that conflict will arise and it is not likely that everyone's preferences will be satisfied. If the conflict can be reduced to and resolved as the conflict about factual matters, it will turn out that *moral* diversity was not even there—there was only some kind of misunderstanding caused by *cultural* diversity and distance. However, if the conflict cannot be reduced to and resolved as conflict about factual matters, it will be impossible, as a matter of simple logic, to meet everyone's demands. In such cases, respect for cultural diversity may help us understand better what caused moral conflict, but it will do nothing to resolve it. The only way to deal with such conflicts is to abandon "cultural humility" and to rely, to use Häyry's (1998, p. 59) succinct formulation, "on reason and logic rather than on sentiments and traditions".

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We obviously cannot rule out the possibility—in spite of potentially considerable moral agreement hidden beneath cultural diversity—that some fundamental moral differences between cultures do exist and cannot be reduced to and resolved as factual disagreements (at least not without disrespecting some culture's most precious beliefs and values). Does this mean that all that "cultural bioethics" can do is to become the "practical" or "applied" version of ethical relativism—the doctrine according to which "right" means the same as "culturally approved" and moral beliefs of different cultures should be evaluated exclusively by their own standards? Although relatively natural, this suggestion is misleading because many authors who do approve of some sort of marriage between culture and

bioethics tend to reject such relativistic consequences. For example, Edmund Pellegrino explicitly says:

> Cultural beliefs lie on a spectrum that extends from the benign to the totally indefensible. […] Customs at the totally unacceptable end of the spectrum include ritual mutilation, gender selection by infanticide, abandonment of the elderly, ritual suicide or homicide, and so on. At this end of the spectrum, health professionals are expected to refuse any involvement, no matter how culturally entrenched the practice might be (Pellegrino 2007, p. xvii).

Even the authors who claim that "engaging with non-Western forms of moral and medical knowledge" might "enrich and enhance our conception of the good and our realisation of well-being" are aware that respect for cultural diversity has its limits:

> The process of bridging the cultural divide does not imply uncritical acceptance of all cultural norms as being intrinsically equal, as there may not always be room for compromise. It does imply, however, that discussion about values should be open and transparent and that questions of cultural conflict arising from the inevitable collision of different paradigms of health, illness, society, law and morality should be debated in a critical and reflective manner (Irvine et al. 2002, pp. 176–177).

An apt illustration of the tension between allowing and limiting cultural diversity in bioethical decision making can be found in Veatch's (1999) proposal to allow more influence to culture when it comes to definitions of death in the clinical contexts. In his doctrine of "limited familial autonomy", Veatch argued for allowing the family to choose the definition of death (cardiac, higher brain or whole-brain definition) which will reflect their religious and cultural views and which will be applied for their non-competent ward. According to Veatch (1999, p. 146), allowing this discretion to the family would be consistent with the accepted practice of allowing the individual to autonomously choose a definition of death, but also with the fact that families are free to make other, equally important, choices for their children (like selecting their schooling and religious education or socializing them in particular value systems). Veatch also takes care to show that, in most cases, allowing families to choose the definition of death that corresponds to their cultural tradition would have no negative effects in areas like health and life insurance, spousal and marital status, inheritance or organ transplantation.

However, although tolerant towards allowing cultural differences to influence the definition of death in concrete cases, Veatch does set limits to such practice (there is a reason why his doctrine is the doctrine of *limited* familial autonomy). As he says, familial right to choose the definition of death is permitted as long as "ward's interests are not jeopardized too substantially", as long as "interests of the society are not threatened", as long as "both public health and moral problems" do not "become severe", and as long as "there are no significant societal or third party harms" (Veatch 1999, p. 146, 148). Obviously, Veatch is prepared to extend the borders of respect for cultural diversity in bioethics, but not to erase them, because societal damages cannot be a priori excluded, especially those related to organ donation programs and limited healthcare resources (Appel 2005). At the end of the day, the good of the society is valued more than cultural differences within it.

Since they allow cultural differences to play a role in bioethics only to some extent, culturally oriented bioethicists are clearly far from being (bio)ethical relativists: their respect for *cultural* diversity does not always imply respect for *moral* diversity. In Pellegrino's terminology: there is a point in the spectrum between "benign" and "totally indefensible" at which respect for culturally different beliefs and practices stops. It is not clear, however, where exactly this point is and why respect for culturally diverse moral views—so insistently demanded by so many—stops at all. The lack of clarity on this question and the general terminological vagueness are some of the most problematic features of the "cultural turn" in bioethics. If one reads citations from the opening section of this article more carefully, it is obvious that they describe the allegedly natural unity of bioethics and culture extremely loosely. Recognizing "the legitimacy of alternative ways of thinking and being" or "bringing something distinctive to the ongoing debate over ethics" or revealing "new modes of thought" sounds praiseworthy, but it is not clear what does it all exactly mean and how can it help bioethicists when it comes to real life dilemmas. To insist on respect for cultural diversity in bioethics, but only insofar as cultural influences remain "benign" and have "no significant societal or third party harms", is simply too trivial to be "critically relevant" for bioethics, let alone sufficient to become the cornerstone of a new branch or school of bioethics.

Conclusion

It is not suggested here that focus on and understanding of cultural diversity is in bioethics unwelcome. It does have an important role to play in cases where bioethical dilemmas can be solved through considerate and insightful negotiation between culturally (but not morally) diverse points of view. In order to deal with this diversity, decision makers in bioethical contexts are well advised to consult

various culture-oriented disciplines like anthropology or sociology. However, this kind of interdisciplinarity with its kind of cultural understanding cannot be taken as the main purpose, let alone as the indispensable feature of bioethics. Bioethics is by its very pedigree oriented to guiding practice in real life dilemmas. In James Childress's words:

> Although numerous methods of scholarly inquiry can and do make important contributions to medical ethics or bioethics, not all those contributions actually involve doing medical ethics or bioethics in the normative sense… This restriction in no way denigrates other methods and their contributions—indeed, they are frequently illuminating, and often indispensable. Nevertheless, a scholarly inquiry into bioethics, or into some topic within bioethics, does not necessary translate into "doing bioethics", however important it may be for "doing bioethics" (Childress 2007, p. 16).

This picture of contemporary bioethics (or "bioethics"), especially the caveat about its normative agenda, is undoubtedly in place. Cultural diversity is something that decision makers in bioethical contexts—doctors, nurses, members of bioethical committees, policy makers etc.—should try to understand and, when possible, respect. This respect, however, is not and cannot become the central pillar of bioethics, not only because such respect is faced with serious empirical and conceptual constraints in both theory and practice, but also because it jeopardizes the normative role of bioethics and thus undermines its very foundations and *raison d'être*.

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