Author's response to reviews

Title: Evidence-based ethics? On evidence-based practice and the "empirical turn" from normative bioethics

Authors:

Maya J Goldenberg (golden11@msu.edu)

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Author's response to reviews: see over
To the BioMed Central Editorial Team,

Enclosed is my revised manuscript MS: 1476952871760764 – ‘Evidence-based ethics? On evidence-based practice and the “empirical turn” from normative bioethics.’ Thank you for the quick turn over on this paper, updates on the progress during that time, and the clear instructions regarding how to proceed with revision. Thanks also to the reviewers for their careful reading and reflection on my paper. Below, I address the Major Compulsory Revisions requested by the second reviewer, Richard Ashcroft.

1. Ashcroft expresses the concern that “evidence-based ethics” and “empirical ethics” are conflated in this paper. This was not my intent in the argument (that is, I hold them to be distinct), so I hope to address the concern and make the distinction clearer in the text.

What I want to convey is that empirical ethics is a rather broad term that covers ALL forms of social scientific research in bioethics (psychology, sociology, anthropology, epidemiology, etc.), while evidence based ethics is the subset of empirical ethics derived from epidemiology, especially clinical epidemiology and evidence-based medicine. To this end, I define empirical ethics on page 2 of the paper: “Empirical research in bioethics (or ‘empirical ethics’) is ‘the application of research methods in the social sciences (such as anthropology, epidemiology, psychology, and sociology) to the direct examination of issues in bioethics’ (Sugarman et al., 2001).” I then go on to give examples of empirical ethics and note that it is a fairly general “amalgam of empirical contributions” with “roots in social sciences…to gather quantitative and qualitative data about ethical issues”. This overview of empirical ethics in the Background section is followed by the closing sentence (page 3): “This paper focuses on one method of empirical ethics—evidence-based bioethics, which is grounded in clinical epidemiology and supported by the disciplines’ most distinctive application, evidence-based medicine.”

The most explicit account of the distinction between evidence-based ethics and empirical ethics is made on page 10, lines 6-12 when methodological differences between the two are noted (i.e. largely qualitative for the former and quantitative for the latter). I write: “The evidence-based medicine hierarchy of evidence’s maligning of the very techniques that empirical ethics so often employs suggests dissimilarity between empirical ethics and evidence-based bioethics. The surveys and in-depth interviews that are commonly used to determine the attitudes and behaviours of patients, clinicians or the general public regarding bioethical issues are less valued and are ranked lower than carefully controlled and quantified evidence that is derived from RCTs and other more objective methods.” I hope this comment addresses Ashcroft’s point that much of what has been done in empirical ethics has been qualitative research into the meanings of values, stakeholders’ attitudes and behaviours, etc. I agree with his account of empirical ethics and tried to convey that as a major difference between most of the empirical ethics research in circulation and the newest empirical approach, evidence-based ethics.

Please note that my pointing out that the terms have been defined and distinguished in the paper is not meant to suggest that I am dismissing Ashcroft’s concern. I take his point to mean that this distinction needs to be made more clearly and more prominently in order for the reader to properly appreciate the different concepts. To make the difference between empirical ethics and evidence based ethics clearer, I have added the following bold text to page 1, line 1: “The
increase in empirical methods of research in bioethics (or “empirical ethics”) over the last two decades is typically perceived as a welcomed broadening of the discipline with increased integration of social and life scientists into the field and ethics consultants into the clinical setting. Evidence based ethics is the newest empirical approach to bioethics inquiry…” This is a fairly minor revision, however I wonder if this change to the start of the paper does the job of keeping the concepts separate and distinct for the reader. Please advise.

2. Ashcroft suggests that it is worth mentioning that there are failings with respect to the qualitative tendencies in empirical research. This is a point that I agree is worth noting, although a detailed account is beyond the scope of this paper. I have added an endnote (#20) stating this and refer readers to Ashcroft’s “Constructing Empirical Bioethics: Foucauldian Reflections on the Empirical Turn in Bioethics Research”, which addresses this issue very well. Below is the new added text:

   Endnote 20. This is not to say, however, that this “informational” model, where empirical data informs moral deliberation, is without certain difficulties. While the failings of the qualitative tendencies in empirical ethics are beyond the scope of this paper, I refer readers to Richard Ashcroft’s thoughtful analysis of how social research evidence plays a part in the construction of the social order. See Ashcroft RE: *Constructing empirical bioethics: Foucauldian reflections on the empirical turn in bioethics research*. *Health Care Anal* 2003, 11:3-13.

Regarding Minor Essential Revisions, I found and corrected the one minor grammatical error noted by the first reviewer, Jerome Singh.

I hope that these changes address the reviewers’ points appropriately. I eagerly await your verdict on the matter and would happily revisit the issues if you see it fit. Thank you again for your courtesy and assistance. It has been a pleasure working with BioMed Central.

Sincerely,

Maya Goldenberg