Context-sensitive Dialogues: Response and Reflections

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First publication date: 27 December 2024
DOI: http://dx.doi.org/10.5324/eip.v18i2.6280

This article reflects on the central themes of Vilhjálmur Árnason's work, particularly his focus on contextualized morality and dialogical ethics. Vilhjálmur emphasizes the importance of balancing individual freedom and responsibility with an understanding of social and political contexts. By examining relational ethics across healthcare, research, and public health, the article highlights his contributions to bioethics, including concepts like informed consent, scientific citizenship, and authorization in biobank research. Vilhjálmur[1] advocates for communicative reasoning and authentic dialogue as essential tools for ethical analysis, situational decision-making, and fostering trust in research and healthcare practices. The work underscores the importance of trustworthiness, veracity, and participatory engagement in addressing modern ethical challenges, particularly in rapidly advancing biotechnologies.

Keywords: Contextual ethics, dialogical ethics, relational autonomy, informed consent, authorization, bioethics, trustworthiness, communicative reasoning, healthcare ethics, public health ethics, scientific citizenship, biobank research

I am most grateful to my colleagues for reflecting on my work and providing me with this opportunity to respond to their thoughtful reflections. I will both try to clarify the ideas that they focus on and place them in the larger context of my research.

A major theme in the articles in this special section is my approach to morality and moral issues. This is something I have been grappling with since my very first encounter with moral philosophy. While I was fascinated by the ideas of existentialism and their moral implications, I missed recognition of how individuals are embedded in the social context which both facilitates and restricts our options. I found helpful analyses of this in philosophical hermeneutics and critical theory which I drew upon in my doctoral work (Vilhjálmur 1982). The notion of context played a key role in my attempt to reconcile the existential emphasis on individual freedom and responsibility with the hermeneutical awareness of the role that sedimented meanings and various power relations play in our lives. I tried to flesh this out in my first post-doctoral research project on morality and social structure in the Icelandic sagas. As mentioned by both Henrik

Lerner and Margit Sutrop, my writings on the Icelandic sagas exemplify the importance of the socio-political context of an ethical-hermeneutical analysis while warning against a sociological reduction of morality. My aim was to find the appropriate balance between the individual qualities of the saga characters and the socio-political institutions in interpretations of saga morality (Vilhjálmur 1991; Vilhjálmur 2009a).

In my reflections on the sagas, I am primarily making a hermeneutical point. The thrust of my argument is that the dynamics of saga morality, and the voices of their characters, are not understood without seeing them against the background of the free state. The lack of political institutions provided the background for the saga ethos, characterized by a tension between unconditional claims for honor related to the duty of vengeance and the social need for peace. Prevailing interpretations of the saga morality had lost sight of this and overemphasized the role of both individual character traits and/or religious ideas. I argued that the task is to account for the social structures which channel individual actions without reducing them to structural accounts that leave no room for normative evaluation.

These reflections raise two important questions for all ethical analyses. The first relates to understanding and the second to normativity, and the two issues are interrelated. In the case of bioethics, this has served as a reminder for paying attention to the social-political context of ethical analysis and reasoning. Ignoring that implies not only a risk of leaving out things that are important for understanding moral issues, but also of inadvertently assuming a legitimating and ideological role in the discussion about new biotechnology or policies. Narrow bioethical analysis in this sense is subject to the risk of the ethicist inadvertently going in the service of powers that are not in the public interest (Vilhjálmur 2011a). I have demonstrated the limits of technological instrumentality in this regard and argued for the importance of communicative reasoning for a critical appraisal of the preferences that fuel biotechnological policies (Vilhjálmur 2015).

This is also of major relevance for the other question or challenge raised by my emphasis on the social context: How can this contextualization of morality account for normativity? In the case of the sagas, there are both thick normative notions of honor and high-mindedness and more procedural ideas relating to the need for peace and conflict resolution in a stateless society. In a post-metaphysical world, procedural ideas, and their personal and institutional conditions, are crucial. For this, forms of communicative rationality are also of major relevance. As clearly described by Svava Sigurðardóttir (2024), the vehicle for this in my writings has been the conversation or dialogue, both as a way of critical reasoning and as a mode of caring interaction. Henrik Lerner also points out that the notion of dialogue and the notion of context are the two key ideas in my writings. As a way of reasoning, the dialogue has a critical force, built into the free exchange of arguments (Vilhjálmur, 2005a). However, this part of discourse ethics has not been central in my writings. I have always emphasized the need for contextualized reasoning rather than the decontextualized approach that has prevailed in discourse ethics (Vilhjálmur, 2000b).

Lerner rightly observes that my dialogical ethics is more akin to Seyla Benhabib's version of discourse ethics (Benhabib 1992) than those of Apel and Habermas. I have also been impressed by Simone Chambers's emphasis on accountability rather than consent as a key notion of practical discourse (Chambers 2003). Both these authors bring discourse ethics into real context and do not make the sharp distinction between justification and application as Habermas does. Recognizing this, Lerner discusses my importance of "openness to the variability of dialogues" (Lerner, 2024). I have emphasized that both the way of reasoning and analyses of the mode of interaction must be sensitive to the fact that they take place in different relational contexts. In bioethics there are three major relational contexts which have different implications for the conduct of dialogue, both as a way of reasoning and as a mode of interaction. These are the relational contexts of patient-professional interaction, the participant-researcher interaction, and the citizen-policy maker interaction. As Svava (2024) demonstrates in her article, these are in focus of my book, *Ethics of Life and Death* (Vilhjálmur 2023b; Vilhjálmur 2005b). The subtitle of the book, Healthcare, research and public health, refers to these three relational contexts.

When the dialogue is appropriately carried out – I have used the notion of authentic dialogue for this (Vilhjálmur 1994) – it exemplifies moral respect for those involved. This respect for human beings is concretely fleshed out in the different relational contexts as respect for the individual patient, for the research participant and for the citizen in the case of health policy. The first of these is the clearest example of a personal encounter, an I-Thou relation as analyzed by Buber and Gadamer (Vilhjálmur 2000a). In many cases, this also applies in clinical research where the researcher and the research participant can have an exchange. Such an exchange is conducive to informed consent for participation in research which has been aptly described as a "process of communication" (Grady 2015).

However, my research and writing on research practices have focused on populations databases and biobanks which implies a very different kind of participation (Vilhjálmur 2011b). This interest was sparked by the plans and practices of the genetic research company deCODE genetics in Iceland. The spokesmen of this company had ambitious plans to collect medical data about the Icelandic population in a database where they could be connected with genetic and genealogical data. This project raised extensive debates which I took part in, both in Iceland and internationally (Vilhjálmur 2005c; Vilhjálmur 2004). In particular, I was concerned with the implications this new resource for research would have for consent for participation. Unlike many of the critics of the database project, I had doubts about the demand for informed consent for participation in this kind of research. Obtaining consent for particular research projects would require continuous recontact and be quite cumbersome and hamper the possibilities for valuable use of this resource. Moreover, research had shown that participants were bothered by recontact and were willing to give a wider consent for the use of their data (Hoyer et al. 2004).

As Bjørn Hofmann discusses in his article, I proposed the notion of 'authorization' for conditions of the use of and access to the data and samples donated in the database complex. One reason for introducing the term 'authorization' was to break new ground in the discourse about consent for database research. The notion of informed consent was used in confusing ways and was often mixed up with explicit consent instead of presumed consent. In order to deal with this new situation, a complex cluster of consent types – "new conceptions of consent", as Hofmann (2024) puts it – was introduced. I thought that a new word might help to clarify the issue, not least the widespread popular misconception that consent for participation in database research counted as informed consent. As Hofmann rightly observes, this was not only a matter of coining a new concept but an effort to describe more truthfully what participation in database research implies.

Hofmann is right, however, that I have not always been clear about the difference between authorization and consent, and his elaboration of conditioned authorization advances the discussion more than I have done in my writings. Hofmann discusses several challenges for authorization raised by the new research and clinical possibilities. These are complex issues, and I will not try to elaborate on them here. I mainly want to stress that there is a need to focus even more on the responsibility and accountability of researchers and regulators than on the understanding, competency and voluntariness of participants. It is of major importance to increase and improve the obligations of researchers and regulators in the aim of strengthening their trustworthiness. Most research participants are vulnerable in the sense that they lack the ability "to understand (and control) the (future) use of biological material and health information" (Hofmann 2024). This general vulnerability requires that we focus on how good reasons the participants have for trusting researchers and regulators to handle their material in a responsible way, i.e. in line both with what they have authorized and with good research practices. This calls for increased transparency and clarification of research practices and their regulation or, as Hofmann (2024) puts it, this enhances the need to "specify the accountability requirements" in authorizations.

Avoiding misleading conceptions of consent is a part of attempts to underpin trustworthiness of research practices. Veracity is an important but widely neglected moral demand in population genetic research where hype of benefits is common. Participants need to be able to trust that risks and benefits are truthfully explained and that their participation in research contributes to the common good. This is one reason why I have, as Svava points out, increasingly emphasized the moral aim of protecting participants against manipulation, deception (hype is a form of that), and coercion.[2] This is an unconditional duty in research ethics, while provision of information is a matter of contextual judgment. This is relevant for the question of how the rapid development of new research possibilities, such as those related to PeRBEs discussed by Hofmann, affects the practice of authorization for participation in database and biobank research. These technological and scientific advances will generate research possibilities and clinical options which could be tempting to specify in the authorization. In addition to the lack of explainability, the danger is that such specifications would overwhelm and confuse the participants. As Hofmann (2024) describes (drawing on Wiertz and Boldt 2022), developments of better scientific practice, more trustworthiness of institutions, and increased safety of data reduce the need for such specification. But this does not imply that the need for the specifications of the "five key issues", described by Hofmann's conditioned authorization, are in any way reduced (Hofmann 2024). To the contrary: New research possibilities increase the need to address possible consequences for risks and benefits and to openly recognize the uncertainty of both. Again, the veracity requirement is crucial here and honest admission of ignorance about clinical benefits, for example, is part of that.

In my formulation of the idea of authorization, there was an emphasis on trustworthy regulatory institutions and research practitioners. It is primarily their task to ensure that what is done to the material donated is in line with what the participants have authorized. This emphasis on trust has increased with the rapid development of new research possibilities and access to information. Contrary to those who have argued that these possibilities create conditions for empowering citizens (Brand & Brand 2011; for a critical discussion, see Juengst et al., 2012), I see them as reasons for being concerned about increased vulnerability of population research participants. This situation requires that we create conditions for entrustment. According to the Oxford English Dictionary, to entrust is "to assign the responsibility for something valued to (a person, organization, etc.)".[3] In this context, authorization implies entrustment in the sense that it assigns the responsibility for overseeing the handling of the material to researchers and regulators. The material is put in their care in the trust that in their evaluation of new research possibilities they will abide by good research practices and honor the general conditions for use and access given in the authorizations.

It needs to be asked how this emphasis on entrustment squares with the ideas of scientific citizenship where the emphasis is on the participants' agency. As Hofmann points out, these ideas of scientific citizenship were developed in the process of my reflections on how to implement authorization for database research. Instead of focusing on the nature of the initial consent, narrow or wide, participants should have the possibility to follow the course of research and reevaluate their authorization. In an ever-changing research environment, where new possibilities for the use of the material constantly arise, it is an important condition that research participants are enabled to follow the research practices. To see the connection with scientific citizenship, the entrustment idea must be connected to this dynamic aspect of authorization. This implies that participants would be enabled to follow their participation in scientific research and reflect on it. Participants could thus be aware of what is done with their material, they could reevaluate their participation and withdraw from research if the practices are not in line with what they have authorized. Possibilities for withdrawal are, however, dependent on context and may be restricted for various reasons.

My argument for scientific citizenship was also advanced as complementary to the prevailing emphasis in research on participants' protection and benefits which both envision the participants in a passive role (Vilhjálmur 2009b). I argued that the notion of benefit had been understood in far too narrow terms of utility and that a major public interest resides in increasing the scientific awareness and literacy of the citizens (Vilhjálmur 2011b). In the context of population database and biobank research, this can be done by creating conditions for participants to follow their participation in scientific research and reflect on it. It is an integral part of this that the participant can be informed about the development of the research practices and the corresponding regulatory policies. In conjunction with the option of withdrawal from research, this should have the effect of enhancing the trustworthiness of research practices and their regulation. To underpin this further, regulators and researchers should be obliged to account for their decisions regarding research material and take the initiative to communicate with participants so that they can stay informed and vigilant. In this way, the authorization becomes dynamic and facilitates civic awareness and scientific literacy.

This description of the conditions for dialogue between research participants and research regulators and practitioners resonates with the focus on accountability in my writings on scientific citizenship in the spirit of deliberative democratic theory (Vilhjálmur 2013). In my reflections on this issue, I gradually shifted emphasis from the benefit involved in public engagement to a focus on practices of accountability and justification as conditions for trustworthiness. Again, this points to the responsibility of research practitioners and regulators instead of placing the burden on the participants. In addition to the vulnerability of participants caused by the complexity of the rapidly evolving research practices, the citizens generally are in the grips of forces which are shaping them. This has been more analyzed by sociological theorists of biopolitics than bioethicists (Rose & Novas, 2004). Their analysis has shown, for instance, the danger of misusing deliberative exercises, for example by narrow framing of the subject matter, focusing on down-stream rather than upstream issues (Irwin, 2001). This is particularly risky when it comes to new biotechnologies which people have little or no experience of. In those cases, monological critical bioethical analyses are crucial contributions to public debates.

While I find it necessary to recognize the molding socio-political forces and take them into account in ethical discussion, I have been critical of the sociological analysis of biological citizenship which focuses exclusively on "the constitution of the subjects as vehicles of biopower" (Vilhjálmur 2013: 938). I have emphasized the need to keep alive a vision of the scientific citizenry which provides democratic resistance to this formation. As in my analyses of the Icelandic sagas, the point is to account for the molding forces of the socio-political context, without reducing the normative dimension to structural relations. I try to reconcile the normative dimension of bioethical discourse with radical situatedness of the subject or the citizen in socio-political context. I have argued that this important biopolitical perspective needs to be complemented by a normative conception in the spirit of discourse democratic theory (Vilhjálmur 2017b).

This democratic vision has increasingly characterized my research which in recent decades has been largely related to two events and activities in Iceland which have raised important questions in applied ethics and socio-political philosophy. I have already mentioned the construction of a population database as a resource for genetic research, and later the subsequent use of genetic information in research and health care came into focus. But I was also involved in the investigation of the causes and aftermath of the financial collapse and how that was facilitated by weak professional and democratic practices (Vilhjálmur 2010).[4] The analysis of processes which transform citizens "into a potential resource for the generation of wealth and health" (Rose & Novas 2004: 456) is instructive for both these lines of research. The discourse of biopolitics thus provided a good opportunity for me to bring together these two different lines of my research.

Margit Sutrop thus rightly emphasizes that my writings demonstrate that "a holistic understanding of morality must incorporate broader social and political dimensions" (Sutrop 2024). Her main example is my paper "The Personal is Political" where I argue that the four principles of biomedical ethics are insufficient for the task to evaluate the ethical and social implications of personalized medicine (Vilhjálmur, 2012). However, as should be clear from many of my writings, I am not as critical of principlism as Sutrop's article seems to imply. I have emphasized that each of the four principles are aimed at protecting basic moral interests which people are likely to claim for themselves and teach their children. This invites an appeal to common morality in the sense that the principles must be anchored in the ethical self-understanding of people and the social ethos which provides a normative background for their interaction.

My criticism of principlism is therefore not aimed at its substantive aspect, but rather at a narrow understanding of the principles and their thoughtless application:

> The “problem” with the four Georgetown principles is therefore not which principles are put forth but rather how they are often thoughtlessly applied and simplistically identified with certain types of North American interpretation of the underlying values. Moral principles are not fixed rules but general guides for moral reflection which indicate which values are generally of importance for free human beings (Vilhjálmur 2006: 386).

In my employment of the principles, I have therefore made an effort to interpret them in relation to the socio-political fabric which sustains the interests that they are intended to protect. Contrary to ‘a checklist approach’, I have regarded the principles as an invitation for further moral thinking and interpretation. This I find fully compatible with the presentation of Beauchamp and Childress (2019: 442) of the goal “to identify the relevant particular moral judgments, rules, concepts, data, and theories as resources for moral reflection and to bring them into equilibrium … in which all beliefs fit together coherently”.

I have also been critical of the monological approach characteristic of principlism. Beauchamp and Childress (2019: 13) create “an analytical framework of general norms derived from the common morality” but disregard how these norms are handled by the actors themselves in the different relational contexts which I described above. This is a major reason for adopting a dialogical approach in bioethics. This does not imply that dialogical reasoning is to replace other modes of bioethical argumentation but to complement them, especially in the relational domains (Vilhjálmur, 2024). Moreover, I have never hesitated to draw upon different ethical theories to advance my arguments and, as Svava shows, my idea of a contextually sensitive dialogue is sustained both by Kantian and Aristotelian arguments.

Considering this, my answer to the question posed by Margit Sutrop (2024): “what kind of ethical theory does bioethics truly require?” is therefore not a substantial value theory, but rather a procedural theory relating to communicative practices and their conditions in relational or interactional contexts. In Svava’s description of my comprehensive book on healthcare ethics, she shows well the key role that context sensitive dialogue plays in my writings. In fact, Sutrop (2024) puts this succinctly when she writes that my work in medical ethics: “underscores dialogue as an essential tool for resolving ethical dilemmas and navigating bioethical complexities”. As such, dialogue is an optimal method for joint decision-making where “the process of specification and balancing of norms” is not just a task of the ethicists but a common reflection of those involved or affected.

As a rule, thoughtful dialogue is a good mode of interaction in healthcare; it can “foster mutual understanding”, as Sutrop mentions, not least when there is a “collision of values” or disagreement of other kinds. In authentic dialogue, people meet in the subject matter and are willing to reflect on their values and biases, and reconsider their preferences in light of information and arguments. As Thomas Nagel (1997: 141) writes, “in most cases a reasonable decision can be reached only by a sound judgment, informed as well as possible by the best arguments that any discipline can have”. It is a key element in dialogical ethics that in relational contexts a “reasonable decision” cannot be made without taking the perspectives of those affected by the decision into account. The ethics expert can serve as a midwife in bringing forth such a decision, but it must be made in a deliberative process of those involved. This is a major difference between communicative and technical rationality.

It is difficult to say much more in a decontextual way about reasonable decision-making in the case of conflict. We need to be informed about the facts of the situation, who are involved, what rights and duties they have and other relevant features, as seen from Svava Sigurðardóttir's description of my guidelines for discussing cases. It is of crucial importance, for example, whether value disagreement occurs in the asymmetrical patient-professional relationship or in public deliberation between 'free and equal' citizens. For example, there are quite different norms in good medical practice and in good democratic governance that can bring the conflict to a resolution. But the resolution need not be regarded as optimal from any other point of view than that involved in a "fair procedure". However, in dialogical ethics the procedural cannot and should not be fully separated from the substantial.

These are different contexts and require different kinds of dialogical practices, but in all cases the focus is on the conditions for communication in the handling of the moral issues. These conditions are both personal, institutional-professional and socio-political (Vilhjálmur 2000; Vilhjálmur 2024). The personal conditions are conversational virtues, such as willingness to enter a dialogue and competence to carry it out. When individuals take on professional roles they come with role-specific obligations which may imply conversational constraints (Ackerman 1989). This is, for example, the case in the patient-professional relationship which has important implications for the understanding of patient autonomy (Vilhjálmur & Stefán 2016). Patients should only be faced with options that are compatible with professional responsibility, but their right to refuse all treatment options on the basis of fundamental disagreement on values is generally uncontested. It is hard to translate this into the relational context of citizen-policy maker in a democratic society. As Albrecht Wellmer (1996: 134) writes, "the norms themselves carry, so to speak, a situation index which binds them to the situations in which they have their origin". A disagreement about contextual norms in praxis is therefore quite different from value conflicts in theoretical debates. I tend to agree with the claim of Beauchamp and Childress "that distinctions among types of theory are not as significant for practical ethics as some seem to think" (Beauchamp & Childress 2013: 363).

All dialogues are enveloped by institutional and socio-political context which can either facilitate or hamper communicative practices. Furthermore, bioethical policies have social implications which is the main point of my argument in the paper "The Personal is Political". An assessment of these implications requires public dialogue and good democratic practices which can be analyzed in terms of discourse theory. While such analysis is important in the relational context of citizen-policy maker, the patient-professional relation requires quite different dialogical practices. A still deeper analysis may be needed when the very conditions of our communicative practices are threatened by instrumentalization of reproduction (Vilhjálmur 2014; Vilhjálmur 2017a). It is a major task of critical bioethics to resist the dominant use of instrumental reasoning in the relational domains which undermines the conditions for good communicative practices (Vilhjálmur 2015).

It has been well said that in bioethics "moral reason is brought to bear on issues in healthcare, human research, and health policy" (McMillan 2020; Battin 2013). My contention is that in order to deal with some of the main challenges to good practices in healthcare, research and health policy, it is imperative to strengthen the conditions for communicative reasoning and dialogical interaction. It should already be clear that a dialogical approach does not try to monologically add to the four principles or replace them with others. In some cases, it is important to point out the shortcomings of interpretations of certain principles, as I have done in the cases of justice (solidarity, as Margit points out; also Vilhjálmur 2009c) and autonomy (dignity, Vilhjálmur 2021). As we have seen, there are substantive values and conversational virtues implied in the notion of authentic dialogue, and the conditions for communicative practices have clear normative elements. Clearly, "monological" conceptual work is quite compatible with a dialogical approach.

Margit Sutrop and Henrik Lerner both mention my emphasis on the socio-political dimension of ethical analysis. Lerner also mentions the neglected existential dimension that I have focused on in my recent writings in bioethics. This dimension is easily dismissed in the dominant kind of instrumental reasoning which adopts an objectivistic perspective where there is no reason to take the first-person point of view into account. This first-person perspective comes naturally with a dialogical approach where the partners of communication voice their concerns. Therefore, it lends itself well to intercultural communication, as Lerner suggests. Dialogical approaches are largely rooted in phenomenological thought, but I have also drawn upon Kierkegaard's writings to flesh this out (Vilhjálmur, 2023a). This has pleasantly brought me back to the beginning of my interest in philosophy, awakened by ruthless questions about individual freedom and responsibility. These questions must never be forgotten, regardless of how large and complex the context of one's analysis is.

Acknowledgements

I would like to thank Bjørn Hofmann and Kadri Simm for their initiative and work on this special issue. I am also grateful to the editors of *Etikk i praksis* for devoting this issue to my work.

Notes

[1] In Iceland, the surname – Árnason – is a patronymic and a description rather than a family name. Icelanders use and are known by their given name. This practice is followed throughout this article and Vilhjálmur Árnason will be referred to as Vilhjálmur when citing my works.

[2] I am indebted to my colleague Sigurður Kristinsson who, under the influence of Onora O'Neill, calls this a Kantian interpretation in contrast to a Millian justification of informed consent (Sigurður 2007).

[3] https://www.oed.com/search/dictionary/?scope=Entries&q=entrustment&tl=true. I am indebted to my colleague, Henry Alexander Henrysson, for discussions where we developed this idea of entrustment.

[4] A large part of my research between 2010 and 2020 centred around the financial collapse and its aftermath (see, for example, Vilhjálmur 2016; Vilhjálmur 2018).

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