

Vilhjálmur Árnason's Call for Expanding Bioethical Discourse: "The Personal is Political"

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This article explores Vilhjálmur Árnason's critique of contemporary bioethics, particularly its limited focus on individualistic principles, and its neglect of the broader social implications of emerging technologies. Vilhjálmur¹ argues that the commonly used "four principles approach"—respect for autonomy, beneficence, non-maleficence, and justice—is inadequate for addressing the complex ethical and societal impacts of new technologies. He suggests that ethical evaluations must extend beyond immediate individual risks to consider broader societal consequences.

In critiquing overly individual-centered bioethical frameworks, Vilhjálmur raises a critical theoretical question: what kind of ethical theory does bioethics truly require? This examination considers whether Vilhjálmur's critique of the four-principles approach is justified and whether a more expansive ethical framework or theory of value is needed to specify and rank bioethical principles. By scrutinizing collective values like solidarity and the notion that "the personal is political" this paper suggests that new layers of disagreement arise, moving beyond traditional debates over moral theories. In a diverse society with conflicting values, such conflicts may be unavoidable. However, by highlighting the interconnection between individual moral agency and socio-political context, Vilhjálmur underscores the importance of self-reflection on personal values and the need to seek understanding across differing viewpoints in bioethical discussions.

Keywords: bioethics, personalized medicine, genetic database, four-principles approach, principlism, pluralism, value, ethical theory, personal is political, socio-political context

Introduction

Icelandic philosopher Vilhjálmur argues that ethical evaluations grounded solely in individual virtues or personal interests fall short of capturing the full scope of moral responsibility. Moreover, he contends that a holistic understanding of morality must encompass broader social and political dimensions. His perspective, inspired by ethical choices in Icelandic sagas and applied to contemporary bioethical discussions, suggests that assessment of issues such as population genetic research, personalized medicine, surrogacy, and organ donation requires a broader ethical

framework. Central to Vilhjálmur's thesis is the view that individual moral agency is inherently interwoven with the socio-political context, thus encouraging a comprehensive analysis of the ethical implications of actions and policies.

In critiquing overly individual-centered bioethical frameworks, Vilhjálmur raises a critical theoretical question: what kind of ethical theory does bioethics truly require? He argues (2012: 107) that the four principles approach widely used in bioethics—respect for autonomy, beneficence, non-maleficence, and justice—is insufficient to address the complex ethical and social impacts of emerging technologies. The ethical assessment of such innovations, he suggests, should go beyond the immediate risks to individuals and consider their broader societal consequences.

In this article, I address whether Vilhjálmur's critique of the four-principles approach is justified and if it is indeed too limited to assess the social impacts of new technologies. First, I analyze Vilhjálmur's work on large-scale projects, such as the Icelandic database and personalized medicine, exploring the alternative tools he uses in place of, or alongside, the four principles, as well as his interpretative and prioritization methods. Second, I compare this with the views of principlism's founders, Tom L. Beauchamp and James F. Childress, on the specification and hierarchy of principles. Third, I question whether we need to adopt an ethical theory (e.g., utilitarianism, contractualism, Kantianism, or virtue ethics), a broader ethical-political framework (like liberalism or communitarianism), or a theory of value to specify and rank principles. If fully evaluating actions, technologies, and policies requires pre-defining values, determining what makes them "good," and deciding the relative importance of individuals versus society, then disagreement seems inevitable due to differing values, ideologies, and motivations. Lastly, I consider whether Vilhjálmur's call to treat "the personal as political" should prompt bioethicists to reflect on and reveal their own values and biases.

The Importance of Social Context in Ethical Analysis

Vilhjálmur's exploration of Icelandic sagas (1991) provides a unique perspective on morality, revealing that the sagas' morality cannot be fully understood without acknowledging their social roots. He critiques traditional interpretations of saga morality, such as the romantic and humanistic views, as overly focused on personal attributes and qualities. Instead, he advocates for a sociological interpretation, asserting that moral actions within the sagas reflect the social structures that shape and define individual behavior. Vilhjálmur states:

The morality of the sagas is analyzed primarily in terms of personal qualities and attitudes. The physical and moral strength that enabled individuals to fulfill their duty of vengeance is the main criterion by which their characters are measured (1991: 158).

Here, the individual's actions cannot be evaluated independently of social expectations and collective values, illustrating how personal virtues and societal obligations are interconnected. In his article "The Personal is Political: Ethics and Personalized Medicine" (2012), Vilhjálmur critiques the individualistic focus in personalized medicine, arguing that this approach risks eroding the solidaristic foundation of healthcare by placing undue responsibility on individuals and overlooking the socio-political conditions that affect health outcomes. He argues that personalized medicine can disadvantage specific populations and challenge the

healthcare system. Vilhjálmur acknowledges the blurred line between bioethics and biopolitics, as the former engages questions about the ideal healthcare system and the kind of society we aspire to create.

In his article “Database Research: Public and Private Interests” (2011), Vilhjálmur challenges the dominance of liberal individualism in bioethics, which traditionally emphasizes autonomy, dignity, and privacy. He argues that contemporary bioethics should shift toward values of solidarity, community, and public interest, recognizing the interconnectedness of individual rights and societal welfare. In the field of genetic research, for example, he advocates for ethical frameworks that balance individual autonomy with the common good, questioning the conventional divide between personal rights and collective responsibility, as well as the dichotomy between individual and public interests. Vilhjálmur’s thesis posits that citizens are not merely private individuals with personal interests; they also bear a moral authority to participate publicly, assert claims on institutions, and shape policies governing new technologies.

Vilhjálmur’s Approach to Embedding Ethical Analysis of New Technologies in Social and Political Context

In his programmatic article “The Personal is Political: Ethics and Personalized Medicine” (2012), Vilhjálmur argues that the primary task of bioethics, metaphorically speaking, is to keep the “car” from veering off the road to prevent harm to people. He identifies three main human interests that four bioethical principles must protect: an interest in welfare (to provide benefit and prevent harm), an interest in self-determination (to protect the conditions of agency), and an interest in fair co-existence (to ensure justice, fairness, or solidarity). His main thesis is: “Bioethical evaluation of emerging technologies certainly must take these interests into account. This does not mean, however, that bioethical analysis is limited to these principles.” (Vilhjálmur 2012: 106)

What Vilhjálmur finds as missing is the social and political context surrounding emerging technologies. In his view, a bioethical framework must encompass broader social and political dimensions, urging a shift beyond the narrow, individualistic scope that often characterizes traditional bioethics. This expanded perspective emphasizes collective welfare and societal impacts, advocating for a form of bioethics that is as concerned with preserving the social fabric as it is with safeguarding individual rights.

However, Vilhjálmur does not explicitly specify how this context should be integrated into the evaluations of the ethical and social implications of projects like personalized medicine. Instead, his subsequent discussion of personalized medicine centers on four key principles, which he prioritizes and organizes according to their relevance and potential conflicts. In this article (2012), Vilhjálmur notes that a primary aim of personalized medicine is to benefit patients (through targeted therapy) as well as society (by reducing healthcare costs). The principle of beneficence is closely associated with the principle of non-maleficence (“do no harm”) if personalized medicine can reduce adverse drug reactions and improve safety. At the same time, he acknowledges that personalized medicine introduces at least three risks. First, there is a concern about justice if the pharmaceutical industry lacks incentives to develop treatments for so-called “orphan populations”. Second, pharmacogenetic testing may also reveal disease risks, potentially infringing on

individuals' autonomy and privacy and causing harm. Third, there is a risk to patient privacy and data confidentiality, as the benefits of pharmacogenetic testing require sharing information with a broader group of healthcare providers.

Autonomy, a key value, is explored from multiple perspectives. The bioethical principle of autonomy protects the patient's agency—their freedom to make independent decisions and to act freely. Autonomy includes the freedom to choose whether to undergo genetic testing and the right to decide whether they want to know their genetic susceptibility. However, effective decision-making requires being informed, having accurate information, and understanding it. Vilhjálmur emphasizes that veracity is a prerequisite for autonomy. He argues that autonomy in this context extends beyond informed consent; it encompasses the right to evaluate whether benefits are distributed equitably.

Vilhjálmur acknowledges that he prioritizes the principle of justice (encompassing fairness and solidarity) above others. In his discussion of justice, Vilhjálmur highlights the social dimensions that underlie this principle. For instance, the principle of justice protects a collective interest in fair co-existence, which is especially relevant in addressing issues related to orphan diseases. Here, Vilhjálmur references John Rawls's (1974) widely accepted principle of justice, which asserts that an unequal distribution of social goods is justifiable only if it benefits the least advantaged. Vilhjálmur argues that this principle aligns closely with the principle of solidarity, as it reflects a commitment to upholding fair social conditions and a shared responsibility for sustaining them.

Through this interpretation, Vilhjálmur frames justice in terms of solidarity, underscoring that no one should be unfairly privileged or marginalized. He suggests that individual rights are anchored in mutual respect. Vilhjálmur clearly states that

[...] the principle of solidarity is of major importance in the discussion of health and genetics due to the emphasis on protecting weaker groups in society and ensuring the fair distribution of healthcare services (2012: 112).

He further notes that the principle of solidarity underpins many European healthcare systems, especially those in Nordic countries. This position firmly aligns him with a political value—equality—which frequently conflicts with the individual interest in personal welfare (beneficence).

In this way, Vilhjálmur's emphasis on societal consequences introduces a political dimension to ethics. By advocating for the prioritization of solidarity, Vilhjálmur clearly argues for the primacy of this value over others, illustrating that ethical assessments must consider not only medical or physical harm but also the handling of personal information in ways that respect social equity (2012: 110).

At the same time, he treads on slippery ground, as solidarity is precisely the kind of value whose universality has been questioned. Finnish bioethicist Matti Häyry (2003) has observed that solidarity is a rich concept with several distinct meanings. He explains that

[...] solidarity, in its non-liberal and non-utilitarian meaning, was introduced to ethics by Christian thinkers, who in the early twentieth century invented the doctrines of "solidarism" and "personalism," according to which individuals and societies cannot be sharply distinguished as they are "thrown to each other" (Häyry 2003: 206–207).

In bioethics, Häyry acknowledges, solidarity is often portrayed as the European counterpart to justice, representing a more caring and relational approach to

addressing the human condition, in contrast to the cold and calculating liberal notion of justice. Similarly, American philosopher Robert Baker has argued that the concept of solidarity is distinctly European, rooted in the cultural tradition of the French Revolution, and that “the concept of *solidarité* has no resonance” in North America and much of Asia (Baker 2005: 194).

As we have seen, Vilhjálmur addresses all four bioethical principles—autonomy, beneficence, non-maleficence, and justice—contextualizing these norms and establishing a hierarchy among them when conflicts arise. He demonstrates how these principles must be adapted and prioritized according to specific socio-political contexts. This interpretative approach not only clarifies how principles should be applied in practice, but also underscores the importance of aligning bioethical evaluations with the broader social and political factors that shape individual health outcomes.

Principlism’s Neutrality to Ethical Theories

Is Vilhjálmur’s approach truly in conflict with principlism or the four-principles approach to biomedical ethics? Beauchamp and Childress’s framework anticipates the need for context and prioritization. Their approach is built on two core assumptions: first, the presupposition of a common morality, which implies the existence of universal moral norms binding on anyone who adheres to morality; and second, the plurality of principles—respect for autonomy, beneficence, non-maleficence, and justice. These principles are intended to be specified and balanced using the method of reflective equilibrium. As described by its proponent John Rawls (1971), reflective equilibrium requires us to consider a wide range of principles, arguments, and theories, revising them until a coherent agreement or equilibrium is achieved. Specification adds context-specific content to the principles, while balancing assigns relative weight to conflicting principles in specific cases.

Beauchamp and Childress have stated,

In the process of specifying and balancing norms and in making particular judgments, we often must take into account factual beliefs about the world, cultural expectations, judgments of likely outcomes, and precedents to help assign relative weights to rules, principles, and theories (2009: 370).

What is notably missing from this list is an ethical theory, political ideology, or theory of value. This omission is intentional; in *Principles of Biomedical Ethics*, Beauchamp and Childress avoid grounding their approach in any single ethical theory. They explain:

‘Ethical theory’ and ‘moral theory’ are commonly used to refer to each of the following: (1) abstract moral reflection and argument, (2) systematic presentation of the basic components of ethics, (3) an integral body of moral principles, and (4) a systematic justification of moral principles. We have attempted in this book to construct a coherent body of virtues, principles, and rules for biomedical ethics only. We do not claim to have developed a comprehensive ethical theory in ways suggested by the combination of (3) and (4). We engage in theory (e.g., in evaluating other ethical theories), and in doing so we engage in abstract reflection and argument (2). But, at most, we present only elements of a comprehensive general theory (2009: 333).

Beauchamp and Childress's aim is to provide a flexible, broadly applicable framework that can be embraced by people with diverse ethical, cultural, and ideological backgrounds. By not committing to a specific ethical theory—such as utilitarianism, deontology, or virtue ethics—they make the framework adaptable to different moral perspectives. This flexibility facilitates consensus in bioethics, establishing a common ground for varied viewpoints to coexist without being limited by rigid theoretical constraints.

By avoiding alignment with a specific political ideology, Beauchamp and Childress also maintain a focus on universally relevant principles, ensuring the framework's applicability across diverse social and political systems. Their approach thus remains neutral and adaptable, grounded in shared moral intuitions rather than in specific theoretical or political commitments.

This neutrality is meant to prioritize practicality and inclusivity over theoretical rigor. While this is advantageous for broad application, it also exposes principlism to criticisms, such as those raised by Vilhjálmur (2012), about its limitations in addressing complex social and political dimensions in bioethics or by Matthew Shea (2020), who argues that since both specification and balancing necessarily involve an appeal to human goods and evils, they cannot be carried out without a theory of the good. I align with Shea's view that Beauchamp and Childress rely on an implicit value theory in their own analysis of bioethical cases, thereby confirming that axiological considerations are doing essential normative work in balancing judgements. However, I think that these procedures of principlism's pluralistic approach—specification and balancing of principles—also require a conception of morality. While the four principles outline the norms biomedicine should follow based on shared morality, they leave significant interpretive flexibility to bioethicists. These principles can be specified and balanced through Rawls's (1971) celebrated account of "reflective equilibrium," but guidance on how to contextualize and prioritize norms when they conflict is underdeveloped. Deciding which principle should prevail in a specific context, or which is paramount in cases of conflict, arguably requires a more robust ethical theory explaining why certain actions are morally good or justifiable.

Tom L. Beauchamp explicitly denies the necessity of grounding bioethics in philosophical theory, stating that many individuals in law, theological ethics, political theory, the social and behavioral sciences, and the health professions carefully address mainstream issues of bioethics without finding ethical theory helpful for their analysis (Beauchamp 2004: 209). Beauchamp and Childress provocatively argue:

Reasons exist, then, for holding that moral theory is an important enterprise, but that distinctions among types of theory are not as significant for *practical* ethics as some seem to think. It is a mistake to suppose that a series of continental divides separates moral theorists into distinct and hostile groups who reach different practical conclusions and fail to converge on principles. Many theorists are closer in substantive principles and rules to allegedly rival theories than they are to some theories of their own "type" (2009: 363).

I disagree that adherence to different ethical theories does not lead to divergent practical outcomes. In the following, I will explain why such disagreement is inevitable.

Why Moral Disagreements are Unavoidable?

When proponents of various theories describe an action as “morally good,” they may refer to distinct aspects: the character of the actor, the motive, the consequence, or the action itself. Consequentialists focus on outcomes, deontologists on the moral worth of actions, and virtue ethicists on the actor's character. This difference in focus is also evident in the language used by different moral theories—terms like right or wrong, good or bad, virtuous or vicious. These differences arise from a clash in foundational principles.

Moral theories differ on which motivating reasons they provide for moral actions. For example, although both the consequentialist and the deontologist may respond to the value of honesty by exemplifying it in their life and actions, her/his reasons for doing so are different. Such different reasons for action may sometimes lead to moral disagreements about what one ought to do. While honoring a value is also a way of promoting it, devoting oneself to fostering a value may mean focusing only on preventing more lies being told without thereby promoting truthfulness (one may be allowed to lie to reduce lies in the world). In addition, it may involve promoting truthfulness in one's own life, that is, a disposition not to lie.

I have argued previously (Sutrop 2020) that many moral disagreements can be seen as deep conceptual disagreements arising from fundamental value clashes and differing concepts of morality. While these disagreements may not always be resolvable, understanding why they exist and why argument alone cannot settle them is crucial. Through understanding, consensus or compromise may emerge by considering alternative perspectives.

As pointed out by Thomas Nagel (1979), disagreements on value-based questions are natural, as values arise from fundamentally different sources, creating incommensurable claims and conflicts shaped by individual, relational, impersonal, or ideal perspectives. Nagel identifies five fundamental value types that lead to basic conflict: (1) specific obligations to others or institutions, (2) constraints derived from universal rights, (3) considerations of benefit and harm for all sentient beings (utility), (4) the intrinsic value of certain achievements or creations, and (5) commitment to personal projects (Nagel 1979: 130). He notes that these values constantly shape everyday decisions, often creating conflicts both between and within them. Although attempts have been made to resolve these conflicts by ranking values or prioritizing certain perspectives, Nagel argues that such efforts cannot fully succeed. Values are rooted in different sources, creating inherently incommensurable claims. Conflicts emerge because these sources represent fundamentally distinct perspectives—individual, relational, impersonal, or ideal—all of which are integral to the human experience. Consequently, moral conflicts arise from the tension between this fragmentation of values and the need for unified decisions.

Nagel highlights an essential insight: by distinguishing between different types of values, he connects them to various motivating reasons for moral action, which can easily lead to moral conflicts, dilemmas, and disagreements. The differences in values cannot be ignored if we want to understand why there are irreconcilable disagreements in bioethics.

Moral conflicts arise in theories involving multiple principles. While the pluralists acknowledge the existence of apparent conflicts due to the incommensurability of values, monistic theories—such as utilitarianism and

Kantianism—claim that these conflicts are not genuine and can be resolved through an ultimate principle.

In one-person moral conflicts, it is often assumed that a rational agent can minimize or resolve conflicts within their personal values. However, Williams challenges this, viewing conflicts of values as expressions of a complex inheritance from diverse social sources, which may once have been conflicts between societies or historical states (Williams 1981: 72–73). For Williams, interpersonal conflicts reflect similar clashes of values from different origins, countering the assumption that each party holds a harmonious set of beliefs that can resolve the conflict rationally. Alasdair MacIntyre (1984) similarly argues that ethical disagreements stem from inherited fragments of heterogeneous moral theories rooted in distinct social contexts, making harmony between them unattainable.

Also, Isaiah Berlin argued that some of the moral and political disagreements are irresolvable as they are about different identities and incompatible human goals. In his famous essay *Two Concepts of Liberty* (1958/2002), Isaiah Berlin argued that the freedom to choose between ultimate values makes us human. Value conflicts are frequent because we want to realize incompatible human goals. Politics and political theory have been invented because of men's disagreements about the ends of life. In *The Pursuit of the Ideal* (1947/2013), Berlin explains that values can clash; they can be incompatible between cultures or within the same culture. For one person, justice may be the only value while for another, compassion and caring may be just as important, while not setting justice aside. Both liberty and equality are important values, but

[...] total liberty for wolves is death to the lambs, total liberty of the powerful, the gifted, is not compatible with the rights to a decent existence of the weak and the less gifted (Berlin 1947/2013: 12–13).

Berlin strongly insists that one should not look for one ultimate solution to collisions of values. He warns us that if someone were to promise that it is possible to overcome these contradictions and that in some ideal world it is possible to harmonize all good things, then this is forcing one's values on someone else, declaring them to be the only ones that are right. Let us notice that Berlin says that achievement of such complete harmony of values is not only unattainable but conceptually incoherent.

“The Personal is Political”

Having acknowledged that clashes in values are unavoidable, we return to the claim that “the personal is political.” Rooted in feminist theory, this concept emphasizes the connection between individual experience and broader sociopolitical structures, highlighting how personal issues often reflect and are shaped by systemic power dynamics. In bioethics, this notion suggests that individual health decisions and moral judgments are inseparable from the surrounding sociopolitical landscape. Vilhjálmur incorporates this idea into his approach to new technologies, arguing that ethical judgments must consider social context. He proposes that moral agency, particularly in healthcare ethics, is inherently tied to broader social conditions, thereby broadening bioethical discussions beyond the realm of individual autonomy.

Vilhjálmur's assertion that the personal is political offers a productive framework for navigating complex ethical challenges in bioethics. While bioethics

ideally aims for neutrality, it is often shaped by contributors' diverse views on the good life, as well as their political and religious beliefs. Many ethicists occupy dual roles as both academics and activists, which can blur the lines between activism and academia, the personal and the political, and the public and the private.

One of the most compelling discussions on whether academic work and activism can or should remain separate comes from Tom Shakespeare (2019), who reflects on his experiences in disability bioethics and the challenges of maintaining this distinction. He argues that when the personal becomes political, the boundary between academia and activism may blur:

If you are spending your working hours thinking through oppression and resistance to it, you are not likely to be someone who never joins a protest, never writes a letter of complaint, never organizes for a better world, let alone be someone who lives an inequitable or exploitative life. To do less would be hypocrisy (Shakespeare 2018: 914).

Bioethicists bring different values, personal beliefs, ideologies, and cultural backgrounds to their work. For instance, a bioethicist with strong religious convictions might recognize how these beliefs could shape their views on issues like euthanasia, stem cell research, or prenatal diagnosis. Similarly, one who values individual autonomy over communal welfare—or vice versa—may argue for personalized medicine and pharmacogenomics. A bioethicist aware of a particular ideological or religious stance should disclose it to help readers understand how these views may influence their conclusions.

Similarly, a bioethicist with a strong commitment to individual freedoms might clarify their stance on autonomy and privacy, providing crucial context for their analysis. Conversely, someone who prioritizes equality over individual freedom should acknowledge that their argument—that the social benefits of a particular biomedical development outweigh individual privacy risks—stems from their ideological perspective.

This underscores the importance of bioethicists acknowledging and, where possible, mitigating their biases. In my view, recognizing personal biases and maintaining transparency not only strengthens bioethical analysis but also enhances the credibility of their insights. At the same time, it is highly commendable that bioethicists evaluate the potential social impacts of emerging technologies and highlight associated risks while openly declaring their own worldview.

Conclusions

Vilhjalmur's work bridges personal and political domains in bioethics, advocating for a perspective that considers individual ethical agency within the broader socio-political framework. By challenging the primacy of individual autonomy in favor of a more socially integrated approach, his philosophy urges bioethicists to evaluate health and moral decisions within their political and social contexts. Vilhjalmur also strongly advocates for society's responsibility to engage in public deliberation on the implications of new technologies, actively shaping policy decisions related to scientific advancements. Accepting that the personal is political suggests that bioethicists, too, should recognize and reflect on their own biases and contexts.

Vilhjalmur's thorough analysis of new technologies and biomedical projects, such as genetic databases and personalized medicine, highlights the need for further

specification and hierarchical balancing of the four principles. Through his interpretations of autonomy and the relative importance of solidarity over individual welfare, Vilhjálmur demonstrates how values, ethical theory, and worldview interact in ethical decision-making, revealing his belief that society often holds greater moral weight than the individual. His focus on solidarity and viewing individuals as active citizens engaged in public deliberation calls for a more communitarian turn in bioethics.

Once values, motivations, justifications, and worldviews are introduced into ethical deliberation, achieving consensus becomes more challenging. However, awareness of the differences and foundations of our values and beliefs can foster mutual understanding. Vilhjálmur's work in medical ethics (2005) underscores dialogue as an essential tool for resolving ethical dilemmas and navigating bioethical complexities. His view that bioethical discourse should be dialogical rather than monological aligns with his emphasis on relational autonomy and the significance of collective social context in shaping moral decisions.

Notes

¹ In Iceland, the surname – Árnason – is a patronymic and a description rather than a 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 his works.

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