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Henk ten Have: Global Bioethics: An Introduction
New York, Routledge, 2016, 312pp, \$53.95

As the impacts of globalization have made themselves felt in more aspects of our lives, ethicists and political philosophers have increasingly turned their attention to the way that changing relationships alter our ethical obligations. The myriad impacts of globalization on population health, the methods and pace of scientific progress, and the exposure of individuals to faces and perspectives from across the globe have not gone unnoticed in the field of bioethics. With *Global Bioethics*, Henk ten Have seeks not only to contribute to the shift of focus in bioethics towards issues of global concern, but also to motivate a deeper change in the approach taken to important global questions by bioethics as a field.

ten Have's contention is that the socioeconomic, political, and ideological processes of globalization have radically altered the context in which bioethical issues arise. Traditional bioethics' origin in the context of individual interactions between patients and physicians is construed as both explanandum for, and limit to, the emphasis of bioethics on principlism broadly construed, and the principle of respect for autonomy more specifically. An approach grounded in principlism and individual autonomy cannot adequately capture new ethical problems that are characterized by a larger scale, the robust interconnection of stakeholders via shared social and economic institutions, and the need for collective action to address. Such an approach obscures important aspects of agents' social embeddedness and the roles that background institutions such as bilateral trade agreements can play in creating or reinforcing the vulnerabilities that characterize many new bioethical problems in the age of globalization. For example, debates about transnational surrogacy tend to focus on questions regarding surrogate autonomy: whether and to what extent surrogates are able to provide morally transformative consent, or are unduly influenced by offers of large sums of money. This focus is often to the exclusion of more fundamental questions regarding the global and local institutions that have generated the circumstances in which women in low-income settings may find surrogacy to be an attractive form of labor.

But ten Have's criticism runs deeper than the claim that traditional bioethical methods are insufficient to handle the new kinds of problems introduced by globalization. More importantly, those methods are themselves predicated on the very ideology ten Have identifies as the source of many global bioethical problems. Specifically, ten Have argues that the most pressing global issues have arisen not as a result of the process of globalization, but rather due to the neoliberal shape globalization has taken. Globalization in principle could be to the advantage of all. It is globalization's unfolding on the basis of an ideology that identifies free market principles as the upshot of a commitment to individual liberty, and prioritizes such principles over the common good, that has resulted in rising inequality and higher rates of exclusion from health services.

And these outputs of neoliberal globalization provide the context for the most important new ethical dilemmas.

Global bioethical problems have less to do with individual responsibility or personal decision-making than with structural features of the distribution of health and wealth, and the background power dynamics that have dictated the direction of globalization. Traditional bioethics' emphasis on respect for autonomy is not merely unsuited to contending with these structural issues, but is in fact predicated on the same problematic assumptions. Specifically, ten Have criticizes the caricature of individuals as entirely self-sufficient and independent of their relationships with others and the social, political, and economic institutions within which they reside. Any ethical approach that takes respect for autonomy as foundational obscures the essential interdependence of all individuals. Moreover, such emphasis privileges those who command sufficient resources to benefit from an understanding of "freedom" that leaves them unencumbered by moral obligations to others and to shared institutions. Such an approach merely replicates the errors of neoliberalism and serves to legitimate the ideology that privileges the individual over society – the very ideology that ten Have holds largely responsible for many of the problems of globalization. As such, the traditional approach is ill-equipped to step back and assess the power dynamics that inform the conditions under which those problems arise.

Rather than the traditional emphasis on principlism, ten Have argues that the appropriate ethical approaches for global bioethics are human rights discourse and cosmopolitanism. Human rights discourse is favored primarily for pragmatic reasons: its political cachet and the broader global consensus around the positing of human rights both serve to facilitate advocacy and give greater force to claims made against or on behalf of global stakeholders. And cosmopolitanism's emphasis on individuals as members of a global community and downplaying of state sovereignty create space for a new ethical discourse grounded not in individualism and personal autonomy, but an awareness of the universality of human vulnerability. Such a discourse can give adequate priority to shared basic needs, the role of social determinants in health outcomes, and the need for both global solidarity and collective action to address problems that threaten the health and well-being not only of current but also future generations.

Although ten Have's claims resonate with many current trends in political philosophy, the treatment of these issues in *Global Bioethics* is ultimately unsatisfying. First, it is unclear what ten Have takes to be the status of moral problems in relationship to ethical frameworks. The tenor of the book suggests that ten Have has identified global issues of major ethical concern that the tools of traditional bioethics are incapable of grappling with, and that these urgent issues warrant a turning away from emphasis on methods he characterizes as imbued with neoliberal values. But much of his discussion of the relevant problem space appears to be merely descriptive, characterizing issues as moral only in those instances in which they are recognized as such, or when there is substantive disagreement about them.

A charitable reading might suggest that ten Have is merely presupposing a judgment-dependent account of morality that finds moral problems only where there is disagreement. But this interpretation would leave untethered what I take to be the major claim of the book with respect to the proper role of, and methodology for, engaging in global bioethics. ten Have's criticisms of the liberal view of autonomy aren't predicated on an observation of disagreement about the

correct level of ethical assessment, but rather substantive concerns about the extent to which this dominant moral framework can adequately recognize and engage with what he rightly observes to be systemic sources of health inequality and injustice. Those concerns are presented as existing independent of, and in fact despite, widespread agreement among bioethicists and others that the (neo)liberal framework is the appropriate framework for bioethical assessment.

However the most problematic aspect of the book relates to what ten Have calls “the problem of impotence” – namely, the worry that bioethicists and other stakeholders, even if absorbed into governance structures, may be insufficiently empowered to effect the kinds of global changes, predicated on robust collective action, that seem warranted once systemic and institutional sources of bioethical problems are accurately identified. ten Have devotes significant space to the role that the new global bioethics can and should play in global governance. But although he cites the problem of impotence as one to be addressed, it’s unclear that he ever actually grapples with it. Instead, he portrays the worry as either one that global moral disagreement is irremediable, presenting a barrier to consensus (and thus to the solution of bioethical problems if we take seriously the judgment-dependent view of morality) or that there is already such consensus and so a successful global bioethics already exists. Nowhere does he confront the worry that the entrenched interests that are vested in maintaining the very kinds of power dynamics that he wants bioethics to be equipped to engage with might represent real and insurmountable barriers to the lofty goals he enunciates. Rather, he blithely asserts that global practices will ultimately change for the better “even if they are expensive or not congruent with the interests of states and individual policy-makers... because they are the right thing to do” (193). Insofar as ten Have believes this, the clarion call for a global bioethics capable of engaging the power dynamics that shape global health inequity is left largely unmotivated. But even absent this naïve optimism, any criticism of bioethics predicated on its inability to recognize and address entrenched power dynamics that doesn’t itself confront the impact of those power dynamics on the feasibility of its recommendations is fundamentally lacking.

At the end of the day, theorists familiar with recent feminist scholarship on relational autonomy or with work in global political theory will not find much that is new here beyond the call for greater incorporation of bioethics into global governance structures. That said, the case for such incorporation could be made far more succinctly and without the distractions offered by the book’s idiosyncrasies. Far more valuable would be substantive and realistic engagement with the impotence problem and how to motivate collective action effective enough to overcome the status quo.