Bioethics in Australia


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DOI: 10.1093/acprof:osobl/9780195386097.003.0014

Abstract and Keywords

This chapter talks about Australian bioethics and highlights the argument that bioethics have never been above the political struggle for power and influence in the public marketplace of ideas. It describes the Australasian Bioethics Association, as it purposely moves bioethics discourse beyond philosophical or theological inquiry. The chapter concludes with an analysis of bioethics, as it functions as a political field through which the Christian right competes against secular science, bioethics, and liberal ideology in order to amplify religious doctrines, traditional family values and ethics, and social order in Australian society and politics.

Keywords: Australian bioethics, political struggle, Australasian Bioethics Association, bioethics discourse, theological inquiry, Christian right, secular science, liberal ideology

Bioethics in Australia has an ambivalent genealogy that is steeped in controversy, conflict, and struggle in the social world. This chapter provides a brief analysis of bioethics as an effect of the collision of different and parallel processes of biotechnological innovation, power/knowledge, and resistance in a competition for
influence in society. Our more specific aim is to examine critically the recent rise of a conservative religious formation, the Christian Right, and the marriage of religion, science, and critique in a politics of bioethics.

Our analysis draws from the sociological work of Sheila Jasanoff (2005) and Robert Entman (1993), who in turn have been influenced by Irving Goffman (1975) and his notion of the frame. Laying the foundations for our exploration, Entman provided the following definition of the frame: “[T]o frame is to select some aspects of a perceived reality and make them more salient in communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation” (Entman, 1993: 52). In other words, frames are hermeneutic devices that operate on existing discourses to enforce meanings, or narrow the range of available interpretations.

The Advent of Bioethics in Australia

The beginning of bioethics as a discipline in Australia is marked by two epistemological breaks away from well-established biomedical technologies and traditional approaches to ethics. The first break centered on biotechnological innovation. Of the multitude of developments that come into existence, some innovations are conferred special cultural and social significance. In 1980, the birth of the first child in Australia conceived by in vitro fertilization (IVF) was immediately caught up in a network of significations that set the terms for bioethics to be considered. In the politico-moral struggle that unfolded over “making life in a test tube,” medicine’s expanded power of intervention was represented in professional and popular media as a transgressive power that moved human life and society toward, and pushed it over, various limits (Charlesworth, 1985: 95; Khuse, 1982: 30–31; Kirby, 1980: 19; Singer & Wells, 1984; Waller, 1987). It was said that IVF threatened to reconstruct taken-for-granted ways of being, and how we interact as social and moral agents. It commodified human life and threatened to alter the constitution of societies (Connolly, 1982; Gunn, 1982; Overduin & Fleming, 1982).

Unlike some accounts that emphasize continuity between traditional medical ethics and the emergence of bioethics as an historical “event” (Jonsen, 1990; Pellegrino, 2000), the second break moved bioethics away from traditional ethics. From a critical philosophical perspective, conventional moral frameworks and vocabularies failed to come to terms with fast-changing biotechnological innovation. Max Charlesworth, a leading participant in the bioethics project, provides a succinct view of the two breaks:

The new forms of biotechnology … all promise great human benefits. At the same time they raise formidable ethical and social problems of which there is no precedent. Our ordinary ethical and social and legal principles and categories simply can’t cope with the novel issues raised by the manufacture of totally new living organisms by genetic engineering, the creation of live human embryos outside their mothers’ bodies by in vitro fertilization …the new situations brought about by … the freezing of embryos, and so on, are difficult
to fit under our ordinary ethical and legal principles.

(Charlesworth, 1989: 15, 16).

In the first issue of the *Monash Bioethics Review*, published in 1981, Helga Khuse contended that advances in biomedicine challenged more or less fixed versions of ethics that were based on acculturation or in the command of God:

[A] new field of philosophical inquiry born out of our being confronted by revolutionary developments in the biomedical sciences. These developments … present us with problems that challenge our traditional ethical frameworks and force us to rethink all the basic problems of morality (Kuhse, 1998, 1; also see Kuhse, 1982).

These reconfigured notions of biotechnology and morality opened a discursive space for alternative forms of inquiry, thought, and normative order—bioethics. Against a backdrop of deconstruction and rupture, the foundation (p.247) of Monash Centre for Human Bioethics (MCHB) at Monash University in Melbourne, in 1980, marked the start of institutional bioethics in Australia (Arts Monash, 2005; Swan, 1983; Walters & Singer, 1982; Walters, 1991).

However, any account that explains the rise of bioethics as an adaptive response to the ethical issues raised by biotechnological innovation presents a picture that is misleadingly simple. The take-off of bioethics in Australia overlapped a period when the dominance of the medical profession was challenged, and medical scientists and their institutions were under significant stress. The central image narrative was of unrestrained and unregulated scientific objectification that threatened to plunge society into a frightening future (Connolly, 1982; Gunn, 1982:73; Hepburn, 1992; Overduin & Fleming, 1982).

While a host of local movements—feminist, patient’s rights, consumerist—challenged the authority of medical science and the power of a male-dominated medical profession over patients (Bates, 1979; Bates & Lapsley, 1985; Taylor, 1979) it was the socio-moral criticism articulated by religious authorities that Australian philosophers and scientists seemed to take most seriously (Charlesworth, 1989; Kuhse & Singer, 1985; Singer & Wells, 1984:173–175; Singer & Kuhse, 2006:9). The opposition to IVF of the Victorian Catholic Bishops, and their sociopolitical cachet, acted as a key driver in setting up the MCHB (Kuhse & Singer, 1985; Kuhse, 1998; Singer & Dawson, 1992:76; Singer & Wells, 1984; Singer & Kuhse, 2006:9).

Bioethics seemed to offer a counterpoint to the normalizing forces that demanded the absolute prohibition of IVF (Charlesworth, 1989: 20, 131; Kuhse & Singer, 1985:65; Kuhse, 1998; Singer & Dawson, 1992:76; Singer & Wells, 1984; Singer & Kuhse, 2006:9). To arrive at solutions to the ethical questions posed by medicine and the biological sciences, the new discipline emphasized rational, clear, and “correct” reasoning rather than inherited custom. Its key social and epistemological functions included: introducing new patterns of reasoning to decision makers; examining the meanings of biotechnological change from a philosophical perspective; and clarifying
the problems, risks, and moral effects of new biotechnologies and modern medical practice.

The establishment of MCHB as a center of excellence and prototypical research institution had a profound effect on the development of bioethics. It was regarded in some quarters as a direct threat to the moral leadership of the Christian churches in matters of social, cultural, and moral politics in health (Connolly, 1982:58; Hogan, 1987:257; Overduin & Fleming, 1982; Pell, 1995; Preece, 2002; Wierzbicka, 1997). Historically, Christian groups, especially the Catholic Church, occupied a strategic position in policy making and society. The provision and administration of services in the private and public health sectors by Christian groups provided them with a general source of power and influence in the marketplace of ideas and values. Federal and state governments also assisted religious thinkers and their institutions to secure privileged places on consultative committees, law reform commissions, and committees of inquiry concerned with the ethical aspects of medical practice and medical objects.

It is then unremarkable that throughout the 1980s and 1990s, centers of theological and religious bioethics were established. The Queensland Bioethics Centre was established in 1981. Continuing debates over IVF indirectly led to the establishment of the L.J. Goody Bioethics Centre in 1985, and the Southern Cross Bioethics Institute in 1987. Money and resources were concentrated at universities, speeding up the process of instantiating bioethics as an academic discipline. The growth of academic activity was fueled mostly by expenditures that provided fellowships, as well as research grants.

Bioethics Today

By the end of the second decade, bioethics in Australia was conspicuous as a discipline in academia and the public realm. Its centers offered courses and graduate programs on bioethics. Bioethics discourse covered a broad range of issues in healthcare organization, human experimentation and clinical practice, patient/practitioner interaction, patient expectations and choice, and responses to acute and chronic diseases. In the 1990s, the discourse expanded into patients’ rights, new surgical techniques, the commodification of human life, and the organization and authority of relationships between healthcare professionals.

Initially, bioethics was framed as a specialization of philosophical, legal, and theological labor (Kirby, 1980; Kuhse & Singer, 1985). Today, these disciplinary frameworks must be viewed as partial elements in what has become a “multiperspectival” discipline. Its intellectually and professionally qualified staff is drawn from different knowledge cultures—medical, nursing, the humanities, social and behavioral sciences—informing by a range of theoretical frameworks, methods of inquiry, and value commitments alongside generalized standards of judgment.

Bioethics has been widely marketed throughout the academic and practitioner communities. Across the bioethical literature, in various expressions of bioethical theory and practice, bioethicists are posited as being both “interpreters” and
“legislators” (Bauman, 1987). In a period where there are many competing value systems, beliefs, and cultural standards, bioethicists as interpreters examine the meaning of biotechnologies that reconstruct taken-for-granted ways of being from a cultural perspective, chiefly through discourse and applied theory. They generate public awareness of the ethical, legal, social, philosophical and other allied issues at stake in biotechnology, health care, medical practice and the biological sciences; develop and document areas of consensus; and assist experts and laypersons to reach ethical judgments that are rational, defensible, and politically acceptable to Australian society (Singer & Kuhse, 2006).

Bioethicists in their manifold contacts with the social body also act as “legislators.” They pass judgments and make authoritative statements that arbitrate or mediate in controversies of opinions. They select those opinions which, “having been selected, [may] become correct and binding” (Bauman 1987:4). An eclectic and powerful enterprise, bioethics discourse often seeks to influence the way people and governments engage with, and speak about, biotechnologies and medicine. The act of legislating, particularly in the realm of public bioethics, may involve the active justification of a concrete set of demands, or articulating a concrete political or legal program with the aim of resolving difficult biotechnological and clinical issues. It may involve the mobilization or promotion of ideals and values to motivate action, and condition what is permitted and what is excluded technologically and behaviorally. It may also involve the discursive legitimation for standards of truth and law, goodness, and correct behavior.

Such views of bioethicists and the bioethical enterprise represent alternative outlooks, perspectives or emphases which co-exist and often compete in the complex system of bioethical belief and evaluation.

The Politics of Bioethics

We need to ask how bioethics in Australia might be different from other countries. For our purposes, three features are especially relevant. The first, as we have noted above, is the central fact of religious discourse in bioethical thought and practice. The second is the attention given in public affairs and academic discourse to “beginning of life” and reproduction issues and dilemmas. The third feature is the deep imbrication of bioethics in politics.

While bioethics discourse in Australia covers a broad range of topics, a number of Australian bioethicists have drawn attention to the intensity and consistency of debates over beginning-of-life and reproduction issues, to differentiate Australian bioethics from other countries (Ankeny, 2003:242; Singer & Wells, 1984; Lohan, 2005; Singer & Kuhse, 2006; Warhurst, 1983). In the 1990s, the regulation of the abortifacient RU486, late termination of pregnancy, and euthanasia legislation were the focus of national debate; at the start of the twenty-first century, human embryonic stem cell research (hESC) is a recent iteration of a key bioethical problematic. These issues reach beyond the realm of academic debate, to constitute an interface between
academic and public bioethical discourse. Moreover, such issues are seldom finally resolved. Rather, they tend to form intractable public controversies that are lasting. For example, IVF reemerged at the beginning of the twenty-first century in political and public discourse, agitating public opinion and resisting any attempts to achieve normative consensus resolution. The preoccupation in recent debates in Victoria has been over who has access to the technology.

At no time in its history has bioethics been above the heat of political struggle, or outside the political field of power and influence. Many bioethical issues and dilemmas are manifestly political, and even those that are not may have political effects. The politics we have in mind is fourfold: First, following Weber (1970:94–99) bioethics is a “political mode of discourse” when one views politics as a public struggle for discursive hegemony. Bioethicists vie for dominance by securing support for their particular method of inquiry, theoretical orientation, or definition of reality as the best or most legitimate knowledge.

Second, contrary to the experience of countries like the United States, where bioethicists have expressed strong misgivings over the apparent “ politicization” of bioethics (Kahn, 2006; Pelligrino, 2000), in Australia, some of its key institutions purposefully moved the bioethics discourse beyond philosophical or theological inquiry by connecting bioethics democratically to political activity. The Australasian Association of Bioethics & Health Law (formerly the Australasian Bioethics Association) purposefully encouraged its members to take up definite political projects and advance moral/political discourses within the organization (AABHL, 2010).

Third, bioethics functions socially and politically as a field or arena of intense conflict, struggle, and activity for certain “interests.” With the support of some key institutions, Australian bioethicists have espoused overtly political preferences and positions of a critical type. For example, linking ethical awareness with political conviction and social activism, bioethicists in Australia—and New Zealand—formally and publicly challenged the Howard federal government’s policies on the detention of refugees (Silove et al., 2001; Steel & Silove, 2004; Zion, 2007). These various characteristics make the tight interweaving of political and bioethical discourse understandable, if not inevitable.

The Changing Field of Bioethics

A recent development in bioethics as a political field is the expanding role of a loose alliance of conservative social groupings, which has become known as the “Christian Right” (CR; see Lohrey, 2006; Maddox, 2005; Warhurst, 2004). In academic and public bioethics, the CR has the resources and will to bear in upon and shape bioethical discussion in the marketplace of ideas. One of the major outcomes of the advent of the CR as a sociopolitical force has been the amplification (p.251) of religious doctrines in bioethics discussions. How CR discourse has manifested itself at the level of the actual bioethics debates is the subject of the rest of this chapter. Persuaded that hESC is an exemplary case that is productive of knowledge, our aim is to provide an
account of the range of discursive strategies that the CR employed to anathemize human embryonic stem cell research (hESC) and to vilify its advocates and secular bioethics. More specifically, using frame analysis, we examine the CR’s appropriation and use of a selected stock of biomedical and biotechnological discursive materials, in a competition for political influence in bioethical discussion and debate.

The Australian Christian Right

Before proceeding further, some clarification of the term “Christian Right” is necessary. We define it here to refer to an assemblage of individuals, organizations, institutions, splinter and lobby groups, that independently or together engage in public debate and social and political activism in support of public policies they claim to be representative of an authentic Christian viewpoint. In Australia, the CR includes, among others, the Australian Christian Lobby, the Festival of Light, right-to-life organizations, and the Family First Party. There is considerable political support for the moral and sociopolitical agenda of the CR within state and federal governments in Australia (Bouma, 2006; Lohrey, 2006; Maddox, 2005; Warhurst, 2006:5–6). Its “leadership” is formed of a diverse range of prominent public intellectuals, academics, lawyers, theologians, religious leaders, politicians, and journalists—often vying with one another for resources, ideological authority, and influence, prestige, and power (Benford, 1993:681; Wiktorowicz, 2004; Zald & McCarthy, 1987).

The CR is loosely of “the right” in the sociocultural and political senses of the term, referring to a general conservatism both with respect to the prevailing political culture and contemporary Christian worldviews (see Pell, 1995). Views taken by members typically include: the defense and maintenance of “traditional Christian values”; the defense of the authority of the Bible in all areas of life; the necessity of faith in Jesus; and a general emphasis on moral absolutes and teaching. The concept of “sanctity of life” is amplified, elevated, and presumed basic, as one of the most idealized values. Importantly, the set of beliefs common to the CR are not promoted as something that applies only to persons of the Christian faith, but are prescribed as universally valid. As the Australian Christian Lobby (ACL), which often positions itself as centrist, states on its web page: “The vision of the ACL is to see Christian principles and ethics accepted and influencing the way we are governed, do business, and relate to each other as a community” (ACL, 2008).

(p.252) From its emergence in the 1970s, the CR has argued that systematic social forces have successfully upset the established order, trivializing traditional values that properly warrant public reflection:

Most Australians, and certainly all Christians, have simply had enough of the increasingly rapid erosion of traditional family values and ethics in Australia … [W]e see Australia failing to achieve that potential in the very values on which it is predicated are not upheld. We believe that our success as a nation and a community to date, is largely due to our strong Christian heritage (ACL, 2008; also see Pell, 1995).
The assemblage finds motivation in this embattled sense that religious values are under siege from both secular interests and liberal ideology:

However, this heritage and or values are currently being eroded by self-serving interest groups who have achieved unwarranted political influence, largely because of our silence. The ACL aims to break that silence. After all, Christ calls us to be salt and light (ACL, 2008).

Protecting society and people against what they see as the arrogance of those who believe in the primacy of science, success is measured by its ability to obstruct or hold back the expansion of research norms at the national and state level. Confrontationalist in its methods, the CR is interested not simply in what is included on public policy agendas, but in what is not included in policy outcomes to restore social (Christian) order.

Framing Bioethical Politics in Australian Culture

The CR often adopts a standpoint of overview, and presents itself as speaking for the public interest when it asserts some generalized sense of the wrongness of some biotechnology, medical procedure, or patient–health professional relationship. Yet, to have any impact on society and biopolitics, it must be cognizant of the public perspectives regarding biotechnology, medicine, and science. In this regard, it is important to note the public attitude studies conducted since 1999 by Biotechnology Australia into the way Australian publics view health and medical applications of biotechnology. Over this period, public support for the use of embryonic stem cells to conduct medical research has risen, from 53% in 2002 to 59% in 2003. In 2005, the moral acceptability of using stem cells, including embryonic stem cells, to conduct medical research was accepted by 80%. By 2007, support for these applications had increased to 92%. In 2005, 60% (p.253) of respondents felt that biotechnology would improve our way of life in the future. By 2007, this figure had risen to 68% (Biotechnology Australia, 2007).

In pluralist Australia, deeply held religious beliefs may be of great importance for both individuals and communities, but allegiance to such beliefs does not necessarily grant the discourse power and legitimacy. In bioethical politics, oppositional discourses that are framed in the language of pre-given religious injunctions, and then applied to publics that do not share or accept similar beliefs and values, might be denied the support of the community at large (ABC Radio National, 2006c; Brennon, 2006:2; Coady, 2002; Oakley, 2002; Perry, 2000). Bioethical frameworks and policies have to be “sold” to have a political effect in a specific political context (Finlayson, 2004:535). Adroit handling and control of public meaning, through the use of suitably legitimate vocabularies, is politically important to success in bioethical conflicts.

In apparent recognition that it stood in need of some other authority besides its own testimony, between 2002 and 2007 the CR shifted the register of its rhetoric away from finite constructions exclusively grounded on religious discourse, as it is commonly represented in the “culture wars” literature, toward a more ontologically mobile
rhetoric. Science and biotechnology provided the CR with the authoritative language needed to negotiate the marketplace of ideas. In the following sections, we trace the enrollment of science and biotechnology into religious discourses in the struggle for supremacy in public communication and public policy.

We identified two basic framing strategies relevant to the reordering of scientific discourse. The first relates to a substantive biological science frame. To reach the widest possible audience within what was a continuously developing politico-moral project, the CR drew heavily from adult stem cell research and other nondestructive methods. The scientific discourse used by the CR framed nondestructive techniques as providing universally beneficial outcomes that embodied all of the “potential” benefits of hESC research. The second strategy may be called the “science/moral consequences frame.” This frame was formed in public discourse from a complex of religious, scientific, and cultural ideas about hESC research and its underlying objectives.

Substantive Science Frames

While the aim of science is to extend knowledge and understanding of the sorts of things that are possible in the world, and how and why they are, the “truth” of biotechnological innovation often remains fragile, unstable, and contingent. In his book, French DNA: trouble in purgatory, Paul Rabinow (1999:9) argues that while biotechnology introduces new, concrete practices and ideas into social life, it actually occupies a space of profound epistemological, ontological, and biopolitical uncertainty. Biotechnologies are too complex, the variables too many, and the outcomes too uncertain for social actors to know with certainty what they should do. He labels this dimension the “purgatory zone”: a space between heaven and hell where biotechnologies—ambiguous and transitional—are constitutively open and subject to contestation (Rabinow, 1999; Rabinow & Dan-Cohen, 2005; also see Jasanoff, 2005).

Now, as a form of human knowledge, biotechnologies are plastic enough to be adapted to wide-ranging appropriations, translations, attributions, and reconfigurations of meaning that fit the local needs of the parties employing it.

Recognizing the underdetermined character of stem cell research generally, the CR seized upon the comparative uncertainty and ambiguity that surrounded hESC, and created a new interpretive frame with which to conceive of, represent, think about, and ask questions about hESC. In the public discourse, the uncertainty that surrounded hESC research was reframed as evidence of its failure as science, and as a field of medical endeavor (Australian Catholic Bishops Conference, 2006; Australian Federation of Right to Life Associations, 2006; Caroline Chisholm Centre for Ethics Inc, 2006; Southern Cross Bioethics Centre, 2006). For example, in its submission to the Lockhart Review (2006), the Coalition for the Defence of Human Life wrote:

Claims of imminent cures have been sharply moderated. Words such as hype, used in 2002 only by opponents of embryonic research, are in 2005 increasingly used by supporters (Lord Winston, reported on September 5, 2005, is only the most recent to warn against inflated claims). We are now being told
that developing clinical applications may take ten years (which, in a field like this, is equivalent to saying that no one knows how long it will take).

(Coalition for the Defence of Human Life, 2006)

CR discourses also appropriated and played off one scientific power against another, to construct a particular conception of hESC. In direct contrast to approaches taken by hESC advocates and supporters, who consistently recognized both the validity of adult stem cell research and the important uncertainties regarding the biological and therapeutic characteristics of different types of stem cells, the CR consistently drew an important distinction between adult stem cells derived from blood, bone marrow, fat, and other tissues, and embryonic stem cells derived from discarded IVF cultures, aborted fetuses, or embryos created in a laboratory. Purported positive empirical results from the work undertaken by reputable adult stem cell researchers was counterpoised to the lack of success of hESC research; particularly its apparent failure to satisfy (p.255) basic requirements of science (such as “proof of concept”), or provide evidence of therapeutic benefit.

These frames took the form of a “dividing practice” (Foucault, 1980). Distinctions were drawn between the supposedly productive nature of nondestructive stem cell research, and the unproductive results from hESC research. This provided opponents with a vehicle for opposition that framed hESC as simultaneously unnecessary on empirical grounds, and contrary to accepted research principles—and, therefore, impossible to justify.

Frames also have the important quality of closing down discursive space by setting limits on what it is possible to debate, to think, to believe, or to see. Various protagonists attempted to stop debate before it began. Or, they interceded to bring debate to a halt after it had started. For example, the West Australian Bishop threatened Catholic Parliamentarians who voted in favor of hESC with excommunication. Within the federal government, the campaign against hESC research was led by Tony Abbott, then Minister for Health. At an early stage in the process, Abbott attempted to close down debate over hESC and pre-commit Australia irrevocably to a binding set of rules that would prohibit such research. Exaggerating the already elastic adult stem cell research, Abbott observed:

[If] you actually look at what’s been happening, in terms of research leading to medical advances, it seems that adult stem cell research is very much more effective in giving us potential cures, than embryonic stem-cell research and these new human cloning possibilities that people suddenly seem to be wanting us to explore (ABC, 2006a and 2006b).

Similarly, in its submission to the Tasmanian Government’s review of the Human Embryonic Research Regulation Act 2003 and the Human Cloning and Other Prohibited Practices Act 2003, the Australian Christian Lobby argued:

Given that overwhelming numbers of scientific breakthroughs are coming from adult stem cells, it could be argued that it seems pointless for the research on
excess embryos to continue. This is especially true considering that there are large hurdles that need to be overcome before embryonic stem cell therapy will actually benefit patients. For instance, researchers have only recently noted that embryonic “stem cells cultured for long periods in the lab develop genetic changes in areas known to be involved in human cancers.”

While the clinical benefits of adult stem cell research outside of the haemato-oncology setting were largely unproven, this did not stop the CR from integrating this technology into policy discourses that justified prohibition of hESC research. The ACL concluded:

Adult stem cell research should continue to be supported, pursued, and funded by the Tasmanian government. All the Lockhart review recommendations regarding further liberalization of the current laws concerning embryonic stem cell research, such as therapeutic cloning, creation of embryos by any means for the purposes of research and experimentation, etc., should be opposed (Australian Christian Lobby, 2006b).

These discourses set the parameters within which the decision is to be: nothing outside the frame of adult stem cell research was to be considered morally legitimate now or in the future:

Furthermore, given recent developments, a strong case could be mounted that even the clauses permitting use of excess ART embryos should be repealed (Australian Christian Lobby, 2006b).

The mobilization of the science discourse was positive and productive on a number of levels. The CR’s position was framed so that it appeared as neither anti-science nor anti-progress. Drawing attention to the strengths of biotechnology also created space to make connections with a wider constituency on the basis not of morality, but of a common interest in curing disease. For example, in a media statement, Archbishop Pell stated:

All of us wish to find cures and treatments for disease or genetic conditions. Many Australians are afflicted by terrible suffering and we share their hope for effective treatments. The Catholic Church of NSW, through grants and through its hospitals and research institutes, is a promoter of ethical stem-cell research on adult and umbilical stem cells (Pell, 4/06/07).

Two features of the Archbishop’s rhetoric deserve comment. First, the social and political distance between selected components of religious doctrine are aligned with the practices of biological sciences. Second, a connection is made between anti-hESC rhetoric and the immediate life situations of those who live with disability. Critics of the CR’s exclusionary discourse, including Christian critics, have observed that it seems to ask those who live with acquired and inherited disability to forgo what, in the long run, may be in their own best interests for the sake of principles they do not hold (Brock, 2006 and 2007). The text therefore demonstrates concern for the living, rather than indifference to the suffering of others for the sake of principle, as critics had
charged (Brock, 2007).

Examination of the texts and utterances of the CR further demonstrate the way in which the CR carefully selected, appropriated, and reworked scientific data so that they could be safely integrated within a conservative Christian worldview and doctrinal interests (ABC, 2006b; Australian Catholic Bishops Conference, 2006; Australian Christian Lobby, 2006 and 2006a; Caroline Chisholm Centre for Health Ethics Inc, 2006; Do No Harm, 2006; Festival of Light, 2006:3–4; Family Life International, 2006; Pro-Life Victoria, 2006; Pell, 2007; Right to Life Australia Inc., 2006; Santamaria, 2006; Shanahan, 2006:41; Southern Cross Bioethics Centre, 2006).

To summarize, in opposing hESC, the CR appealed to the “persuasible” evidence of science to advance the cause of opposition. References to adult stem cell research conveyed to potential supporters, other members of the CR, and adversaries, the reasonableness and well-foundedness of its claims, actions, and practices against hESC research (Weber, 1967). This potent master frame did not replace older moral discourses based on religious faith. Rather, it served to strengthen them. The rhetorics of science and medicine were reworked as a rhetoric of faith, and the authority of science reframed as supporting the authority of the “church.”

The Science/Moral Consequences Frame

Of course, the oppositional rhetoric of the CR contained overt public moral components. For example, the CR directly attacked the moral foundation of “rival” hESC research, and questioned whether it is right or just or ethically defensible to use hESC in pursuit of scientific knowledge, biomedical technique, or medical benefit. The reasoning processes and personal histories of individual researchers formed a central part of this attack. In his address upon receiving the “Mysterium Vitae” Grand Prix Award from the Archdiocese of Seoul for his pro-life work, Cardinal Pell observed:

I am encouraged by the work of the Japanese scientist Shinya Yamanaka, which involves the reprogramming of human skin cells back to pluripotent stem cells. These cells have all the therapeutic and research potential of pluripotent stem cells derived from human embryos without any of the ethical problems associated with the cloning and killing of human embryos (Pell, 2008).

In this passage, the commitment of the research scientist in the laboratory is invoked as raw material to resolve both conceptual and moral problems. Later in his address, Pell observed:

But what interested me most about Dr. Yamanaka was the revelation that it was ethical qualms about destructive embryo research that moved him to work on reprogramming, and how these developed in the first place. In an interview with the New York Times, Dr. Yamanaka, a father of two, recalled a day eight years ago when he peered through a microscope at a friend’s IVF clinic. ‘When I saw the embryo’, he said, ‘I suddenly realized there was such a small difference between it and my daughters …. I thought, we can’t keep destroying
There are two patterns of orientation in this discussion that are important. First, the tacit, taken-for-granted knowledge within which hESC researchers routinely comprehend or assimilate the phenomenal world of research is rendered problematic and in need of repair. Second, there is a powerful endorsement of rational self-inspection as a source of dependable moral and technical evaluation, knowledge, and understanding. As a working scientist, Shinya Yamanaka conferred legitimacy to anti-hESC rhetoric. He is brought into the frame as a moral exemplar: the “good scientists” as self-conscious carriers of “good science” and family life. Through the personage of the “good scientist,” science and values were framed not in opposition to religious values, but deeply consistent with them. The scientist monitored and conducted “himself” according to accepted cultural norms. This discourse closed the gap between a scientific worldview grounded upon reason, and a putative moral responsibility to the embryo.

Culture Wars

Science is often set against religion in bioethical accounts of resistance (Dodds & Ankeny, 2006:104; Kasimba & Singer, 1989; Oakley, 2002; Siebers, 2003; Skene & Parker, 2002; Savulescu, 2000). This dualism is especially marked in debates that are configured as the “culture wars” (Callaghan 2005:424–425). Such dualist structures may not be adequate to an understanding of the strategies that the CR used to construct opposition to hESC and medical practice. Nor do they help us appreciate the ways in which discourses and ideas move from one domain (the laboratory, the clinic) into politics.

While religious belief sustained and drove the social and political commitments of the CR (Brennan, 2007:3; Hall, 2004), it is important to note that in the majority of documents we reviewed there was no evidence that religious discourses, techniques, and practices alone provided the sole public vehicle for its resistance to hESC. Nor was scientific discourse ranged directly against religion. Notwithstanding the CRs unforgiving view of hESC, the CR appropriated the critical tools of scientific discourse and research, making them an instrument of power. In a series of strategic maneuvers, science and religion dissolved into one another to form new frames that superseded earlier religious critiques of biotechnology, without disregarding its own foundational position.

(p.259) There are many other frames that served the rhetorical hermeneutics of the CR in its strategic attempts to motivate political opposition to hESC. We identified three lines of attack: “frame debunking”—casting doubt on the validity or accuracy of competing hESC discourses by making them appear untrustworthy or wrong; “frame discrediting”—attacking the honesty and integrity of rivals and vilifying opponents; and “frame transgression”—framing hESC research as a threat to human identity and social relations. Each of these frames sought to subvert the authority, both social and moral, of hESC advocates in the eyes of fellow activists and publics. Given the scope
of the issues at hand, and the limitations of space, we are preempted from doing more than drawing attention to these additional frames that are relevant here.

Conclusion

What general conclusions about the present condition of bioethics in Australia can be drawn from this analysis? We understand bioethics in Australia to be a dynamic and conflicted historical object. The discipline came into existence during a period of sociocultural transformation, when social and moral issues related to biomedicine and biotechnology were becoming increasingly prominent in public discourse. We suggest that the general picture that emerges from the study of bioethics today is a field of ongoing politico-moral contestation and struggle, where discourses, people, institutions, and organizations collide, and where science is often used in political communication as a tool to persuade publics of the moral necessity of a particular course of action, and to win their consent.

Yet, it must be said that the situation in Australia is not devoid of attempts by bioethics to bridge conflicting interests. However, so long as bioethical debates are framed by the participants as conflicts from which only one victor may emerge, bioethics in Australia will remain an arena where opposition, explosive encounters, and protracted conflicts, strategic alliances, and competition are an ordinary part of the discipline.

Glossary

- Australasian Association of Bioethics & Health Law (formerly the Australasian Bioethics Association)
  An organization formed in 1991 designed to promote the study of bioethics and legitimate the field and practice of bioethics, and improve its performance.
- Biopolitics
  A programme of direct political and cultural intervention in the body. The politicization of the body. (p.260)
- Epistemological Break
  In the realm of ideas, it describes a leap in knowledge from the past. An historical “event” that involves a radical break with a pattern or frame of reference and the construction of a new pattern of ideas or the recasting of knowledge.
- Field
  An arena or social space which has been socially instituted. It is “made-up” of strategic and non-strategic action, purposeful behavior in competitive circumstances.
- Frame Analysis
  There is not yet a formal set of analytic indicators that can be used to reliably identify common frames (Koenig, 2004; Maher, 2001; Sematcko & Valkenberg, 2000:94). Nor is there an algorithm for researchers to
specify how frames may be identified (Jasanoff, 2005; Tesh, 2000). Accordingly, it may be useful to sketch out in a schematic way our approach to identifying frames. To gain insight into the framing strategies that the CR used to fix meanings and communicate them to various publics and audiences, we interrogated actual texts occurring in real contexts. In 2005, the Lockhart Committee was appointed to conduct an independent review of the federal legislation, *Prohibition of Human Cloning Act 2002 and Research Involving Human Embryos Act 2002*. The review was a “critical juncture” and key theatre of biopolitical activity. We analyzed submissions of participants to the Committee. Electronic and written media, media releases from individual leaders and organizations, and official web sites provided additional testimonies regarding significant reactions to hESC.

After reviewing past work on framing, we chose to use an “issue development” approach (Gray, 2003) to frame identification. We began by reading the assembled material with reference to the following questions: How were topics organized? What aspects of hESC research appeared to be most salient in the communication? In what way(s) was hESC research/researchers problematized? How were hESC researchers represented? Was hESC subject to moral/religious evaluation? Does the text challenge or affirm restrictive policy values? The purpose of this initial analysis was to form general impressions of the broad “rhetorical thrust” of anti-hESC discourse.

The next step was to identify the specific resources and tropes that the CR deployed. Here we drew upon existing work that provided preexisting categories for frame analysis. Frames are discursive constructions that describe and delineate the basic elements of objects—for example, events, conditions, ideas, thoughts, situations, and experiences (Jasanoff, 2005:25; Jordanova, 1989). Collected and structured in discourse, frames were identified by general discursive attributes, including specialized vocabularies, phrases, images, numerical and non-numerical conceptual and notational devices, metaphors, analogies, taxonomies, typologies, and scales of measurement that make them salient in text (Entman, 1993:52; Gray, 2003). Following our initial reading, a line-by-line reading was then conducted, asking the question: What are the core terminologies used to represent hESC research? Topics included justification, cause, and consequences of hESC research.

(p.261) We also paid particular attention to how different frames played against each other in the text.

As identification of the people who oppose and support biotechnologies and their relationship to others is an important aspect of frame analysis (Entman, 1993:52; Jasanoff, 2005), we also established frames from the vantage point of the thoughts, utterances, or dialogue of Christian activists, noting whether specific frames were used across multiple texts. We also focused on the relations between subjects appearing in each of the frame categories: the persons and institutions that were mobilized to
make connections between discourses critical of hESC research and hESC researchers. Below, we cite examples from texts to clarify each frame and their related rhetorical strategies.

- Hermeneutics
  The theory and method of interpreting meaningful human action.
- Human embryonic stem cell (hESC)
  Self-replicating cells derived from human embryos or human fetal tissue.
- In vitro fertilization (IVF)
  The process of fertilization accomplished outside the body.
- National Health and Medical Research Council
  Australia’s peak body for supporting health and medical research, for developing health advice for the Australian community, health professionals, and governments, and for providing advice on ethics in health care and in health and medical research.
- Social practice
  Routinized interconnected action consisting of bodily and mental activities, background knowledge, know-how, shared understandings, emotions, standards, motivations, performances, and equipment and other apparatus and their use.

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