

The role of empirical evidence in applied ethics

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The growth of empirical research in bioethics over the past several decades, often referred to as the “empirical turn”, has been widely welcomed as a broadening of the discipline (Alvarez, 2001; Borry et al. 2005; Haimés, 2002; Hedgecoe, 2004; Hoffmaster & Hooker, 2009; Leget et al., 2009). The approach has been named “empirical ethics” by its proponents and is widely understood as “the application of research methods in the social sciences (such as anthropology, epidemiology, psychology, and sociology) to the direct examination of issues” in normative and applied ethics to describe particular states of affairs that have moral or ethical relevance (Borry et al., 2005, as cited in Goldenberg, 2005, page 2, para. 2).

Empirical approaches can enrich normative deliberation by calling attention to “the social, cultural, and cross-cultural aspects of morality accessed via the opinions, interests and beliefs of patients, families, physicians, nurses and others involved in care-giving” (Goldenberg, 2005, page 2, para. 2). For instance, empirical research can help describe cultural beliefs about the appropriateness of informing patients of a life-threatening illness, which in turn informs moral deliberation about clinicians’ disclosure obligations in different cultural contexts. Similarly, empirical research can map diverse attitudes toward contentious issues such as organ donation, end-of-life care, or emerging technologies, thereby grounding normative discussion in the realities of lived experience.

However, a cautionary note is warranted. As Goldenberg (2005, page 2, para. 1) argues, “an evidence-based approach is incompatible with normative mandate [reasoning]” if it is taken to mean that normative conclusions can simply be read off empirical findings. The move from “is” to “ought” requires conceptual if not philosophical argument, not merely empirical data, to bridge the epistemic gap between the two. Nevertheless, empirical research can inform, constrain, and refine normative inquiry—even if it cannot replace it. If empirical evidence is logically related as a sufficient condition to its normative necessary condition, then obtaining empirical evidence is affirming the antecedent (Alvarez, 2001).

The relevance of empirical research to ethical inquiry depends on the ethical significance of the questions asked, the suitability of the methods used, and the interpretation of the findings. As Miller and colleagues observe, “Empirical research can contribute importantly to ethical inquiry concerning clinical research. The potential value of this research depends on the ethical significance of the questions asked, the suitability of the methods to answer the questions, and interpretation of the ethical import of the findings” (Miller et al., 2006, p. 1). Consider the concept of “therapeutic misconception” (TM), which refers to the tendency of research participants to conflate participation in clinical trials with receiving individualized medical treatment. Empirical studies have documented the

prevalence of this misconception, raising normative questions about the validity of informed consent. As Miller et al. (2006, p. 5) note, “Further empirical research can inform the answer to this last question, but further conceptual research on the ethical significance of TM and, more broadly, the meaning of informed consent to clinical research will be needed to address the other questions”.

This illustrates a crucial point: empirical evidence can illuminate the conditions under which ethical principles are satisfied or violated, but normative analysis is required to determine what those conditions mean and how they should guide action. “At the end of the day, the gap remains between what is the case and what ought to be” (Miller et al., 2006, p. 6).

Sieber (2004) articulates the relationship between normative ethics and empirical research with clarity: “Ethics is normative; ethics indicates, in broad terms, what researchers should do. For example, researchers should respect human participants. Empirical study tells us what actually happens. Empirical research is often needed to fine-tune the best ways to achieve normative objectives, for example, to discover how best to achieve the dual aims of gaining important knowledge and respecting participants” (Sieber, 2004, p. 397).

This perspective suggests that empirical research is essential for the practical realization of practical conclusions that arise in normative reasoning in ethical inquiry. Ethical decision-making by scientists and institutional review boards “should not be based on hunches and anecdotes,” but on evidence about what information participants want, what they understand, and what risks they consider acceptable (Sieber, 2004, p. 397). The challenge is to integrate empirical findings into normative frameworks without collapsing the distinction between description and prescription.

The complicated relationship between normative discussions and empirical findings is illustrated by the persistent discrepancy between public opinion and legislation concerning the question of legalization of assisted dying in Norway (Aarseth et al., 2023). While opinion polls for decades have shown a majority favoring the overturn of the ban of assisted dying practices, this has so far not led to any serious political debate or willingness to consider legalization.

Empirical evidence can nevertheless provide factual basis upon which normative arguments depend. For example, debates about the ethics of organ conscription require empirical data on public attitudes, the effects of different policies on organ supply, and the experiences of patients and families.

Empirical evidence is essential in substantiating normative and principlist¹ reasoning in ethics. Consequentialist arguments that argue based on maximizing benefits and minimizing harm strongly imply that benefits are empirically superior over harm. Minimizing harm is an empirical claim as well.

Ethical theory also requires empirical evidence. Take for example the case of virtue ethics. A good physician or a good nurse is committed to improving the health of their patients and avoiding harm. If the goodness of their profession is defined by how well they function in their role, then empirical evidence of how they improve the health of their patients is essential.

The Articles of This Issue: Organ Conscription, Fairness in Peace Negotiations, Therapeutic Privilege, and AI Health Monitoring

The first article in this issue by Hol et al. (2026) exemplifies the integration of empirical and normative inquiry on the issue of organ donation. The other two

articles by Syse & Lidén (2026) and Kropf (2026) refer to cases in peace negotiations and withholding medical information to patients, consecutively. These other two articles as well as the book review illustrate the necessity of empirical data about practice (e.g. in case studies) in addressing normative issues in the relevant practices, even though empirical data are not directly collected and analyzed as in the case of the first article by Hol et al. (2026).

In their article *Public Opinion on Organ Conscription and Free Riding: Results from a Norwegian Survey*, Bjørn Hol, Mathias Barra, and Carl Tollef Solberg present findings from a national survey of adults in Norway ($N = 1000$) investigating public attitudes toward organ conscription—the policy of retrieving cadaveric organs without antemortem consent—and reciprocity, the idea that those unwilling to donate should not be entitled to receive organs.² The study tested four hypotheses: (1) that a majority of Norwegians would oppose conscription, (2) that support would be subject to framing effects, (3) that belief in an afterlife would be negatively associated with support, and (4) that education would be positively associated with acceptance. The results rejected the first hypothesis, finding a slight majority (53.3%) in favor of conscription—the first national survey to show majority support for this policy. No framing effect was observed, and education was not significantly associated with attitudes. However, belief in an afterlife was negatively associated with acceptance of conscription, and support for sanctioning “free riders” was strongly correlated with support for conscription.

The authors conclude that organ conscription is a controversial issue, with attitudes strongly polarized. They suggest that empirical evidence of public support could motivate policymakers to reconsider existing legal frameworks.

In *Fairness in Peace Negotiations*, Henrik Syse and Kristoffer Lidén examine the role of fairness—and especially *perceived* fairness—in peace negotiations. Drawing on political philosophy and case studies, they argue that successful negotiations require not only just outcomes but also processes that all parties perceive as fair and respectful of their core interests.

The authors distinguish between procedural fairness and substantive justice, emphasizing that even when outcomes involve winners and losers, a sense of fairness can foster acceptance and durability. They identify four key aspects of fairness: mutually supported procedures, equal access, attention to core concerns, and recognition and respect for all parties.

The paper stresses the importance of *perceived* fairness, drawing on Axel Honneth’s work on recognition and Nancy Fraser’s critique of recognition-focused approaches. Power asymmetries, lack of predictability, and exclusion from negotiations can all undermine the sense of fairness and, consequently, the legitimacy of agreements. The authors call for greater attention to the relational and perceptual dimensions of peace negotiations, arguing that ethics is not opposed to political realism but is essential to sustainable peace.

In *Unjust Silence: Therapeutic Privilege, Ethical Issues, and Epistemic Exclusion*, Mario Kropf analyzes the practice of therapeutic privilege—the withholding of medically relevant information from patients to prevent harm—through the lens of epistemic injustice. While therapeutic privilege has been widely discussed in relation to autonomy, beneficence, and non-maleficence, its implications for justice have received less attention.

Kropf argues that therapeutic privilege can give rise to both hermeneutical and testimonial forms of epistemic injustice. Hermeneutical injustice occurs when

patients are excluded from knowledge communities, limiting their ability to understand and participate in decisions about their care. Testimonial injustice occurs when patients' reports and preferences are not taken seriously, often due to prejudice or structural factors.

The paper examines three contexts in which epistemic injustice may arise: the doctor–patient relationship, age-based discrimination, and the role of family caregivers. Kropf concludes that prevailing justifications of therapeutic privilege are incomplete unless they account for epistemic injustice, and that greater attention must be paid to the conditions under which patients are recognized as epistemic participants in healthcare communication.

The book review by Allen Alvarez of Anita Ho's 2023 book *Live Like Nobody Is Watching: Relational Autonomy in the Age of Artificial Intelligence Health Monitoring* examines how AI-powered health monitoring can both support and undermine patient autonomy. Ho argues that AI monitoring offers significant benefits—earlier detection of deterioration, continuity of care, efficiency, and accessibility—but also raises serious ethical concerns. Lack of transparency about how AI systems work, digital literacy gaps, the extension of surveillance into the home, and commercial exploitation of health data can all undermine patients' status as autonomous epistemic agents.

The review draws on analyses from earlier book reviews by Tina Nguyen (2024) and Tom Sorell (2024) to highlight the ways AI health-monitoring can produce testimonial injustice (when patients' reports are trusted less than device outputs), hermeneutical marginalization (when patients lack the resources to interpret or challenge AI systems), and shifts in caregiving burdens. Alvarez calls for regulatory frameworks, transparency, and inclusive design processes to ensure that AI health monitoring supports rather than subverts relational autonomy.

Nordic Institutions Coordinating AI Ethics Research

The Nordic countries—Norway, Sweden, Denmark, Finland, and Iceland—have emerged as global leaders in addressing the ethical challenges posed by AI. These nations share a commitment to democratic values, transparency, and trust-based approaches to technology governance, which shapes their collaborative and individual responses to AI ethics.

The Nordic region is actively addressing several interconnected ethical concerns arising from AI deployment:

1. Trustworthy and Responsible AI Development

Nordic institutions are working to ensure that AI systems are developed and deployed responsibly, with attention to transparency, accountability, and alignment with democratic values. The Nordic Ethical AI Expert Group emphasizes that “the Nordic countries—renowned for their high levels of digitalization and strong societal values—face a critical moment” and calls for “transformative actions that can not only guide the Nordics but also serve as a model globally” (Nordic Innovation, 2024, p. 7).

2. AI Governance and Accountability

A significant challenge is the fragmentation of AI governance across organizations. According to the EY Responsible AI Pulse Survey 2025, “more than half of Nordic companies—53%—report struggling to assign clear accountability for emerging AI technologies,” and only 26% of Nordic CEOs are

directly involved in emerging technology strategy, compared to 49% globally (EY Norway, 2025).

3. Large Language Models and Linguistic Diversity

Developing AI systems that respect Nordic linguistic and cultural diversity is a priority. The Nordic Ethical AI Expert Group recommends efforts to “promote and coordinate large language models (LLMs) for Nordic languages” to ensure “digital sovereignty and alignment with democratic values” (Nordic Innovation, 2024, p. 8).

4. AI in Healthcare and Public Decision-Making

Several funded projects focus on the ethical use of AI in sensitive domains. NordForsk has funded projects such as “NordAid: Trustworthy AI in Public Decision Making” and “Ethical and Computational Evaluation of Fairness in AI Models for Personalized Disease Prevention across >23 M Individuals” (NordForsk, 2025).

5. Environmental Sustainability of AI

Nordic institutions are developing frameworks to assess and report the environmental impact of AI technologies, reinforcing their commitment to sustainable development (Nordic Innovation, 2024, p. 8).

6. Data Ethics and Privacy

Nordic countries have implemented strong data protection frameworks. Denmark introduced industry-agnostic AI regulation focused on disclosure of data ethics policies for large enterprises in 2020, and Finland enacted the Act on Automated Decision-making in Public Administration in 2023 (Nordic Council of Ministers, 2024).

Nordic Innovation. Nordic Innovation is the innovation organization under the Nordic Council of Ministers. It established the Nordic Ethical AI Expert Group, which produced policy recommendations for ethical and responsible AI in 2024.

NordForsk. A Nordic research funding organization that supports collaborative research across the region. It administers the Nordic-Baltic Initiative on Responsible Use of Artificial Intelligence.

Nordic AIR (Nordic AI Research, Education, and Innovation Partnership). The leading national academic AI centers in the Nordic countries signed a Memorandum of Understanding (MoU) to formalize collaboration under the banner of Nordic AIR with the following partners working together:

- WASP (Wallenberg AI, Autonomous Systems and Software Program) – Sweden
- FCAI (Finnish Center for Artificial Intelligence) – Finland
- P1 (Pioneer Centre for AI) – Denmark
- NORA (Norwegian Artificial Intelligence Research Consortium) – Norway
- CADIA (Center for Analysis and Design of Intelligent Agents) – Iceland

Wallenberg AI, Autonomous Systems and Software Program (WASP) is Sweden’s largest AI initiative. WASP funds foundational AI research and coordinates with Nordic partners. Denmark’s Pioneer Centre for AI (P1) and Data Ethics Council are key institutions in AI governance work. P1 leads AI research in Denmark; the Data Ethics Council provides national guidance on ethical dilemmas associated with data and AI. Denmark introduced industry-agnostic AI regulation focused on disclosure of data ethics policies for large enterprises in 2020. The Finnish Center for Artificial Intelligence (FCAI) coordinates AI research in Finland and promotes ethical AI development. Finland enacted the Act on Automated Decision-making

in Public Administration in 2023. FCAI is global frontrunner in AI skills development and lifelong learning. Both the Norwegian Data Protection Authority (Datatilsynet) and Iceland's Data Protection Authority (Persónuvernd) have launched consultative AI sandboxes to stimulate compliance and innovation, helping bridge the gap between regulators and innovators.

Towards gathering needed evidence

We invite submissions that are rich in new information to fill the gap in knowledge in applied ethics. We also encourage more explicit normative discussions of the relevance of new knowledge to persisting ethical issues and questions that threaten social justice and equity. It is important that we address threats to the professional integrity of practitioners we engage both in traditional and as well as emerging practices and technologies. The proliferation of use of AI and large language models (LLM) has created new problems as well as exacerbated old ones.

The growing geopolitical conflicts arising from extremism and unjust social order in different countries would require a more empirically informed ethical analysis. Rigorous applied ethics requires both careful attention to robust normative analysis as well as empirical data on how practical recommendations arising from ethical analysis change practice and the ethical climate. We need to see the impact of our normative analysis and the ethical frameworks we use to understand how the said normative analysis actually works in real life. For example, we welcome submissions that show how normative analysis may impact governance. One example of demonstrating impact of normative analysis is the application of feminist analysis on the governance of “welfare, healthcare, care for children and the elderly, education and housing by neighbourhood networks and sustainable ecological practices”, which is necessary for greater economic wellbeing and equity (Harcourt 2026, p. 150). We also welcome submissions that evaluate the effectiveness of ethical approaches to practice. For example, it would be interesting to see how virtue-ethics based research integrity training actually changes attitudes of trainees.³

Notes

¹ ‘Principlist’ has been used as an adjective to refer broadly to principlism usually attributed to the four principles approach of Tom Beauchamp and James Childress (2024) as well as to other multi-principles approach to moral reasoning in applied ethics.

² It would be interesting to see how publics in other Nordic countries and European states view these issues. See for example Molina-Pérez et al. (2019).

³ See, for example, the randomized controlled study that measured changes using an Ethical Climate Questionnaire (Vidák et al., 2026).

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