



Research Article

Bioethics After the ‘End of IDEOLOGIES’: From the Myth of Ideological Disappearance to the Transformation of Normative Frameworks

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Abstract

This article examines the background to bioethical debates in the context of contemporary claims regarding the “end of ideologies”. While bioethics is often presented as a neutral framework for ethical decision-making in medicine and the life sciences, this study argues that it remains deeply rooted in competing normative and philosophical traditions. For this, it adopts a conceptual and historical qualitative approach based on a critical and narrative review of the literature on bioethics, governance of biomedicine, political and moral philosophy, and sociology. The corpus was selected to include seminal works in bioethics, fundamental analyses of moral pluralism and decision-making in bioethics, as well as reference works of the debate on ideology, biopolitics, deliberation and technocratic governance. Drawing on these sources, this analysis reconstructs the axiological frameworks underpinning contemporary bioethical debates and examines whether the purported disappearance of ideologies from the bioethical debate leads to a real post-ideological bioethics. The article argues that ideology is not eliminated but rather its expression is transformed into implicit normative structures embedded within decision-making processes. Ideologies presence in bioethical debates is masked by what might be termed procedural and technological bioethics. These approaches aim to objectify the debates and ensure that bioethics meets the requirements of the scientific method. This analysis challenges the notion of bioethical neutrality and highlights the enduring role of ideological frameworks in shaping biomedical ethics. Ideological and axiological perspectives thus permeate bioethical debates and shape the direction of bioethical decisions and regulatory provisions, though an institutionalized arena for managing moral pluralism.

Keywords

Bioethics, Debate, Ideology, Moral Pluralism, Normative Frameworks, Procedural Ethics, Technological Bioethics, Post-Ideological Bioethics

1. Introduction

Since the second half of the 20th century, bioethics has established itself as a crucial interdisciplinary field for examining biomedical practices and technoscientific advances. Its

emergence can be explained by a crisis of confidence in medicine and scientific research, particularly following revelations of serious abuses during human experiments. Significant

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historical events, such as the trials related to medical experiments conducted by the Nazis, revealed during the Nuremberg Doctors' Trial [1], or the Tuskegee Syphilis Study [2], have seriously called into question the ethical principles underpinning medical practice. These events have also encouraged in-depth reflection on the standards that should govern research and care. In this context, bioethics has gradually established its institutional place, leading to the creation of ethics committees, the development of regulatory frameworks, and the production of an increasingly rich body of philosophical and normative literature.

At the same time, bioethical discourse has been structured around various theoretical frameworks designed to guide decision-making in morally complex situations related to medicine and biotechnology. One of the most influential approaches remains principlism, developed notably by Tom L. Beauchamp and James F. Childress [3], which proposes structuring bioethical deliberation around four fundamental principles: autonomy, beneficence, non-maleficence, and justice. However, despite the apparent universality of these principles, many authors have emphasized that bioethical debates remain deeply marked by broader philosophical and moral divergences, reflecting different visions of the person, society, and the role of medicine. The positions defended by thinkers such as Peter Singer [4], inspired by utilitarianism, or those of Leon Kass [5], associated with a bioconservative perspective, illustrate the plurality of normative frameworks that structure contemporary debates.

In this context of moral pluralism, certain contemporary discourses have nevertheless suggested that modern societies have entered an era characterized by a weakening of major political and philosophical ideologies. This thesis, associated in particular with Francis Fukuyama's analyses on the "end of history" [6], has fueled the idea that structuring ideological conflicts have gradually given way to more pragmatic or technocratic forms of governance. If such a hypothesis were to be taken seriously, it raises a fundamental question for bioethics: can bioethical debates persist in the absence of explicit ideological frameworks, or does bioethics necessarily rest on normative worldviews that structure and guide moral positions?

This article examines this question by analyzing the relationship between bioethics and ideology. More specifically, it aims to determine whether bioethics can claim normative neutrality or whether, on the contrary, it remains intrinsically linked to ideological and philosophical frameworks that guide moral debates in the biomedical. The study adopts a qualitative conceptual and historical approach based on a critical narrative analysis of bioethical, philosophical and interdisciplinary literature. It uses a critical narrative review to reconstruct the normative frameworks that underly contemporary bioethical debates. It also examines the possibility of a bioethics after ideologies, namely a real post-ideological bioethics.

The article unfolds in three stages. First, it examines the historical origins and normative foundations of bioethics to highlight the institutional and ideological contexts in which this

discipline emerged. Second, it analyzes the main philosophical and normative orientations that structure contemporary bioethical debates. Finally, it discusses the hypothesis of a "post-ideological" bioethics, by considering the procedural and technocratic forms of bioethical deliberation and governance. Through this analysis, this research argues that the apparent disappearing of explicit expression of ideologies in bioethical debates does not mean the disappearance of normative conflicts. It rather reflects a transformation in the ways in which normative commitments are expressed, justified, and institutionalized within bioethical deliberation.

2. Methods

This study adopts a qualitative, conceptual, and historical research approach, – but non empirical or systematic review – based on a critical narrative review of the literature rather than on an empirical study or a systematic review. Its objective is to reconstruct the normative and ideological frameworks through which major bioethical debates have been conceptualized and to determine whether ideological influences have disappeared from them or not.

The corpus – purposive/theory-oriented – was selected through a reasoned process and includes four interconnected sets of works: namely, the seminal and historical works on the emergence and institutionalization of bioethics; the main philosophical approaches to bioethical reasoning and decision-making; works on ideology, moral pluralism, and the thesis of the "end of ideologies"; and contributions concerning deliberative, procedural, technocratic, and biopolitical forms of governance in medicine and the life sciences. Priority was given to seminal and highly influential authors – including Beauchamp and Childress, Jonsen and Toulmin, Singer, Kass, MacIntyre, Sandel, Rose, Callahan, Engelhardt, Habermas, Rawls, Žižek, Bell, Aron, and Fukuyama – selected on the basis of conceptual rather than chronological criteria. Classic texts were chosen for their enduring relevance, and recent literature was included to the extent that it enriches the interpretation of bioethics, ideology, pluralism, or governance.

The analysis is conducted in three stages. First, the historical and conceptual foundations of bioethics are reconstructed in order to identify the issues and institutional developments that led to its emergence. Next, recurring normative orientations are compared and organized into two typologies: one distinguishing five conceptions of the function of bioethics (moral discipline, political technology of governance, democratic forum, mechanism for managing pluralism, critical response to technoscience), and the other identifying five normative-ideological orientations (liberal/autonomist, utilitarian, bioconservative, communitarian, critical). Finally, these two typologies are related to the hypothesis of the "end of ideologies," with particular attention paid to procedural and technocratic forms of decision-making. These typologies are heuristic constructs derived from a review of the literature, rather

than exhaustive classifications – designed to clarify the relationship between ideology, normativity, and institutionalized bioethical deliberation.

3. Historical Origins and Foundations of Bioethics

It should first be noted that bioethics emerged from a moral crisis in medicine. This crisis exceeded the capacity of the profession's classical deontological ethics. Indeed, bioethics emerged when medicine could no longer be regulated solely by traditional professional ethics. This obsolescence of medical deontological ethics resulted from unprecedented changes in medical practice and in scientific research related to the medical profession. Medical progress in the 20th century made medicine technologically powerful. This practical power has been accompanied by the emergence of new moral dilemmas. These dilemmas have rendered the old Hippocratic norms obsolete and incapable of meeting the axiological demands required by the nature of the new ethical problems. These new ethical challenges are raised by a succession of possibilities offered by the technoscientific progress of science. One of the first instances reflecting the crisis of values in medicine is the experimentation on humans – notably Nazi prisoners – by doctors in Nuremberg [7].

This episode in the history of medicine, which was the subject of legal proceedings, led to the founding document of modern human research ethics: the Nuremberg Code. This document constitutes the starting point of modern human research ethics [8]. Of course, moral concerns regarding research on humans are much older. They already appeared in the 19th century in the work of Claude Bernard, for whom human experimentation is necessary but must respect the patient. He wrote, to this effect, in *An Introduction to the Study of Experimental Medicine*, that “the principle of medical and surgical morality, therefore, consists in never performing on man an experiment which might be harmful to him to any extent, even though the result might be highly advantageous to science, i.e., to the health of others” [9].

However, the 1960s truly marked the emergence of bioethical debates, with the technical possibility of performing transplants of vital organs – the first of which was carried out in 1960 by surgeon Christiaan Barnard at *Groote Schuur Hospital* [10-11]. Following this medical breakthrough, the redefinition of death – or the introduction of an alternative definition of death – “brain death” – appeared in the *Harvard Medical School Committee Report* (1968), which established the term “irreversible coma.” The report states: “Our primary purpose is to define irreversible coma as a new criterion for death” [12]. This redefinition of death is directly linked to organ transplantation. Thus, organ transplantation from brain-dead donors became possible thanks to this redefinition of death [13]. However, it raises enormous ethical questions – to which the Hip-

pocratic normative framework cannot provide answers – regarding the removal of organs from a person who is still biologically alive but brain-dead.

Similarly, the debate on end-of-life care also reveals the limitations of the traditional axiological framework – within which medicine has historically operated – in addressing issues related to patient rights, the withdrawal of treatment, and autonomy. The debates in the Karen Ann Quinlan case before the New Jersey Supreme Court [14-16] reflect the sensitivity of end-of-life issues in the context of medical care.

Furthermore, the inadequacy of medical ethics is also evident when it comes to the ethical questions raised by the advent of reproductive technologies in medicine, marked by the birth of the first baby conceived through *in vitro* fertilization. According to Kamel, the birth of Louise Brown on July 25, 1978, marked the beginning of *in vitro* fertilization (IVF) [17]. Reproductive technologies raise ethical questions outside the normative scope of medical practice, particularly those concerning the moral status of the embryo, the manipulation of living organisms, biological parenthood, and genetic selection [18].

The reality of this ethical shortfall has led to the search for a new normative framework for medical practice in particular, and for research involving human beings in general. The goal is to ensure the preservation of human dignity. It is in this sense that biologist Van Rensselaer Potter, one of the first to use the term bioethics in his book *Bioethics: Bridge to the Future*, expresses the need for a science of survival. For him, “An *instinct* for survival is not enough. We must develop the *science* of survival, and that must begin with a new kind of ethics – bioethics” [19]. In other words, this new science is an ethics of survival in the face of unprecedented developments in knowledge applied to humans. Bioethics is thus conceived as a bridge between science and values, a bridge between knowledge and wisdom. However, a fundamental question remains: namely, whether bioethics is a moral response to scientific abuses or a new form of scientific governance.

In light of medical scandals – such as the Nuremberg trials and the Tuskegee Syphilis Study, a study conducted from 1932 to 1972, in which treatment was withheld to observe the progression of the disease in certain patients – which also led to the emergence of bioethics, a concept has become central to the approach to patients, both in medical practice and in scientific research involving humans. For these scandals revealed that science can violate human rights and highlighted the need for ethical standards external to medicine. Consequently, bioethics, from its inception, enshrines the concept of consent. The Nuremberg Code enshrines it in these terms: “The voluntary consent of the human subject is absolutely essential” [7]. It cannot be assumed; it must be explicitly and voluntarily given. In this sense, Beauchamp and Childress, in their work on structuring bioethics around guiding principles, note that “Respect for autonomy” has become central in decisions about life-sustaining treatment and “medical care” [3]. This princi-

ple is part of the framework of principles – autonomy, beneficence, non-maleficence, justice – around which bioethics has been philosophically constructed, following the model of Tom L. Beauchamp and James F. Childress. Fitting within the framework of a common morality/universal values, this principlist model competes with the casuistic model of Albert R. Jonsen and Stephen Toulmin [20], which emphasizes reference to the specific situations of ethical problems. It is true that principlism is dominant in modern bioethics, but just like the often ineffective particularism of casuistry, it leaves unresolved the debates on the meaning of the universal and its cultural origin – which can only be one perspective on the world and its realities.

Beyond theory and academic debates – which bioethics transcends – it has gradually become a social and political institution. This aspect of bioethics emerged with Institutional Review Boards (IRBs), namely the establishment of the first Hospital Ethics Committees (HEC), particularly in the United States during the 1960s and 1970s. The most famous case involved the Seattle Artificial Kidney Center's decisions regarding access to dialysis. Indeed, due to the scarcity of dialysis machines, "From its inception in 1962, The Northwest Kidney Center (as the Seattle Artificial Kidney Center was called after 1970) attempted to help its patients pay the annual bill to stay alive" [21]. The establishment of this HEC sparked a major debate on the ethical management of limited medical resources or in situations of health or sociopolitical crisis. Shana Alexander's paper, titled "They decide who lives, who dies", is also considered one of the catalysts for modern bioethical debates. In this text, the author notes that the role of this small committee is to decide who shall receive the scarce life-saving treatment [22]. This statement shocks any moral conscience and fundamentally questions the foundations or criteria for decisions regarding access to dedicated care (life) or exclusion (death).

Research Ethics Committees (REC), which emerged around the same time as the aforementioned bodies, are dedicated to protecting participants in scientific studies. Their establishment was prompted by abuses observed in scientific research involving human subjects. Henry Beecher's article, "Ethics and Clinical Research" (1966), highlights this reality by listing and describing twenty-two (22) unethical medical studies [23]. In 1974, the creation of research ethics committees became mandatory under the National Research Act in the United States of America [24]. In the same vein, France legislated on medical practices and research through the 1994 Bioethics Law [25, 26]. Beyond the HECs and RECs, national ethics and/or bioethics commissions were gradually established around the world and led to the institutionalization of the bioethics. These biomedical laws and the oversight and regulatory bodies are intended to provide a framework for medically assisted reproduction. If we conduct an analysis that transcends the conditions under which bioethics emerged to understand it from the perspective of a macro-ethical entity, it appears that it can have different definitions depending on its

scope of application or the conceptual framework adopted. Five main approaches can be identified.

The first is principlist in nature and can be likened to Beauchamp and Childress. At this level, bioethics can be considered a branch of moral philosophy applied to the life sciences and medicine. As such, it seeks to determine morally justifiable actions in clinical situations or scientific research. This bioethics applies moral principles to concrete situations [3].

A second interpretation is that bioethics is a political technology for governing the biomedical sciences. This approach is close to Michel Foucault's thinking on biopolitics and is evident in the work of Nikolas Rose, for whom "Bioethics has become a key element in the governance of contemporary biomedicine" [27]. As such, bioethics serves to regulate scientific innovations, manage risks, and generate public legitimacy. It thus becomes a component of life sciences management.

The third approach is one in which bioethics resembles a democratic forum for deliberation. Inspired by Habermas, it constitutes a space for public discussion where different social values can be debated. This idea appears in the work of Daniel Callahan. According to him, bioethics emerged as a public forum for debating the moral limits of medicine "in providing further patient benefit" [28]. Bioethics thus becomes the venue for mediation between science and society, where different viewpoints and ways of seeing the world clash. Ethics and bioethics committees create the conditions for dialogue among various stakeholders, namely doctors, lawyers, philosophers, citizens, etc. This approach is closely related to another, which views bioethics as a mechanism for managing axiological pluralism. Given that there is no axiological unanimity, either at the social level or within the medical sciences, bioethics reflects deep moral disagreements about the goals of medicine. Society's moral divergences converge in the bioethical debate. This debate becomes an arena for the confrontation and neutralization of ideologies and the synthesis of social values. Since society is composed of individuals with divergent values, this confrontation within the bioethical debate fosters the coexistence of axiological antagonisms, particularly regarding life, death, or reproduction.

The final approach worth noting is that of bioethics functioning as a moral critique of technoscience. From this perspective, it serves to critique the excesses of medicine and the technosciences. It thus plays the role of a moral counterweight to technoscientific achievements and protects human dignity in the face of technological transformations of living organisms.

Bioethics, which emerged from philosophical debates and medical scandals, is thus presented as a branch of moral philosophy applied to concrete situations. However, it has gradually diversified in both scope and role. It is presented as a response to the crises of modern medicine. It is no longer merely a philosophical discipline; depending on the approach, it has become a moral critique and an instrument for governing science and biomedical technologies. It thus plays a decisive role

in regulating innovations, arbitrating moral conflicts, and legitimizing biomedical decisions. Furthermore, it often presents itself as a forum for deliberative democracy and a mechanism for managing axiomatic divergences and their harmonious coexistence. Under these conditions, bioethics is no longer a philosophical discipline; it is pluralistic and defines itself according to the approach in question [29-31]. As such, what relationship does bioethics maintain with the ideologies that are omnipresent in the social and scientific spheres?

4. Bioethics and Ideological Frameworks

According to Daniel Bell, “Ideologies [...] are not only false ideas, but they mask particular interests. Ideologies claim to be truth, but reflect the needs of specific groups” [32], p. 396. Ideologies express and defend the interests of those who hold them. In debates, ideological confrontations are thus conflicts of interest. This is also evident in bioethics. Contemporary bioethical debates are characterized by clashes of competing ideas, opinions, and interests, or of perceptions of the realities under discussion. The normative frameworks that structure these bioethical debates offer different interpretations of the moral limits of biomedical intervention on humans. These debates can be structured around various major ideological axes. These ideological axes may encompass several schools of thought or ideologies. A specific bioethical approach can be found within each ideological axis. Thus, one can identify an autonomy-centered bioethics, a utilitarian bioethics, a bioconservative bioethics, a communitarian bioethics, and critical approaches.

Autonomy-centered bioethics emphasizes the argument of individual sovereignty, as the primary moral value is the patient’s individual autonomy. It supports the idea that the fundamental moral norm in medicine is respect for the patient’s autonomy [3]. It stems, in large part, from the bioethical principlism theorized by Tom L. Beauchamp and James F. Childress. The principles are primarily oriented, for their interpretation, toward the interest of the individual, which transcends that of the group.

The main schools of thought found in this “branch of bioethics” are liberalism and libertarianism. These schools are similar, with some nuances. In liberal bioethics, individual freedom takes precedence in any situation involving medical practice or scientific research. Thus, medical decisions, or an individual’s involvement in scientific research, must respect personal freedom as long as they do not harm others. This bioethics advocates, among other things, free and informed consent, the right to refuse treatment, certain forms of euthanasia, and reproductive freedom.

Autonomy is radicalized through libertarianism in bioethics. Under the influence of this school of thought, the idea is defended that the human subject possesses fundamental rights over their own person. They are therefore the only ones capable of deciding what is best for them. This is certainly why Robert Nozick asserts: “Individuals have rights, and there are

things no person or group may do to them (without violating their rights)” [33]. In other words, no external constraint on the human subject is permissible to subject them to any medical or biomedical practice or research, regardless of the stakes or opportunities involved. In this approach to bioethics, there is support for markets for organs freely donated by informed individuals and for complete freedom regarding assisted reproduction. There is thus a strict limitation on external intervention, particularly by the state, and a call for limiting biomedical regulation.

Consequently, within this autonomy-centered approach, bioethics is intended to protect individual freedom against medical, institutional, or state power. Thus, the legitimacy of biomedical decisions rests on individuals’ ability to determine for themselves what concerns their bodies, their health, and their lives. Respect for autonomy acknowledges the value of individuals’ capacity to make their own choices [3].

In contrast to the bioethical approach centered on individual consent, utilitarian bioethics emphasizes the argument for collective well-being. Based on utilitarianism, in the sense of Jeremy Bentham and John Stuart Mill, this bioethical approach grounds the morality of medical and biomedical decisions and actions in their overall consequences. Biomedical choices must therefore maximize overall well-being rather than solely considering or protecting individual autonomy. The rightness of actions is proportional to the benefit they generate and the number of individuals who benefit from them. One of the leading authors of the utilitarian approach to bioethics is Peter Singer, for whom the right action is the one that produces the best consequences. The best consequences are those that are beneficial, both quantitatively and qualitatively, to the greatest number of people.

Consequently, if the harmfulness of a research project or medical procedure to humanity has not been established, it should not be ruled out based solely on potential effects on individuals. This approach influences the prioritization of medical resources [34], the costeffectiveness evaluation of treatments, and certain arguments in favor of embryo research. According to Singer, “Ethics requires us to go beyond our own personal point of view to a standpoint like that of the impartial spectator” [4]. Ethics cannot be selfish but must be outward-looking. It involves an open-mindedness regarding the benefits of an action for humanity and not merely for the individual.

However, this approach does not view humanity as an abstract idea but as a reality that exists in the presence of opportunities for greater well-being. This explains why it raises no objections to the progressive aims of biotechnology. This stance is found, for example, in Julian Savulescu, who, without going so far as to support eugenics, asserts that “couples (or single reproducers) should select the child, from among the possible children they could have, who is expected to have the best life” [35]. The ultimate goal of this position is to enable humanity to lead a less painful life, with fewer disabilities and sufferings that are difficult to accept, given the possibilities offered by biomedical technologies.

In contrast, conservative bioethics, far from considering only the physical existence of humans and seeking technoscientific opportunities to improve it, focuses on the preservation of human dignity and the moral limits of biotechnology. For this bioethical perspective, certain biotechnological innovations threaten to undermine human dignity. This potential to alter the nature of the human being demonstrates that we should embrace technoscientific progress with caution, so as to avoid hastening humanity toward its end. For, as Leon Kass notes, “the burgeoning technological powers to intervene in the human body and mind, justly celebrated for their contributions to human welfare, are also available for uses that could slide us down the dehumanizing path toward what C. S. Lewis called, in a powerful little book by that name, the abolition of man” [5]. Kass’s warning reflects the stance of conservatism and bioconservatism regarding interventions in the human genetic heritage and the human brain.

Thus, conservative or bioconservative arguments tend to be critical of the expansion of certain biotechnological practices such as cloning, human genetic engineering, and certain forms of assisted reproduction. According to bioconservative logic, “Not everything we are free to do, morally or legally, do we have a right to do” [5]. Ethical restraint is indispensable for the survival of humanity, for humanity is not to be reinvented [36]. The necessity of ethical restraint runs through the theses of this bioethics. The clear commitment to preserving humanity, as we know it, stems from the distinctiveness attributed to humanity. Francis Fukuyama highlights this aspect by writing: “human nature exists, is a meaningful concept, and has provided a stable continuity to our experience as a species” [37]. For him, the inherent meaning of the concept of humanity has ensured the human race a continuous existence, free from upheavals that might call into question both its biological existence and its identity. Conservative bioethics, or bioconservatism, thus aims to protect human dignity and nature against any form of biotechnological excess. The goal is not to ban biotechnological progress, but to provide an ethical framework for it.

Communitarian bioethics, on the other hand, links biomedical decisions to the moral and social values of communities and their traditions. It presents itself as a critique of the individualistic considerations of bioethical principles. The individual is not viewed in isolation. They are embedded in their community, which gives them their existential meaning. As such, biomedical choices are not solely individual choices. They take into account the impact of those choices on the group as a whole. This is why Alasdair MacIntyre emphasizes that “I can only answer the question ‘What am I to do?’ if I can answer the prior question ‘Of what story or stories do I find myself a part?’” [38].

The communitarian approach to bioethics is particularly rooted in a critical perspective toward liberal eugenics, genetic enhancement, and the commodification of the human body. This is evident in Michael Sandel’s arguments. According to him, “To appreciate children as gifts is to accept them as they

come, not as objects of our design, or products of our will, or instruments of our ambition” [39]. Since humanity transcends the individual, no one should appropriate it and do with it as they please.

In addition to these approaches to bioethics, with explicitly identifiable ideologies, there are others that add sociopolitical dimensions to the analysis of these issues. These include, among others, what might be called feminist bioethics, post-colonial bioethics, critical bioethics, and so on. They analyze inequalities in access to care, the governance of biotechnologies, or the medicalization of the body [27]. Others emphasize the morality of the healthcare provider or researcher. These “virtue-based approaches” view medicine and related research as a moral activity. This is evident in the work of Edmund D. Pellegrino and David C. Thomasma, in their book titled *The Virtues in Medical Practice*. For them, medicine is a moral endeavor rooted in the practitioner’s values [40]. They emphasize compassion, prudence, and the professional integrity of the physician or researcher.

The ideologization of the bioethical debate becomes strikingly evident with the emergence of religious bioethics (Christian, Islamic, Catholic, etc.). As this suggests, ideology permeates and shapes bioethics, driving the various debates according to competing orientations. Ideological confrontations are clearly evident in debates on the major issues in bioethics [41, 42].

On issues related to euthanasia and medical assistance in dying, the priority is placed on patient autonomy, in line with liberal or libertarian bioethics. The patient has the right to decide on their own death [43]. This position conflicts with bioethical bioconservatism. Regarding the commodification of the human body, particularly the sale of organs, bioethical libertarianism is at odds with communitarian bioethics [44]. The former holds that ownership of the body belongs to the individual, whereas the latter maintains that the body must not be treated as a commodity, since every person embodies humanity. The same applies to assisted reproduction and parenthood, where personal autonomy of choice [45] conflicts with the preservation of family norms in bioconservative and communitarian bioethics.

Unlike the liberal and libertarian positions on the issue of euthanasia, human life possesses intrinsic dignity in bioconservative bioethics, and medicine must never cause death. It is in this sense that Ronald Dworkin argues that “Making someone die in a way that others approve but he believes is horrifying is a devastating form of tyranny” [46]. On issues related to embryonic research, conservatism and bioconservatism hold that the embryo possesses intrinsic moral value. They thus clash axiologically with bioethical utilitarianism and transhumanism on the issue of human genetic editing.

Bioethical utilitarianism, in competition with bioconservatism, emphasizes the potential medical benefits (treatments, therapies) for humanity in the context of human embryo research and the sale of organs. Saving the greatest number of lives is prioritized. Regarding human gene editing, utilitarian

bioethics aligns with liberal bioethics [47], opposing the bio-conservative trend.

In light of the above, bioethics reflects worldviews. Bioethical debates do not concern scientific facts alone, but involve different visions of the human person and human society.

Bioethics does not, therefore, eliminate ideologies, but rather fosters their institutionalized confrontation. Thus, different ideologies give rise to different bioethics. Ideology is so pervasive that one might wonder whether bioethical debates could exist in the hypothetical absence of all ideologies.

5. The Hypothesis of the End of Ideologies: Toward a Post-Ideological Bioethics

The consideration of the end of ideologies, in the history of thought, dates back to the first half of the 20th century and is part of the war of ideas in the West, particularly in Europe. According to Daniel Bell, one of the first to use the notion of the “end of ideology” was Albert Camus, who, in an internal debate within the French Socialist Party in 1946, regarded his renunciation of Marxism as an absolute philosophy as such [32]. In this context, the end of ideology refers to the disappearance of the ideological lifeblood that nourished socialism. It is from this same perspective that many other thinkers have addressed the issue of the end of ideologies.

In *The Opium of the Intellectuals*, Raymond Aron notes a disillusionment with totalizing ideologies characterized by dogmatic rationalizations. This ideological dogmatism can be explained by the fact that ideology has become the religion of intellectuals [48]. Instead of enlightening and guiding action, ideology inclines the intellectual toward fanaticism. This is why Raymond Aron calls for skepticism toward these new religions. Indeed, having become secular, religions, ideologies dissolve and tend to disappear when one turns away from their dogmas. This marks the end of the ideological age.

Beyond the illusory nature inherent in ideology, according to Daniel Bell, the major ideologies of the nineteenth and early twentieth centuries have lost their ability to structure modern, advanced industrial societies. He observes that “out of all this history, one simple fact emerges: for the radical intelligentsia, the old ideologies have lost their ‘truth’ and their power to persuade” [32]. Indeed, the ideologies that have shaped humanity’s sociopolitical and economic history over the centuries are gradually and radically disappearing from the public sphere. At the very least, ideological confrontations over the socio-economic and political models of societies have diminished; or, we are witnessing the emergence of mono-ideological public spheres [6]. Ideologies are no longer capable of imposing their axiological meaning on the world. Thus, the world has “a system of mixed economy and of political pluralism. In that sense, too, the ideological age has ended” [32]. This end is marked by ideological coexistence and the mutual neutralization of ideologies. The world is economically and politically

mixed. The oppositions between major ideologies have virtually disappeared. Consequently, it becomes inappropriate to invoke an ideology as an explicit reference point for an argument or to frame problems – whether scientific, sociopolitical, or economic – in ideological terms.

This reality also applies to the specific case of bioethics, where one cannot credibly invoke an explicit ideological basis in the analysis or decisions regarding issues related to biomedical biotechnologies. This holds true for both secular and religious ideologies. Thus, the hypothesis of the end of ideologies in bioethics presupposes a radical elimination of any ideological reference in deliberations and the formulation of principles.

Its verification should be marked by absolute or heightened neutrality in bioethics, in all its forms. The goal of meeting this requirement puts into perspective the temptations and/or attempts at technocratic and/or procedural bioethics. Although the two variants of bioethics that can be identified in the application of bioethics may be seen as similar, each has its own specific characteristics and objectives. Procedural bioethics aims to resolve moral conflicts without imposing a moral truth. The foundational premise of this approach takes into account clashes of opinions or values. The societies are essentially constituted of moral strangers, “people who do not share a common moral vision” [49]. The strangeness of society’s actors to one another has led to the prioritization of developing legitimate decision-making procedures over the search for truth. Furthermore, procedural bioethics does not make the pursuit of the good its ultimate goal. The priority is the search for an agreement acceptable to the parties involved. Only this type of agreement gives ethical decisions their authority. The authority of moral conclusions arises from the agreement of the participants, not from a shared moral truth. Truth is, in this case, secondary to ethical consensus. Bioethics becomes, in fact, contractual, minimal, procedural.

The goal is to reach an agreement, not to impose a truth or set of ideas. This stems from the defining characteristic of modern societies, namely irreducible pluralism, which proves incompatible with ideological reasoning [50]. Consequently, it is essential to have fair procedures in which every stakeholder is satisfied and which eliminate any suspicion of bias. The framework for expressing this plurality that can guarantee such assurance is ethics and/or bioethics committees. It is characterized by collective deliberation and procedural consensus. Indeed, the moral legitimacy of decisions stems from deliberation that is, while collective, rational. The rationality, relevance, and legitimacy of deliberation depend on the quality of the participants in the discussions, according to Jürgen Habermas. “Only those norms of action are valid to which all possibly affected persons could assent as participants in rational discourses [51]. By participating in the bioethical debate in good faith and on an equal footing, without any status of influence, the actors arrive at an operational consensus that does not reflect the ideology of any stakeholder.

Bioethics, in its procedural form, thus presents itself not as

a substantive moral doctrine or a set of fundamental guiding principles, but rather as a process of deliberation and a method of collective decision-making. It thereby transcends ideological dominance and deadlocks to serve as a framework for collective decision-making. However, the limitations and biases inherent in the ethics of discussion will carry over into bioethics. Furthermore, procedural formalism could strip ethical debates of their substance. This could undermine the functioning of ethics and/or bioethics committees and diminish the legitimacy of decisions and their validity. To mitigate these risks, there is a tendency toward a technocratic bioethics.

Technocratic bioethics, beyond mere reflection, can be understood as an instrument for regulating biomedical practices. As such an instrument, bioethics is integrated into contemporary systems of power. This is why Nikolas Rose argues that bioethics has become a key element in the governance of contemporary biomedicine [27]. In other words, it serves as a governing body for biomedicine, both in practice and in research. As such, it is embedded in biopolitical mechanisms and constitutes the governance of life in the Foucauldian sense of the term [52]. In its orientation toward biopower, technocratic bioethics relies primarily on the expertise of specialists in fields related to the ethical dilemmas under discussion. These experts inform the decisions and rules of action to be codified. This makes bioethics a regulatory tool and a standardization mechanism in the face of the axiological challenges posed by new medical practices in the era of technologies applied to biology and medical science.

This approach allows bioethics to fulfill its original role, which is to provide practical answers to concrete ethical problems raised by the application of biomedical technologies to humans. As Albert R. Jonsen states, bioethics developed as a practical enterprise concerned with resolving moral problems in medicine [53]. Aimed at resolving real-life ethical dilemmas, technocratic expertise becomes – to the detriment of ideological stances – an integral part of decision-making, both for the practical medical practice and the allocation of scarce or limited medical resources (such as organ transplantation) and for scientific research. Bioethics, in this context, provides legitimacy for sensitive scientific and medical decisions, a framework for innovations, and serves as a tool for governance.

Nevertheless, this technocratic orientation of bioethics carries a significant risk: that it will lead to a pragmatic, institutional bioethics – or one that borders on exclusively technocratic management. The main implications of this shift are threefold. The first is the marginalization of fundamental questions or concerns that cannot be materially demonstrated. Ethical issues related to human dignity would then fall into disuse, and an extreme axiological relativism would emerge. The second consequence is institutional prevalence or dictates. By becoming an institution or being within institutions, decisions or opinions may reflect the interests of the institutions rather than transcending them to take the human into account. The third consequence is the tension arising from an exclusive

or privileged consideration of the views of experts or specialists on the issues at hand, rather than taking into account the views or opinions of the various segments of society. Technocratic bioethics also carries its own inherent risks.

In short, the two models or trends of post-ideological bioethics, beyond their risks, each have a distinct logic for legitimizing decisions or actions. While procedural bioethics favors a logic of legitimization through deliberation, technocratic bioethics emphasizes a logic of legitimization through expertise and regulation. Furthermore, although distinct, the two trends are linked. It must be acknowledged that it is, in fact, difficult to identify or understand each variant in isolation. Procedural bioethics can even easily become technocratic; this occurs when experts dominate decision-making, procedures become formalized, and moral debate is weakened. But beyond that, the main element that these two models of bioethics emphasize is decision-making neutrality. Bioethics – whether it takes a procedural or technocratic orientation, regardless of the risks it may entail – presents itself as trans-ideological. Thus, explicit ideological expression is not welcome in either procedural or technocratic bioethics.

However, we should not delude ourselves. Ideologies do not simply disappear from the field of bioethics. While bioethical decisions strive to be neutral, this does not mean that ideologies are absent from the debates. They are omnipresent and are almost inseparable from them. Indeed, debate exists only because there are divergent points of view. A divergence in perspectives stems solely from the existence of differing worldviews and interpretations of the world's phenomena, of life and its unfolding. These conceptual differences arise from and reflect implicit (or even explicit) ideological currents. According to Slavoj Žižek, ideology is not simply imposed on ourselves, it is our spontaneous relationship to our social world [54]. Thus, the presence of ideologies in the bioethical debate is not an element emanating from the outside. The very fact that bioethics is not external to human societies subjects it to the omnipresence of the ideologies that exist within them. Yet it is impossible for ideologies to disappear entirely from human societies.

New ideologies may weaken old ones, but there are always ideologies that shape opinions and actions. This is what we see throughout the history of scientific thought – regardless of the field of science. This is illustrated by the rise of heliocentrism over geocentrism, evolutionism over fixism, dualism over monism, materialism over idealism, and so on. The critique or weakening of one ideology paves the way for the rise of another. Thus, leftwing Hegelians, notably Feuerbach and Marx, by criticizing German idealism – deemed too abstract and disconnected from practical social reality – contributed to the birth, development, and expansion of socialism in opposition to capitalism. Feuerbach, in particular, advocated replacing theology with anthropology. Over time, we have also witnessed the eclipse of essentialist ideologies in favor of the rise of existentialist and materialist ideologies [32]. There is, therefore, always a context that supports the emergence of an

idea or a thought. As Alasdair MacIntyre points out, “all reasoning takes place within the context of some traditional mode of thought” [38]. Bioethics, being no exception, is thus constantly permeated by ideologies. Even in the absence of explicit ideologies, individuals remain caught up in implicit ideological structures.

The same holds true for procedural and technological bioethics. It is true that ideological or religious assertions have been virtually expelled from the bioethical debate. However, the positions of the actors – ethicists, practitioners, researchers, patients, policymakers, etc. – depend on their ideological inclinations. It is as if ideologies operate in the shadows or in the background. Much like the Freudian id, which is repressed yet determines the ego, ideology – though repressed – drives and shapes bioethical debates and shapes bioethics itself.

The emergence of procedural bioethics might suggest a neutralization of ideological conflicts. However, this apparent neutrality masks a transformation of normative frameworks into mechanisms for deliberation and governance, within which implicit moral visions persist. Bioethics that can be described as post-ideological do not, in reality, put an end to ideologies; rather, they transform them into decision-making procedures and governance mechanisms that minimize explicit ideological expression. Bioethics in the context of a total absence of ideologies thus appears to be a myth. Instead, there is an institutional transformation of ideological normativity or normative conflicts within bioethics. In summary, we have the following: end of ideologies → apparent normative neutrality → transformation of ideological expression → institutional and procedural anchoring of normativity.

6. Conclusions

As it appears, bioethics emerges in a context where Hippocratic-inspired medical deontology is becoming obsolete in the face of scientific, technological, and biomedical innovations in the medical field. It positions itself as an ethical guide and framework for research and practice in the biological and medical fields. Ethics and/or bioethics committees, tasked with informing decisions and determining the principles guiding them, are themselves shaped by ideological currents. These currents structure the orientations of bioethics and give rise to various strands, including liberal, libertarian, bioconservative, and communitarian bioethics, among others. Bioethical debates are characterized by the clash of all these ideologies. Positions taken on bioethical issues, such as questions of human dignity, euthanasia, procreation, and human enhancement, reflect the competing ideological stances within bioethics.

The risk of deadlock has led to attempts to eliminate ideologies from bioethical debates. This has given rise to approaches to bioethics that minimize the expression of ideologies in these debates. Two main trends can be identified through the literature analysis: what might be called proce-

dural bioethics and technocratic bioethics. The first, presenting itself as a management of axiological pluralism, conceives of bioethics as a forum for deliberation and bases the legitimacy of decisions on rationality and consensus. The second, relying on specialists and experts, views bioethics as an instrument of expertise and regulation for medical research and practice. Both trends advocate an end to ideologies in the bioethical debate and position themselves as post-ideological bioethics.

However, this normative neutrality is merely superficial. That is why this study, in its scientific contribution, does not merely observe that bioethics is permeated by power, moral pluralism or ideologies – themes that can be found, albeit separately, in the works of Nikolas Rose, Daniel Callahan, Tristram Engelhardt Jr and Slavoj Žižek. Its specific contribution lies in framing these analyses around the hypothesis concerning the ‘end of ideologies’ to demonstrate that the project of a post-ideological bioethics does not eradicate ideological normativity, but rather shifts it towards the procedures, criteria of expertise, governance mechanisms and presuppositions that structure deliberation. Thus, the study reveals that ideologies persist in implicit forms even when neutralised on the surface, making contemporary bioethics a space for the institutional reconfiguration of normative conflict rather than a place where such conflict is overcome.

The “end of ideologies” in bioethics thus appears not as the disappearance of axiological conflicts, but rather as an institutional transformation of the modes of ideological expression and justification. What is meant by the concept of post-ideological bioethics is, in reality, a form of bioethics in which ideological antagonisms have become less explicit, while remaining embedded in the normative frameworks, deliberative procedures, and institutions through which biomedical decisions are made.

Abbreviations

HEC	Hospital Ethics Committee
IRB	Institutional Review Board
REC	Research Ethics Committee

Author Contributions

Torna Soro: Conceptualization, Methodology, Resources, Supervision, Writing – original draft, Writing – review & editing

Conflicts of Interest

The author declares no conflicts of interest.

References

- [1] Reginbogin, H. R., *The Nuremberg Trials: International Criminal Law Since 1945*. Munich: De Gruyter Saur, 2006.
- [2] Gray, F. D., *The Tuskegee Syphilis Study: The Real Story and Beyond*. Montgomery: NewSouth Books, 2013.
- [3] Beauchamp, T. L. and Childress, J. F., *Principles of Biomedical Ethics*. New York and Oxford: Oxford University Press, 2013.
- [4] Singer, P., *Practical ethics*. New York: Cambridge University Press, 2011.
- [5] Kass, L., *Life, Liberty and the Defense of Dignity: The Challenge for Bioethics*. New York: Encounter Books, 2002.
- [6] Fukuyama, F., *The end of history and the last man*. New York: The Free Press, Maxwell Macmillan International, 1992.
- [7] Annas, G. J. and Grodin, M. A., *The Nazi Doctors And The Nuremberg Code: Human Rights in Human Experimentation*. New York: Oxford University Press, USA, 1992.
- [8] Temme, L. A., *Ethics in human experimentation: the two military physicians who helped develop the Nuremberg Code*. *Aviation, space, and environmental medicine*, 2003, 74(12) 1297-1300.
- [9] Bernard, C., *An introduction to the study of experimental medicine*. Translate by Henry Copley Greene, Henry Schuman, Inc., 1949.
- [10] Karam, M., *History of transplantation*. *Interbloc*. 2018, 37(1), 22-24. <https://doi.org/10.1016/j.bloc.2017.12.002>
- [11] Martinod, E. et al., *History of first transplantations: Nothing is ever written*. Part II. *Journal de Chirurgie Viscerale*, 2021, 158(5), 435-440. <https://doi.org/10.1016/j.jchirv.2020.12.002>
- [12] Harvard Ad Hoc Committee, *A Definition of Irreversible Coma: Report of the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death*. *JAMA*. 1968, 205(6), 3376-340, <https://doi.org/10.1001/jama.1968.03140320031009>
- [13] Machado, C., *The first organ transplant from a brain-dead donor*. *Neurology*. 2005, 64(11), 1938-1942, <https://doi.org/10.1212/01.WNL.0000163515.09793.CB>
- [14] New Jersey Superior Court (MorrisCounty), *In the Matter of Karen Quinlan: The complete legal briefs, court proceedings, and decision in the Superior Court of New Jersey*. University Publications of America, 1975.
- [15] Robinson, D. N., *In the Matter of Karen Quinlan: The Complete Briefs, Oral Arguments, and Opinion in the New Jersey Supreme Court*. University Publications of America, Inc., 1976.
- [16] Quinlan, J., Quinlan, J., and Battelle, P., *Karen Ann: The Quinlans Tell Their Story*. Doubleday, 1977.
- [17] Kamel, R. M., *Assisted reproductive technology after the birth of Louise Brown*. *Journal of reproduction & infertility*. 2011, 14(3), 96-1093.
- [18] Klugman, S. and Dolan, S. M., *Expanded Genetic Testing in Assisted Reproduction: Lessons Learned from Prenatal Testing*. *American Medical Association Journal of Ethics*. 2014, 16(1), 38-42, <https://doi.org/10.1001/virtualmentor.2014.16.1.stas1-1401>
- [19] Potter, V. R., *Bioethics: Bridge to the Future*. Englewood Cliffs, N. J.: Prentice-Hall, 1971.
- [20] Jonsen, A. R. and Toulmin, S. E., *The Abuse of Casuistry: A History of Moral Reasoning*. University of California Press, 1988.
- [21] Jonsen, A. R., *The birth of bioethics*. New York : Oxford University Press, 2003.
- [22] Alexander, S., *They decide who lives, who dies*. *Life*, 1962, 53(19), 102-125.
- [23] Beecher, H. K., *Ethics and clinical research*. *New England Journal of Medicine*. 1966, 274(24), 1354-1360, <https://doi.org/10.1056/NEJM196606162742405>
- [24] Levine, R. J., *Ethics and Regulation of Clinical Research*. Yale University Press, 1988.
- [25] Mehl, D., 3. *L'elaboration des lois bioethiques*. in *Juger la vie, La decouverte*, 2001, 51-63. <https://doi.org/10.3917/dec.iacub.2001.01.0051>
- [26] Faure, G., *The "bioethics" laws, an attempt at an assessment 1994-2023*. *Ethique & Sante*, 2024, 21(1), 88-94. <https://doi.org/10.1016/j.etiqe.2023.11.009>
- [27] Rose, N., *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton: Princeton University Press, 2007.
- [28] Callahan, D., *The Troubled Dream of Life: Living with Mortality*. New York: Simon & Schuster, 1993.
- [29] Eyal, N., *Incommensurability and democratic deliberation in bioethics*. *Philos Stud*. 2024, 181(12), 3367-3393. <https://doi.org/10.1007/s11098-024-02241-4>
- [30] Buturovic, Z., *Pretty good as it is: against central planning in bioethics*. *Journal of medical ethics*, 2026, 52(1), 14-15. <https://doi.org/10.1136/jme-2025-111290>
- [31] Parker, M. J., *Bioethics and the value of disagreement*. *Journal of Medical Ethics*. 2026, 52(1), 7-13. <https://doi.org/10.1136/jme-2024-110174>
- [32] Bell, D., *The End of Ideology: On the Exhaustion of Political Ideas in the Fifties : with "The Resumption of History in the New Century"*. Cambridge, Massachussetts, & London, England: Harvard University Press, 1960.
- [33] Nozick, R., *Anarchy State And Utopia*. Oxford UK & Cambridge USA: Blackwell, 1977.
- [34] Bazgierová, T., *Responsibility as a Lost Value: Bioethical Consequences of Ideological Polarization*. *Revista de Stiinte Politice/Revue des Sciences Politiques*, 2026, 89, 121-131. <https://doi.org/10.5281/zenodo.19391283>

- [35] Savulescu, J., Procreative Beneficence: Why We Should Select the Best Children. *Bioethics*, Oct. 2001, 15(5–6), 413–426. <https://doi.org/10.1111/1467-8519.00251>
- [36] Jonas, H., *The Imperative of Responsibility: In Search of an Ethics for the Technological Age*. Chicago and London: The University of Chicago Press, 1985.
- [37] Fukuyama, F., *Our Posthuman Future: Consequences of the Biotechnology Revolution*. New York: Picador, 2003.
- [38] MacIntyre, A., *After Virtue: A Study in Moral Theory*, Third Edition. Notre Dame, New York & Oxford: University of Notre Dame Press, 2007.
- [39] Sandel, M. J., *The Case against Perfection: Ethics in the Age of Genetic Engineering*. Harvard University Press, 2009.
- [40] Pellegrino, E. D., and Thomasma, D. C., *The Virtues in Medical Practice*. Oxford University Press, 1993.
- [41] Kim, S. Y., Assisted Dying in Canada: Ideology Masquerading as Medicine? *Canadian Journal of Bioethics*, 2025, 8(4), 21–29. <https://doi.org/10.7202/1121332ar>
- [42] Barış, M., Dabbagh, H., Razai, M. S., Özekmekçi, M. İ., and Shahvisi, A., The Credibility of Bioethics After the Gaza Genocide. *Bioethics*, Nov. 2025, 1–9. <https://doi.org/10.1111/bioe.70052>
- [43] Jonas, H., *Le droit de mourir*, traduit de l'allemand par Philippe Ivernel. Paris: Rivages Poche, 1996.
- [44] Sandel, M. J., *What Money Can't Buy: The Moral Limits of Markets*. New York: Farrar, Straus and Giroux, 2012.
- [45] Robertson, J. A., *Children of Choice: Freedom and the New Reproductive Technologies*. Princeton: Princeton University Press, 1996.
- [46] Dworkin, R., *Life's Dominion: An Argument about Abortion, Euthanasia, and Individual Freedom*. New York: Alfred A. Knopf, 1993.
- [47] Doudna, J. A., and Sternberg, S. H., *A Crack In Creation: Gene Editing and the Unthinkable Power to Control Evolution*. London: HarperCollins, 2017.
- [48] Aron, R., *The Opium of the Intellectuals*. New Brunswick (U.S.A.) and London (U.K): Transaction Publisher, 2001.
- [49] Engelhardt Jr, H. T., *The foundations of bioethics*. Lisse: Swets & Zeitlinger Publishers, 2000.
- [50] Rawls, J., *Political liberalism*. New York: Columbia University Press, 1996.
- [51] Habermas, J., *Between Facts and Norms: Contributions to a Discourse Theory of Law and Democracy*. Cambridge, Massachusetts: MIT Press, 1996.
- [52] Foucault, M., *The History of Sexuality. Volume I: An Introduction*. Translated from the French by Robert Hurley. New York: Pantheon Books, 1978.
- [53] Jonsen, A. R. and Toulmin, S., *The Abuse of Casuistry: A History of Moral Reasoning*. Berkeley, Los Angeles, and London: University of California Press, 1988.
- [54] Žižek, S., *The Sublime Object of Ideology*. London & New York: Verso, 2008.

Biography



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