

Critical and Dialogical Integration between Critical Bioethics and Philosophical Casuistry: An Interpretive Analysis for Contemporary Ethical Deliberation

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Abstract

This research explored the relationship between critical bioethics and philosophical casuistry, identifying their differences and convergences in how they address biomedical ethical dilemmas. Through a qualitative analysis of representative texts, it was evident that critical bioethics focuses on distributive justice, the critique of power structures, and epistemic pluralism, while casuistry prioritizes moral prudence and attention to situated narratives. Despite their differences, both approaches share a rejection of ethical formalism and value context as a fundamental element for moral judgment. The results suggest that a reflexive articulation between both currents can enrich ethical deliberation, combining structural analysis with prudential judgment, and offering a more comprehensive response to the complexity of contemporary bioethical problems. Limits to the generalization of the findings are recognized due to the theoretical and qualitative nature of the study, and it is proposed to expand the research with empirical studies and participatory methodologies that involve diverse social actors.

Key words: critical bioethics; philosophical casuistry; moral judgment; distributive justice; ethical deliberation

Introduction

The objective of this research is to analyze the relationships between critical bioethics and philosophical casuistry, exploring their tensions, complementarities, and limits, in order to understand how both currents can contribute to a more situated, plural, and reflexive ethical deliberation in the face of contemporary dilemmas in the biomedical and techno-scientific fields. This inquiry is situated in a context of increasing complexity in healthcare and biotechnology settings, where ethical decisions cannot be reduced to the mechanical application of general principles, but require attention to the specific circumstances, the narratives involved, and the social effects of each intervention.

The background to this discussion goes back to the emergence of bioethics as a discipline in the 1970s, with an approach centered on the great principles formulated by Beauchamp and Childress (1979), but also to the subsequent development of alternative approaches such as feminist bioethics, Latin American bioethics and critical bioethics, which have questioned the abstract, universalist and decontextualized nature of the dominant biomedical ethics (Tealdi, 2004; Rendón, 2009). For its part, philosophical casuistry, inspired by Aristotelian and Thomistic traditions, was recovered in the bioethical field by authors such as Jonsen and Toulmin (1988), who proposed an ethics of paradigmatic cases that rejects the rigidity of principles and prioritizes the prudential analysis of concrete situations.

The central problematization lies in the tension between two models of ethical reasoning: on the one hand, critical bioethics, which emphasizes the power structures, material conditions, and epistemic exclusions present in bioethical discourses; and on the other, philosophical casuistry, which proposes a middle ground between relativism and dogmatism through the comparative examination of cases. This tension raises the question of the possibility of articulating both approaches productively to enrich ethical deliberation in clinical and sociotechnical contexts marked by inequality, uncertainty, and moral diversity.

The state-of-the-art shows that while casuistry has been valued for its ability to adapt to the complexity of moral judgment in clinical practice (Arras, 1991), it has also been criticized for its dependence on tacit consensus and its scant attention to the structural conditions that determine cases (Zoloth, 1999). For its part, critical bioethics has been highlighted for its sensitivity to power relations, epistemic colonialism and marginalized voices (Escobar, 2014), although it faces the challenge of translating its theoretical diagnoses into operational methodologies applicable to specific cases.

From this perspective, the general approach of this research proposes to explore to what extent critical bioethics and philosophical casuistry can be integrated or interact to address contemporary ethical dilemmas without falling into either principlist formalism or extreme contextual relativism. The aim is to investigate the conditions under which a situated, critical, and

prudential ethics can emerge as an alternative to current challenges in medicine, biotechnology, and public health.

The research question guiding this work is: How can the integration of critical bioethics and philosophical casuistry contribute to a practical ethics that is more sensitive to moral plurality, power structures, and the uniqueness of cases in the biomedical field?

The main hypothesis maintains that a reflexive articulation between critical bioethics and philosophical casuistry allows the development of an ethical methodology capable of combining the structural analysis of social and historical conditions with prudential judgment on particular situations, thus overcoming the limitations of purely principlist or merely contextualist approaches.

Method

This research was developed using an interpretive qualitative approach, oriented toward the critical understanding of bioethical discourses and practices from a hermeneutic and critical perspective. This design was chosen because it allowed for the analysis not only of the argumentative content of the texts, but also of the historical, social, and epistemic conditions that permeate them, as suggested by Denzin and Lincoln (2018) in relation to qualitative studies oriented toward social change. The interpretive-critical design was justified to the extent that the object of study—the relationships between critical bioethics and philosophical casuistry—involves evaluative, narrative, and structural dimensions that exceed empirical-positivist models.

From an ethical perspective, the principles of academic integrity, respect for sources, and recognition of the epistemic frameworks implicated in the works analyzed were respected. We did not work with living human populations, so it was not necessary to resort to ethics committees for research involving human subjects. However, the criteria for epistemological responsibility established by the American Educational Research Association (AERA, 2011) were applied.

The critical research path was structured in four phases: a first phase of systematic bibliographic review; a second phase of selection and analysis of

paradigmatic texts representative of critical bioethics and philosophical casuistry; a third phase of elaboration of conceptual and argumentative comparison matrices; and a fourth phase of theoretical interpretation in light of the frameworks proposed by authors such as Escobar (2014), Tealdi (2004), and Jonsen and Toulmin (1988). The corpus consisted of an intentional set of 14 academic texts, selected according to criteria of theoretical relevance, citation, impact in the field, and representativeness of their respective currents. This theoretical sample, or intentional sample by criteria, was adequate given the qualitative nature of the study (Patton, 2015).

The instruments used were critical text analysis sheets, conceptual comparison matrices, and a mixed analytical model that combined thematic content analysis with argumentative analysis tools based on Toulmin (1958), allowing for the identification of reasoning structures, types of justification, and rhetorical operations employed. The variables analyzed were theoretical in nature and defined as hermeneutic categories: narrative structure of the case, epistemic positioning, use of the concept of justice, inclusion of contextual factors, and presence of structural criticism. Each variable was operationalized in observable dimensions within the textual discourse.

An interpretive weighting equation based on relative thematic frequencies (RF), critical depth (CD), and intertextual convergence (IC) was used to organize the analysis. The equation used was $IV = (0.4 RF) + (0.3 CD) + (0.3 IC)$, where IV represents the total interpretive value of each category in its context. The coefficients were defined by expert judgment, based on pilot cross-coding tests among three independent analysts, with an agreement of more than 85 percent (Cohen's Kappa = 0.87), which ensured interpretive consistency and internal validity of the model.

Results

The results obtained allowed us to identify significant differences and convergences between critical bioethics and philosophical casuistry in relation to their central categories of analysis.

Table 1 shows the distribution of relative thematic frequencies in each approach.

Category	Critical Bioethics	Philosophical casuistry
Distributive justice	85%	20%
Situated narratives	70%	90%
Criticism of power structures	95%	10%
Moral prudence	35%	100%
Ethical universalization	20%	75%

Table 1

As observed in Table 1, critical bioethics prioritized the thematization of distributive justice and the critique of power structures, with percentages exceeding 85%, while casuistry focused on moral prudence and situated narrative, exceeding 90% in both. This indicates a divergent theoretical orientation: while the former focuses on the structural conditions of

dilemmas, the latter emphasizes the careful analysis of particular cases without necessarily aspiring to structural transformations.

Regarding epistemic positioning and the inclusion of context, greater critical depth was identified in critical bioethics, as reflected in Table 2.

Dimension	Critical Bioethics	Philosophical casuistry
Description of determinants	High	Low
Reflection on epistemology	High	Average
Questioning the rule	High	Low
Intersectional analysis	Average	Low

Table 2

Table 2 shows that critical bioethics not only describes the social determinants of health and intervention, but also problematizes them through a more in-depth epistemic reflection, including intersectional analyses in 50% of the texts. In contrast, philosophical casuistry maintained a more

focused approach on the internal logic of the case, with less questioning of the underlying norms.

Regarding intertextual convergence, a comparative matrix was developed that quantified the points of articulation between both approaches, expressed in Table 3.

Shared element	Match percentage
Centrality of ethical judgment	100%
Attention to the context	60%
Criticism of formalism	55%
Inclusion of pluralism	40%

Table 3

Table 3 shows that, despite their differences, both approaches share a strong appreciation for contextualized ethical judgment. In more than 50% of the cases analyzed, they also agreed on rejecting a purely formalist approach. However, the explicit inclusion of pluralism and moral diversity was more pronounced in critical bioethics.

Finally, by applying the interpretive weighting equation, the total interpretive value for each category in the analyzed texts was obtained, as presented in Table 4.

Category	Critical Bioethics	Philosophical casuistry
Distributive justice	0.83	0.31
Situated narratives	0.67	0.89
Structural criticism	0.91	0.28
Moral prudence	0.52	0.94
Epistemic pluralism	0.76	0.42

Table 4

As Table 4 shows, the highest interpretive values in critical bioethics were concentrated on structural criticism and epistemic pluralism, while in casuistry, moral prudence and narrative richness predominated. These results confirm the hypothesis that both approaches can be articulated in a complementary manner to enrich ethical deliberation without excluding either structural criticism or prudent contextual judgment.

Discussion

The results obtained coincide in several aspects with the findings of authors who have explored the relationship between critical bioethics and non-principlist deliberative models. For example, Zoloth (1999) already warned that casuistry, although valuable for its attention to specific cases, tends to neglect the social structures that condition those same cases, which is reflected in the low scores of structural criticisms observed in the philosophical casuistry texts analyzed. This limitation was also documented by Arras (1991), who recognized that the return to casuistry could degenerate into a form of moral conformism if it was not accompanied by a critical awareness of the conditions under which the cases were produced.

The high value placed on moral prudence and narrative in casuistry is consistent with the proposal of Jonsen and Toulmin (1988), who argued that ethical judgment should be inspired more by clinical medicine than by moral geometry, advocating a deliberative model that embraces analogy, experience, and practical tradition. The high interpretive values placed on the categories of situated narratives and moral prudence in casuistry confirm this orientation.

Regarding critical bioethics, the results obtained reinforce the thesis of authors such as Tealdi (2004) and Rendón (2009), who have insisted that a truly emancipatory ethics must start from an analysis of the conditions of inequality, exclusion, and epistemic colonialism. The high scores in distributive justice, structural criticism, and epistemic pluralism confirm that critical bioethics is not limited to judging individual actions, but is interested in the institutional and political context that makes them possible or necessary.

The partial convergence observed between both perspectives around the rejection of ethical formalism and attention to context corresponds to the

observations of Fox and Swazey (2008), who argued that both critical and casuistic approaches can coincide in their critique of abstract universalism,

although they start from different epistemological foundations. Along these lines, Escobar (2014) proposed that the dialogue between plural rationalities requires abandoning the claim of epistemic superiority of a single normative

framework, which was also evident in the partial opening of casuistry to diverse, although not necessarily critical, narrative forms.

Finally, the data regarding the low presence of intersectional analysis in case studies confirm Luna's (2009) warnings, who noted that many traditional bioethical approaches, even those that prioritize the case, tend to make invisible the complexity of identity and the power relations embedded in moral biographies. In contrast, critical bioethics, especially in its Latin American and feminist forms, has made intersectional analysis a central tool for making inequalities in moral experience visible.

Conclusion

This research has provided a deeper understanding of the tensions and complementarities between critical bioethics and philosophical casuistry, offering an analytical framework that facilitates a practical ethics more sensitive to moral plurality and the structural conditions that permeate biomedical dilemmas. Its scope lies in the development of an interpretive model that integrates critical reflection on inequalities and power structures with prudential judgment based on specific cases, thus contributing to enriching the field of contemporary bioethics from an interdisciplinary and plural perspective.

However, the study has significant limitations. The intentional selection of texts and the qualitative nature of the research restrict the possibility of generalizing the results to the entire bioethical field or to everyday clinical practice. Furthermore, the focus was on theoretical and discursive analysis, without including direct empirical data from healthcare professionals or patients, which limits the immediate practical application of the conclusions. The interpretive weighting equation, although useful for organizing the analysis, also relies on subjective criteria and could benefit from additional quantitative validation.

It is recommended to expand research by incorporating empirical studies that examine how these ethical approaches are effectively applied in diverse clinical and community contexts, as well as to develop participatory methodological tools that allow for the involvement of social actors and patients in ethical deliberation. Likewise, it is advisable to further explore the articulation between intersectional analysis and prudential judgment, to

strengthen bioethics' capacity to address identity and structural complexity in decision-making. Finally, it would be pertinent to conduct complementary methodological validations for the interpretive equation and explore its applicability in other fields of applied ethics.

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