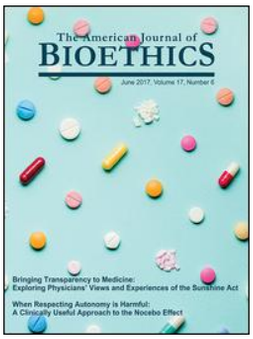

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A Code of Ethics for Ethicists: What Would Pierre Bourdieu Say? "Do Not Misuse Social Capital in the Age of Consortia Ethics"

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Social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition. (Bourdieu 1986, 248–249)

A CODE OF ETHICS FOR ETHICISTS?

In their target article, Tarzian and colleagues (2015) carefully discuss the origins, developmental process, and evolution of the code of ethics for health care ethics consultants. The code usefully articulates a set of aspirational norms, such as managing conflicts of obligation and protecting patient confidentiality. These norms, as laudable as they are, face three risks: (1) transforming ethical practice into a self-righteous "check-the-box" exercise, (2) creating a false sense of security for ethicists, regulators, and patients alike; and (3) isolating ethicists, be they in a clinical or research setting, from broader moral obligations to others and suggesting a greater degree of libertarian autonomy than exists, or should exist.

Ethicists are embedded within social networks that generate immense social capital and power. This generation of capital and power ought to be conceptualized further and kept in check in relation to any proposed code for ethicists. To supplement Tarzian and colleagues' code, we present an analysis that is relevant to clinical as well as research ethicists, both of which are equally subject to shifting but ever-present dynamics of power and social capital.

A SUPPLEMENTAL CODE FOR SOCIAL CAPITAL

Social Capital by Consortia Ethics

Pierre Bourdieu has defined the concept of social capital, as noted in the epigraph. Central to this notion is that social networks, social relationships, and/or institutionalized relationships generate resources and power for their members (Bourdieu and Waquant 1992). Emerging knowledge production practices such as collective innovation and consortia (Özdemir 2014; Özdemir et al. 2014) have led to a greater "horizontal" cross-cutting role for bioethicists, who now routinely engage with thousands of scientists and physicians in the capacity of a "science and health care enabler." This is a distinct shift from the traditional role social scientists and humanists have hitherto played for independent scholarly analysis of science and medicine (De Vries 2004; Dove and Özdemir 2013; Dove and Özdemir 2014). The move towards privatization, institutional merger, and large hospital networks in the current era of global neoliberal economic policies has permitted even greater networks of health care practices to emerge. In sum, "consortia science" and "consortia health care" have spawned "consortia ethics," often with an embedded agenda as an enabler of neoliberal bioeconomy and globalization. No doubt, this elevates the timeliness and importance of the concept of social capital in discussions for a code of ethics. Surprisingly, the power (self-)bestowed upon ethicists by the ethics "profession" has received no attention in the proposed code. Unchecked power and snowballing social capital

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pose threats to both ethics scholarship and the publics they intend to serve.

Social Capital via Web 2.0

Bourdieu speaks of *durable* networks of social relationships in his conceptualizations of social capital. He notes that social capital is not independent from other forms of capital such as economic, physical, and cultural (e.g., education) capital. Traditionally, attaining social capital had a "high entry threshold," requiring time for cultivation, as well as the other forms of capital already mentioned. In the current interconnected, hyperkinetic age of Web 2.0, however, physical distances and temporal dimensions among persons have diminished with social media and professional networking programs such as Skype, Twitter, LinkedIn, and Facebook. These programs have no or low entry threshold to build social capital rapidly, and certainly do not require a person to have significant economic and cultural capital, let alone a great deal of competence in science, technology, or ethics. Acquisition and accumulation of social capital have thus been tremendously facilitated by Web 2.0. It is interesting to note that the current grant system also encourages low entry thresholds and at times forced collaborations; for example, big grant consortia demand that large numbers of people collaborate on a project.

An important difference for the social capital gained through Web 2.0 is that it is ephemeral, unlike social networks cultivated over time through situated knowledge and deep professional experience. Apart from the unchecked power emerging from social capital of ethics consortia, Web 2.0 can also facilitate misperceptions about ethics expertise. Because such actors are able to create their social networks rapidly (however transient they might be) on Web 2.0, they attain a tremendous amount of power that can be harnessed to undermine the credibility of ethics consultation in health care and research.

The ways in which Web 2.0 can be used to acquire social capital by ethicists or scientist-ethicist teams working in health consortia deserve explicit consideration in the proposed code for ethicists. Social capital is often the bridesmaid to power, and all power, whether durable or transiently emergent from Web 2.0, should be made accountable.

Discourse on Consortia: Seeking Symmetry

Consortia ethics has thus far been debated asymmetrically with a view to ascertaining the benefits of the networks. Networks, however, by virtue of their power, can be instruments of exclusion to scholars and innovative ideas perceived as threatening to sustain consortia power and practice. The name *consortia*, whether it is health care or research, much like "collaboration," can be misnomer when such networks are stripped of solidarity and genuine collective decision making in ethics consultations. We argue that openness to dissenting views and diverse

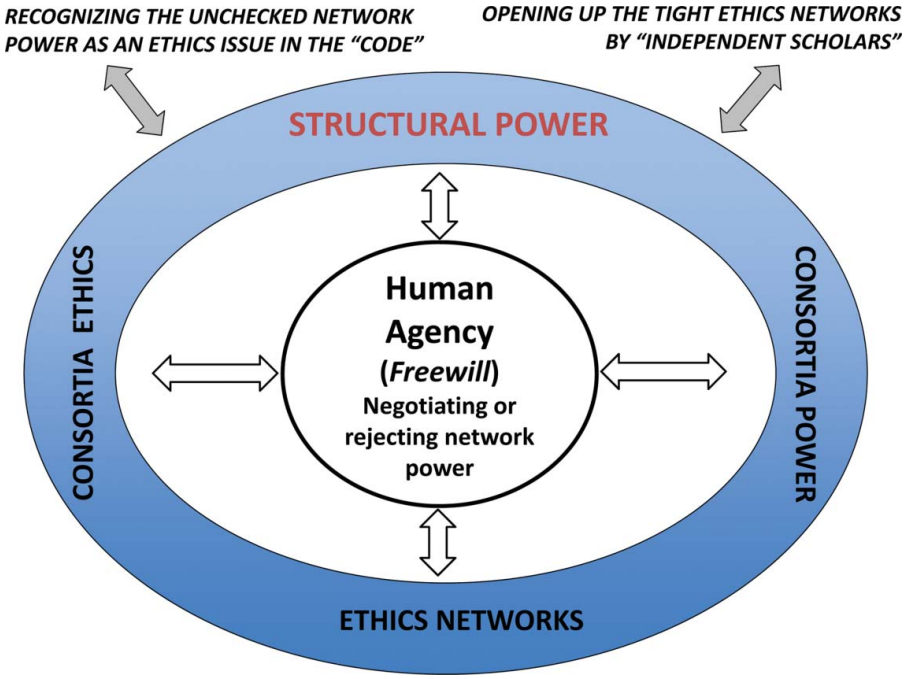

Figure 1. Emerging novel forms of power within the bioethics profession and ways of regulation by (1) an expanded code of ethics for ethicists that checks for the ethicists' use of their social capital, (2) independent blue skies scholars, and (3) cognizance of individual agency to accept or reject social capital. To prevent future co-option and misuse of the concept, the term "independent blue skies scholar" should be reserved only for truly independent scholars who are unlikely to benefit from consortia science or consortia ethics and their social capitals.

peoples are necessary components of network good governance on substantive principled grounds. Emerging practices such as crowdfunding and crowdsourcing also attest to the importance of reflexive and pluralist thinking (Özdemır et al. 2015).

Taken together, ethics practices in health care and science are increasingly characterized by extensive global networks of consortia that confer substantive social capital and, by extension, enormous power to ethicists (Figure 1). Forgoing any mention of accountability checks for social capital of ethicists in a proposed code of ethics is a serious gap that needs filling.

PROPOSED AMENDMENTS TO THE CODE

We propose three amendments to Tarzian and colleagues' code. First, we suggest that the code should include instruments to increase reflexivity among the ethics consultants on the power attendant to social capital. Social capital comes with responsibility to make it transparent and to prevent misuse, for example, toward personal career advancement or "gaming" the next grant or health care consultancy application by spending social capital on anticipated referees, or presenting personal anecdotes and hearsay as basis of normative decisions, among others. These are not trivial and are particularly relevant in resource-limited world regions where extreme poverty, infectious diseases, and poor governance already cause deficiency of economic and material capitals, making individuals severely vulnerable to the power of social networks and their social capital.

Expanding the code for proper and transparent use of social capital will not be enough to prevent the check-the-box predicament of ethics consultants, however. Second, therefore, there is a need to "open up" the ethics consortia and their tight social networks in ways that will enhance both reflexivity of ethics consultants and their innovative thinking. Any network can become entrenched or "locked in," losing its innovative cutting edge to think reflexively. One remedy is to invite to ethics consortia independent, non-entrenched "blue skies" scholars who are not immediately vulnerable to sociopolitical or socioeconomic cooption or preoccupied with career advancement and self-preservation. Such independent free agent (i.e., essentially non-cooptable) scholars might be willing to ask the ethicists "on frame" hard questions about the epistemology of their knowledge production, the rigor of their normativity, and the ends to which their networked power is used (Figure 1). A fresh continuing supply of independent reflexive scholars will be necessary, though, due to the risk that free agent scholars may over time succumb to cooption and entrenchment, even without being aware. Such engagement between consortia and independent scholars should thus be term-limited.

Third, we must bear in mind that while social capital may create structural "external power systems" in society, the agency and free will of the individuals are important determinants of power as well (Figure 1). One always has the option to reject the power of social capital from networks.

In sum, such cognizance, brought about by an expansion in the ethics code for (1) oversight of the social capital of ethicists, (2) mechanisms to invite out-of-network independent scholars to cultivate genuine reflexivity in ethics consortia, and (3) endorsing the role of individual agency to have a check on structural power, is highly relevant and a necessary supplement to the proposed code.

After all, the intended purpose and ethos of ethics are to make a difference—in the way we work, live, and relate to each other in 21st-century knowledge societies. Twenty-first-century bioethics is sorely in need of rigorous social science (Petersen 2013) and rigorous philosophy (Savulescu 2015). Various consortia around the world ought to work toward the production of genuine situated knowledge, rather than a mere meso-layer of information. Remaining unaware of or consciously blind to the roles played by social capital cannot lead to sustainable societies or just consortia. The concept of social capital has been successfully imported into public health as a component of the social determinants of health research over the past decade (Rose 2000). Bioethics scholarship would be served equally well by a deeper appreciation of the ways in which social capital, with its pros and cons, manifests itself overtly and latently in the current age of consortia ethics. ■

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Codes for Health Care Consultation: Which Definitions? Which Experiences?

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The article by Tarzian and colleagues (Tarzian et al. 2015) provides an excellent overview of the Code of Ethics and Professional Responsibilities for Health Care Ethics Consultants published by the American Society for Bioethics and Humanities (ASBH), as well as a useful historical analysis of previous documents.

However, two observations are in order. The first is of a substantial nature: The article does not define exactly what constitutes a "code." The second observation is purely formal: The analysis focuses exclusively on the situation in North America.

With regard to the substantial aspect, it has been pointed out that "codes come in many different forms . . . and bear a variety of names" (Pritchard 2012, 495).

It is worth noting that much of the literature on codes of bioethics in fact refers only to codes of medical ethics and thus fails to consider many nonmedical codes that are nonetheless relevant to bioethics. The entry headed "Nature and Role of Codes and Other Directives" in the *Encyclopedia of Bioethics* mentions almost exclusively "documents regulating the practice of medicine" (Spicer 2003). Even anthologies of codes concerning bioethics are mostly limited to documents on medical ethics; there is, in other words, a general tendency to ignore nonmedical codes, despite their potential relevance for bioethicists. As an example, one large collection of key "documents of great importance in bioethics" contains documents on topics such as research with human subjects, death and dying, reproductive technologies, and health care systems (Jonsen et al. 1998), but absolutely nothing on nonmedical codes.

Leaving aside this aspect (which shows how, in bioethics, a tendency to direct attention toward medical codes may lead to the neglect of possibly relevant nonmedical codes), we must ask ourselves what exactly is a "code." According to *The New Dictionary of Medical Ethics*, codes "serve principally to lay down rights and duties which should underpin professional practice" (McHaffie 1997).

Frankel defines three types of "standard": aspirational ("a statement of ideals or broadly stated principles to which practitioners should strive," where "there is no attempt to define with any precision notions of right and wrong behaviour"); educational ("which combines principles with explicit guidelines that can help the individual professional make more informed choices in morally ambiguous situations"); and regulatory ("which includes a set of detailed rules to govern professional conduct and to serve as a basis for adjudicating grievances, either between members or between members and outsiders") (Frankel 1996, 833).

The classification suggested by Harris is in part virtually identical: His definition of a "code of ethics" corresponds exactly to Frankel's "aspirational" group of standards. Harris's "codes of conduct" embrace educational and regulatory clauses, corresponding to Frankel's second and third categories of standard, and are intended for the benefit and regulation of the members of the group. Harris's third category covers "codes of practice," or documents written for nonmembers (Harris 1994).

Spicer draws a distinction between "(1) professionally generated documents that govern behaviour within the profession; (2) documents that set standards of behaviour for professionals but are generated outside the profession; and (3) documents that specify values and standards of behaviour for persons who are not members of a profession" (Spicer 2004, 2621).

The examples just given show that the main differences in classification lie not in the contents of these

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