

but in some ways, they have a similar goal. Kierkegaard's Christian virtues "have a dialectic (or 'logic' or 'grammar' to use other terms) such that to have that dialectic elaborated, articulated, and displayed can possibly help the willing person to grow in those traits" (360).

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Bizarre Bioethics: Ghosts, Monsters, and Pilgrims. By Henk A. M. J. ten Have. Baltimore, MD: Johns Hopkins University Press, 2022. xiv + 314 pages. \$34.95.

Bioethics has spent the past sixty years trying to establish itself as a legitimate discipline and entrench itself within the power structures of medicine, biotechnology, and public policy. It has certainly succeeded in the latter. Yet Henk ten Have—physician, philosopher, long-respected scholar in the field—argues that bioethics is, in fact, *bizarre*.

Ten Have knows the field well. Capping an illustrious career, he is research professor in bioethics at Universidad Anáhuac México and professor emeritus at the Center for Healthcare Ethics at Duquesne University, which he directed for almost ten years. From 2003 to 2010, he served as Director of the Division of Ethics of Science and Technology at UNESCO.

His critique hinges on two points. First, in Chapter 1, "Questioning the Paradigm of Bioethics," he foregrounds the field's obdurate habit of focusing excessive attention on cases that, while real, do not represent everyday reality. An example is the global media storm around the 2017 case of Charlie Gard, the most recent in a long line of similar "stigmata cases" tracing back to Karen Ann Quinlan in 1975. Gard's condition, the high-tech interventions he needed, and the particular sequence of events that unfurled in his case were, as ten Have notes, extremely rare. That same year an estimated 527,000 children died from diarrhea, an easily preventable disease for which there are simple, non-technological, and effective treatments (5). Yet again and again, rare cases and hypothetical technologies dominate bioethical attention while the devastating daily realities of thousands of people are ignored.

The method bioethics uses is similarly bizarre. In Chapter 2, "The Establishment of Bioethics," ten Have unpacks how the field positions itself as a professional discipline centered on scientific evidence, rational principles, and the value-neutral application of the latter. Over and against this account, he traces how bioethics' originary disciplines—theology and philosophy—were "exorcised" and "neutralized," sidelined for a scientific-technological rationality that

radically oversimplifies the complex and deeply contoured moral realities of the medical landscape. A rhetoric of neutrality masks its thoroughgoing American ideology of “deep commitments to capitalism (market economy), progress, and technological optimism regarding medicine . . . and individual freedom” (25). Accommodating itself to the medical-industrial complex to gain legitimacy and power, bioethics has lost any critical capacity to ask questions beyond the narrow set shaped by market metaphors.

Yet ten Have is not ready to give up on bioethics. Rather, he cannily turns to what bioethics considers bizarre: operative metaphors thickly rooted in the cultural and religious dimensions of human persons and communities that shape the moral perceptions and imaginations of both ordinary people and medical/bioethical professionals. Each of the next five chapters analytically deploys a different metaphor to reframe standard bioethical topics in ways that illuminate heretofore invisible dimensions of said topics while opening up new issues. For example, Chapter 3 uses the lens of “Ghosts.” In cultural imaginations across the globe, ghosts are “creepy and invisible phenomena,” “invisible forces . . . often deceptive and harmful” (39) that create havoc while lurking unseen. Via this lens, ten Have explores a series of issues critically important to global biomedicine but largely invisible to bioethics: ghostwriting and ghost publications—from biomedical journals to marketing campaigns; predatory journals; “ghost” diseases—i.e., the fabrication of diseases out of ordinary ailments to market newly developed products; fake medicines; sham surgeries; and more.

Chapters 4–7 proceed similarly, each deploying different metaphors: “Monsters” (a term still used with regard to people with anomalous conditions, but also encompassing for ten Have plastic surgery, GMOs, clones, and chimeras), “Pilgrims” (medical and reproductive tourism, “miracles,” and “right to try” legislation), “Prophets” (genetic testing, predictive medicine, personalized medicine, and precision medicine), and “Relics” (biobanks, *Body Worlds*, cryopreservation, and “immortalized” cell lines). Most of these metaphors have long contrails in the history of medicine as well as deeply religious or spiritual resonances, all of which he helpfully discusses.

As importantly, throughout he zeroes in on the economic ideology that has generated many of these issues while also ineluctably shaping bioethics itself—namely, neoliberalism. He brings this critique home in his final chapter, “Critical Bioethics.” Intertwined with a commitment to scientism, bioethics’ blind adherence to neoliberalism has left it “mute,” unable to address human vulnerability and the unequal power structures and structural conditions that foster a “politics of disposability” (209).

Richly resourced and refreshingly interdisciplinary, this provocative, sound, and sorely needed book is a must-read for anyone who styles themselves a bioethicist. Accessibly written, it is an important text for students at any level, a prophylactic against the neoliberal co-optation of the next generation. Additional metaphors could have been explored (e.g., “Priests”). Some might ask if moral imagination, while necessary, is sufficient. At root, as ten Have notes, are questions of power; the thorough-going reform of bioethics he recommends would likely threaten its power. Would it then still be bioethics?

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