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QUEERING BIOETHICS: A Queer Feminist Framework for Vulnerability and Principles

Tiia Sudenkaarne



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**QUEERING BIOETHICS:
A QUEER FEMINIST FRAMEWORK FOR
VULNERABILITY AND PRINCIPLES**

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OUTLINE OF THE THESIS

- I Abstract
- II Tiivistelmä
- III Acknowledgments
- IV Introduction
- V The Original Articles:
 - I Sudenkaarne, Tiia (2018a), “Considering Unicorns: Queer Bioethics and Intersectionality.” *SQSJ: Society of Queer Studies in Finland’s Journal* 1–2, 35–5.
 - II Sudenkaarne, Tiia (2018b), “Queering Bioethics: A Queer Bioethical Inventory of Surrogacy.” *Journal of Ethics, Medicine and Public Health* 6, 117–125.
 - III Sudenkaarne, Tiia (2019), “Queering Vulnerability: A Layered Bioethical Approach.” *Journal of the Finnish Anthropological Society* 43(3), 73–90.
 - IV Sudenkaarne, Tiia (2020b), “Queering Medicalized Gender Variance.” *Journal of Ethics, Medicine and Public Health* 15, 1–8.

I ABSTRACT

Gender and sexual variance invite a cornucopia of philosophically salient inquiries. My dissertation considers them in the realm of bioethics. Bioethics can be defined as a field of philosophy that interrogates ethical, societal, and political questions emerging from the development of medicine and biosciences. In my dissertation, I discuss how queer feminist interrogations of key bioethical concepts, such as autonomy and justice, can enrich bioethical theory, methodology, and practice.

A prominent view, both in bioethical research and in the ethical evaluation of medical practices, systems, and policies, is the so-called principlist approach. This has two subfields: the view that principles are grounded in moral theory, and the view that they are based on a common morality. In my dissertation, I offer a critique of both views. In both cases, however, principles are thought to abstract morally salient elements that should guide bioethical analyses. The most prominent principles are, in nonhierarchical order: respect for autonomy; nonmaleficence (not to cause harm); beneficence (to provide benefits, and to balance benefits against risks); and justice (as the fair distribution of benefits and risks—in my view an insufficient definition of justice).

In my dissertation, I discuss how cis- and heteronormativity can affect bioethical analyses, including the definition and application of principles. Cis- and heteronormativity refers to the categorization of gender and sexual variance through the binaries of male/female and homo/hetero, which are constructed hierarchically. My work is informed by the theoretical backdrops of feminist philosophy, feminist bioethics, and queer bioethics. I conclude that gender and sexual variance should replace cis- and heteronormativity in bioethical analyses, including principlist approaches.

My dissertation consists of four articles and an introduction. The introduction contextualizes, bridges, evaluates, and further develops the argumentation presented in the articles. In article I, “Considering Unicorns: Queer Bioethics and Intersectionality” (Sudenkaarne 2018a), I discuss queer bioethics via concept analysis in relation to intersectionality, the prominent notion that there are several overlapping axes of oppression. This philosophical discussion reveals some persistent issues that I call the problem of identity, the problem of relativism, and the problem of essentialism, which are also framed by my inquiry in the introduction. In article II, “Queering Bioethics: A Queer Bioethics Inventory of Surrogacy” (Sudenkaarne 2018b), I offer a queer bioethical analysis of ethical guidelines for surrogacy treatment, applying the queer bioethical methodology known as the queer bioethics inventory (QBI). I find these ethical guidelines to include cis- and heteronormativity. In article III, “Queering Vulnerability: A Layered Bioethical Approach” (Sudenkaarne 2019), I offer a unique contribution to queer and feminist bioethical theory and methodology by building on the central concepts of QBI and the feminist theory of layered vulnerability to formulate what I call queer vulnerabilities, targeting kinship, intimacy, agency, and ethical sustainability. In article IV, “Queering Medicalized Gender Variance” (Sudenkaarne 2020b), I apply my theory and methodology of queer vulnerabilities to diagnostics of gender variance in the International Statistical Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders, currently in their 11th and fifth versions respectively. I conclude that despite progress from the previous versions, both are in need of further queer bioethical scrutiny and operate with a confused metaphysics of gender.

Ultimately, I conclude that gender and sexual variance as a norm in the framework for principlist analyses is needed to guarantee the

fulfillment of principles, including in LGBTQI+ cases. For this reason, my dissertation aims to offer a queer feminist framework for principles. Further, I seek to formulate queer bioethics as a posthuman moral theory to further enhance a queer feminist approach to bioethics, ethics, and philosophy. Such an approach should be better attuned to intersectionality, and should seek to resolve the imbalance between reproductive rights, reproductive justice, and ecojustice on a global scale.

KEYWORDS: Ethics; Feminist Philosophy; Queer Bioethics; Feminist Bioethics; Bioethical Principles; Principlism; LGBTQI+; Reproductive Ethics; Gender; Sexuality

II TIIVISTELMÄ

Sukupuolen ja seksuaalisuuden moninaisuus nostaa esiin filosofisesti merkityksellisiä kysymyksiä. Väitöstutkimukseni tarkastelee sukupuolen ja seksuaalisuuden moninaisuuden bioetiikkaa. Bioetiikka tutkii ja selvittää moraalis-yhteiskunnallisia kysymyksiä jotka nousevat erityisesti lääke- ja biotieteen kehityksestä ja joilla on myös valtasuhteisiin liittyviä ulottuvuuksia. Tarkastelen, miten kriittiset feministiset ja queer-näkökulmat bioetiikan peruskäsitteisiin, kuten autonomiaan ja oikeudenmukaisuuteen, voivat rikastuttaa bioetiikan teoriaa, metodologiaa ja käytäntöä.

Keskeinen bioetiikan suuntaus on periaatteisiin nojaava lähestymistapa. Periaatteiden ajatellaan yhtäältä nousevan moraaliteorioista, toisaalta nojaavaan niin kutsuttuun yleiseen moraalikäsitteeseen. Tarkastelen kriittisesti molempia käsityksiä. Molemmissa käsityksissä ydinajatus kuitenkin on, että periaatteiden kautta tavoitetaan moraalisesti merkittäviä elementtejä, jotka ohjaavat bioeettistä analyysiä. Tunnetuimpia periaatteita ovat autonomian kunnioittaminen, hyvän tekeminen, pahan välttäminen ja oikeudenmukaisuus (joka usein määritellään nähdäkseni keskeisen riittämättömästi riskien ja hyötyjen reiluksi jakaantumiseksi).

Väitöstutkimuksessani tarkastelen, miten cis- ja heteronormatiivisuus voi vaikuttaa bioeettiseen analyysiin, mukaan lukien periaatteiden määrittämiseen ja toteutumiseen. Cis- ja heteronormatiivisuudella tarkoitan vaadetta sukupuolen ja seksuaalisuuden mukauttamisesta mies-nainen- ja homo-hetero –kategorioihin, jotka rakentuvat hierarkkisesti. Tutkimukseni ankkuroituu keskeisimmin feministisen filosofian, feministisen bioetiikan ja queer-bioetiikan teoria-konteksteihin. Totean, että sukupuolen ja seksuaalisuuden moninaisuuden tulisi korvata cis- ja heteronormi bioeettisissä analyyseissä, myös periaatteita käytettäessä.

Väitöstutkimukseni koostuu neljästä englanninkielisestä artikkelista ja johdanto-osiosta. Johdannossa kontekstualisoin artikkeleissa esittämiäni ajatuksia, tarkastelen niiden välisiä yhteyksiä sekä arvioin ja jatkokehittelen argumentaatiota. Artikkelissa I “Considering Unicorns: Queer Bioethics and Intersectionality” (Sudenkaarne 2018a) tarkastelen käsiteanalyttisesti queer-bioetiikan rakentumista ja sen suhdetta intersektionaalisuuden teoriaan, useiden samanaikaisten syrjinnälle altistavien akseleiden läsnäoloon. Tästä tarkastelusta nousevat myös identiteettiin, essentialismiin ja relativismiin liittyvät pohdinnat, jotka kytkevät problematiikan yleisfilosofisen tarkasteluun. Artikkelissa II “Queering Bioethics: A Queer Bioethics Inventory of Surrogacy” (Sudenkaarne 2018b) siirryn soveltamaan queer-bioetiikkaa sijaissynnyttämisen bioeettisessä keskustelussa. Metodologisina työkaluina käytän käsiteanalyysiä ja queer-bioeettistä kysymyslistaa (Queer Bioethics Inventory). Analyysini tuloksena esitän, että cis- ja heteronormatiivisuus saattaa vääristää bioeettistä arviointia.

Artikkelissa III ”Queering Vulnerability: A Layered Bioethical Approach” (Sudenkaarne 2019) kehitän queer-bioetiikan teoriaa ja metodologiaa edelleen yhdistämällä queer-bioeettisen kysymyslistan nähdäkseni keskeiset elementit feministisen bioetiikan kerrokselliseen haavoittuvuuden teoriaan ja muotoilen näin kiintymykseen, intiimiyteen, toimijuuteen ja eettiseen kestävyYTEEN kytkeytyvät queer-haavoittuvuuden kerrokset. Artikkelissa IV ”Queering Medicalized Gender Variance” (Sudenkaarne 2020b), sovellan queer-haavoittuvuuden kerroksia sukupuolen moninaisuuden diagnostiikan käsite- ja queer-bioeettisessä analyysissä ICD-11 ja DSM-V tautiluokituksissa. Totean, että vaikka parannuksia edellisiin versioihin on tehty, ovat molemmat luokitukset laajemmän queer-bioeettisen reformin tarpeessa ja nojaavat epämääräisille metafysisille käsityksille sukupuolesta.

Laajemmin totean, että sukupuolen ja seksuaalisuuden moninaisuuden normi tulee sisältyä periaatteita ohjaavaan kehyksen, sillä siten turvataan parhaiten periaatteiden toteutuminen myös LHBTQI+-tapauksissa. Väitöstutkimuksessani pyrinkin muotoilemaan queer-feministisen kehyksen periaatteelliselle lähestymistavalle. Lisäksi hahmottelen queer-bioetiikasta posthumanistista moraaliteoriaa queer-feministisenä kontribuutiona bioetiikkaan, laajemmin etiikantutkimukseen ja filosofiaan. Queer-bioetiikan moraaliteorian tulisi nähdäkseni vastata paremmin intersektionalisuuden haasteisiin sekä pyrkiä ratkomaan lisääntymisoikeuksien, lisääntymisoikeudenmukaisuuden ja eko-oikeudenmukaisuuden välisiä ristiriitoja globaalissa mittakaavassa.

AVAINSANAT: Etiikka; feministinen filosofia; feministinen bioetiikka; queer-bioetiikka; bioetiikka; periaatteet; LHBTQI+; lisääntymisetiikka; sukupuoli; seksuaalisuus.

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In terms of LGBTQI+ reproduction, the Nordic region, if not the global North, has experienced something of a queer baby boom during the new millennium. Following the recognition of varieties of same-sex or gender-neutral marriage and civil partnership by many states, coupled with advances in assisted reproduction technologies available on a global and stratified market, family law has been expanded to include same-sex parental constellations. Same-sex couples, along with “solo persons with wombs,” now have growing access to assisted reproduction via the state (Dahl and Björklund 2020, 7). At the same time, infertility as a requirement for gender affirmation has been lifted in many countries—although Finland is not one of them¹—and policymakers and lawmakers are busy

¹ The Finnish legislation currently mandates that the person seeking to obtain the “opposite” legal gender status must have medical proof of infertility. In many cases, this mandate is met through hormone therapy as part of the treatment for the transgender person’s gender incongruence. However, not all transgender

pondering how to expand heteronormative frameworks to accommodate trans parents whose reproductive biology is not congruent with how the terms mother and father are understood. All this and more means that nowadays, fertile generations of LGBTQI+ people have reproductive futures and are able to make kin in both nuclear and queer family forms (ibid.). My contribution focuses on discussing how such LGBTQI+ issues can reveal interruptions in ethical sense-making, of which the gravity and ramifications for queer lives require not only changes in practice but also queer and feminist reconfigurations of bioethical theory. This dissertation aims to throw some of these issues into relief.

I am delighted to have found both material and intellectual resources for my work, although neither has been an uncomplicated endeavor. I have had opportunities presented to me, which I greatly appreciate; but for the most part, I have fought for them. Despite the constant praise for multidisciplinary research, such research more often receives lip service than funding. Inquiries into the ethics of gender, sexuality, and race/ethnicity continue to be considered marginal, and to be rendered troubling by some. The tumultuous, even toilsome periods of working toward my PhD have galvanized me. One of my key realizations is the moral gravitas of the everyday: the seemingly mundane actions, encounters, and words that craft ethical worlds, for better or worse. It is the duty of all of us who claim membership in the academic community to strive for a better world, to fight injustice—from safe funding choices to obvious discrimination.

people would choose hormone therapy, and most definitely not all transgender people wish to become infertile. Most crucially, the notion of mandating infertility for a group of people is connected to the history of eugenics and its sterilization practices (Honkasalo 2018, 2019), a vast, silenced legacy that continues to haunt Finnish public health, and a gross queer bioethical infringement.

There are many people who have greatly contributed to my success. I wish to thank my supervisors at the University of Turku Philosophy, Helena Siipi and Eerik Lagerspetz, who have unwaveringly supported my queer inquiries and provided me with opportunities to enhance my academic skill set. A special thank you to academic affairs secretary Hanna Salonen, without whom we would all be lost. Thank you also my additional supervisors, Salla Sariola and Lotta Kähkönen, for their dedication and inspiration, even through changing affiliations. I very much look forward to my postdoctoral work on microbial lives with Salla. A special thank you to my current principal investigator, Riikka Homanen, for asking me to join the ReproEthics project and for her guidance and support. In addition to Riikka, thank you to the ReproEthics research group, Sanna Poelman, Joren Buyck, Ronja Tammi, and the scintillating wit and vigor that constitute Mwenza Blell, for brilliant conversations and great laughs.

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IV INTRODUCTION

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1. Introduction

Gender and sexual diversity—the fluidity of identities, embodiments, and desires exceeding the binaries of both male/female and homo/hetero—has been established as a human rights issue. Topics that once were considered societally marginal and of interest only to connoisseurs of medical curiosities have emerged into public debate: the removal of homosexuality from mental disorder classifications, transgender rights, the bodily integrity of people defined as intersex, and reproductive technologies for queer people, to mention a few examples from the 1960s to date. The activism of lesbian, gay, bisexual, transgender, queer, intersex, and other people invested in gender and sexual diversity (LGBTQI+) has been a crucial catalyst for these achievements (Drescher 2010, 434; Wahlert and Fiester 2014; Nelson 1998, 2012). I use the terms queer and LGBTQI+ overlappingly, although it is crucial to note that there are also tensions between all these positions.

My dissertation discusses the philosophy of gender and sexual variance from a queer feminist² point of view, focusing on the field of bioethics. In my treatment, bioethics refers to the inquiry into ethical issues in medicine and life sciences. It also refers to a philosophical understanding of medical ethics, as opposed to, for example, administrative or consulting approaches. The term biomedical ethics, then, narrows down the scope of inquiry to emphasize medical ethics as it is practiced in medical encounters, systems, and policies, and also as professional ethics in health care. Hence, all three terms (bioethics, medical ethics, and biomedical ethics) are overlapping; but in my view, bioethics is the

² By queer feminist, I refer to a framework combining queer and feminist approaches. However, this framework is not to be read as a conflation, and this this combination of approaches is not ubiquitous.

philosophically most rewarding level of inquiry, as it is the most attuned to moral-theoretical contemplation. Perhaps it is also worth making a distinction between bioethics as a field of academic inquiry and the bioethics of medical and health care practices, systems, and policies, which includes but is not limited to the ethical guidelines and professional ethics of health care providers. I am mostly concerned with the embodied and moral ramifications of the latter.

From this viewpoint, bioethics can be defined as considerations of the moral, societal, and political issues brought about by sickness, health, care, embodiment, technology, and environment (cf. Häyry 2014). Ethics is a generic term covering several different ways of understanding and examining moral life, some normative and others nonnormative. Nonnormativity refers to approaches that wish to establish “what factually or conceptually is the case, not what ethically ought to be the case or what is ethically valuable” (Beauchamp and Childress 2013, 1–2). A prominent bioethical view is the so-called four principles approach, which originated in 1979 with Beauchamp and Childress’s *Principles of Biomedical Ethics*, currently in its seventh edition. Despite the prominence of principlism, especially outside the realm of bioethics as academic inquiry, there are also approaches that do not build on it, such as casuistry, the ethics of care, and virtue ethics. However, these approaches often also refer to principles in one way or another (Arras 1991, 2016; Gilligan 1982; Held 2005). Principlism has generated extensive discussion among—and between—academic commentators and practicing health care professionals (Huxtable 2013, 39; Takala 2001; Donchin 2001; Harris 2003; Macklin 2003; Lindemann 2007; Fiester 2015). The four principles formulated by Beauchamp and Childress are, in nonhierarchical order: respect for autonomy (the obligation to respect the decision-making capacities of autonomous persons); nonmaleficence (the obligation to avoid

causing harm); beneficence (the obligations to provide benefits and balance benefits against risks); and justice (obligations of fairness in the distribution of benefits and risks) (Huxtable 2013, 39). For Beauchamp and Childress (2013, 2–3), these four principles are based on a “common morality,” which is something “shared by all persons committed to morality.” In their view, these principles are not arrived at from moral theory; they are careful to differentiate between moral theory and framework. Their principlism is intended as a framework. Yet the differentiation between moral theory and framework, as will be discussed later in more detail, can be seen to cause confusion and to inadequately guide the use of principles. Further, a third issue, to be properly addressed later, is that an undefined framework can pave the way for moral harms (Fiester 2015; Takala 2001; Donchin and Purdy 2001). Suffice it to say for now that some forms of principlism relate to moral theory derivatively, whereas others, such as Beauchamp and Childress’s, do so nonderivatively (Ashcroft et al. 2007; Takala 2001).

In principlism that promotes abstract principles, these are often specified and balanced with rules or norms in a process of reflective equilibrium (RE), also referred to as the method of RE. In this process, the deliberator moves back and forth between various moral beliefs, judgments, and principles in pursuit of coherence. An extension to RE, wide reflective equilibrium (WRE) also takes background theories into account (Huxtable 2013, 39; Arras 2007; Mühlebach 2016; Longino 2010; Haslanger 1999). Hence, according to their promoters, the principles provide a framework for identifying and reflecting on moral problems, but not a guiding theory of morality. According to critics, the framework not only advances a distinctively Western (Anglo-American) position but also fails to recognize the multiplicity of traditions and perspectives that exist even within the societies it purports to reflect, for example the

positions of women, racialized people, or LGBTQI+ people (Huxtable 2013, 40; Lindemann 2007; Donchin 2001; Wahlert and Fiester 2014; Fiester 2015; Takala 2001; Cowley 2005). Even if there is room to disagree about the imperialist nature of the principles, it can be argued that in many situations they will therefore be inapplicable. Further to these critics, particular problems arise when the principles encounter patients who lack autonomy, such as racialized women and queer people in many contexts; this either renders their claims unintelligible or infringes the principle in question—for example, the principle of balancing nonmaleficence and beneficence when one is deciding on hormone therapy for an adolescent transgender patient based on cis- and heteronormativity (Donchin 2001; Sudenkaarne 2018b). Yet another complaint is that despite Beauchamp and Childress’s nonhierarchical ordering of principles, autonomy often becomes emphasized over the others; for critics, this runs the risk of disenfranchising those who would prioritize alternative principles (or approaches), as well as discounting those considered nonautonomous (Huxtable 2013; Donchin 2001). On the confused relation to moral theory, it has been argued that the four-principles approach is in fact developed as a common-morality theory built on “American common morality,” i.e. emphasizing only the sides of moral life that are prominent in the dominant culture of the US, leading to an underdevelopment of beneficence and justice; further, it has also been argued that methods offered for the specification and balancing of principles, such as RE, are inadequate (Holm 1995; Lindemann 2007; Donchin 2001; ten Have 2016). The principles can also be perceived to be inconsistent among themselves, creating ethical dilemmas such as how to balance autonomy with justice (Huxtable 2013, 41).

In my view, the most important critique against principlism is that it is an inadequate moral framework for bioethical analysis. Even

though the method of RE can bridge ethical sense-making from abstract principles to complex situations, in my view adherence to certain moral norms, such as gender and sexual variance as embedded in human rights, requires a more profound commitment than a methodological consideration or a call for consensus. WRE can be useful for revealing the moral content of a framework, and it can be used for queer feminist, intersectional analysis, but it does not per se constitute a queer feminist intersectional framework, which I suggest is needed to enrich bioethical theory. At its worst, without the weight of supplementary approaches, principlism is in danger of becoming a clinical and academic checklist, a hollow exercise with little to do with ethical imagination or moral salience: unable to tell us anything new, incapable of detecting errors, and prone to create inconsistent arguments and encourage a perfunctory approach to the mechanical performance of ethics (Huxtable 2013, 41; Takala 2001; Harris 2003; Cowley 2005). It can also be deployed against marginal groups and people rendered vulnerable (Donchin 2001; Holmes 1999; Fiester 2015; Sudenkaarne 2018b).

In this introduction, I aim to offer a principlist approach informed by a queer feminist framework, grounding further advances for a queer feminist, posthuman moral theory. I also intended this framework to be built as intersectional, although the majority of that work is to be completed in future projects. Due to the debated centrality of autonomy in principlist accounts, and its correlations with key critiques presented in feminist philosophy, in this introduction I offer an example of the reconfiguration of autonomy with a queer feminist framework. However, the concept of justice is also central throughout my work. The disproportion between the interest in autonomy and the lack of interest in justice reverberates in feminist and queer bioethical critique (Holm 1995; Donchin & Purdy 1999; Holmes 1999).

To situate my treatment within the fields of philosophy, I draw from analytical philosophy and ethics. I have both normative and nonnormative aims for my work. On one hand, I deploy analyses that draw from cases to better represent the lives of LGBTQI+ people and their encounters with medical practices, systems, and policies. On the other, I wish to make normative claims for the bioethics of gender and sexual diversity.

A third field of philosophy that is pivotal to my treatment is feminist philosophy. This is a cornucopia of approaches and would more adequately be referred to in the plural. However, a crucial shared notion is the rejection of traditional Cartesian understandings that consider the mind as essentially distinct from the body, with rationality strictly associated with the former. Further, following the seminal work of Genevieve Lloyd (1984) on gendered reason in the history of Western philosophy, feminist philosophers have insisted on reconfiguring autonomy via embodied knowledge. This move has given rise to two crucial notions: firstly, that knowledge and knowers are to be understood as situated in specific times and places; secondly, that the knowing subject and the object of knowledge are not to be conceived as essentially distinct. Therefore, sense-making is not understood in terms of “transcending bodily entanglements such as emotion or empathy.” Thirdly, knowers are understood to be in various relations of interdependence. This amounts to an understanding of knowledge and knowers as situated (Haraway 1988; Longino 1999, 331–344). The concept of situatedness and the embodiment and relationality of autonomy have heavily influenced bioethics, to its improvement (e.g. Hoffmaster 2009, 1–2). Indeed, one of my work’s general aims is to show how bioethical theory and practice can benefit from a queer feminist framework.

In addition to general philosophical contributions, feminist philosophies have obviously rigorously examined the specific

construction and ramifications of gender and sexuality. Even though many feminist approaches dispute the binary understanding of gender, queer theory—which for many is grounded in Judith Butler’s postmodern feminist classic *Gender Trouble* (1991)—has further developed multidisciplinary inquiry into nonbinary gender and sexuality. Queer theory also overlaps with lesbian and gay studies and transgender studies, including juxtapositions within these fields (see e.g. Björklund & Dahl 2020; Stryker & Whittle 2006).³ For some scholars, queer emerged and continues to point out exclusions of nonbinary and racialized agency (e.g. Heyes 2003, 1093; Kähkönen & Sudenkaarne 2018; Leibetseder 2018). Intersectional critique of both feminist and queer bioethics, to better encompass racialized LGBTQI+ people’s lives in both bioethical theory and practice, is also included in my work.

I use queer and LGBTQI+ as umbrella terms for gender and sexual variance. In discussions pertaining to a specific ethical issue—for example, *International Statistical Classification of Diseases* 11th edition (ICD-11) guidelines for so-called transition treatments for people previously referred to as transsexual—the scope of gender and sexual diversity is narrowed down to encompass those specifics. Even though both LGBTQI+ and queer can be used ethically sustainably as umbrella terms in my view, it is crucial to constantly bear in mind firstly that tensions exist within these groups of people, and secondly that vulnerabilities are further accumulated based on intersectional elements, such as race/ethnicity, health care access, or employment. For example, nonbinary trans people report more difficulties in accessing treatment than binary trans people whose “transitioning desires” compute more easily with the current binary

³ Even though transgender and queer interests can be seen to overlap in inquiries such as queer bioethics, there can also be tensions between queer and trans positions (cf. e.g. Bettcher 2019).

understanding of sex/gender in medical ethics (McKinnon 2018; Davy 2015). The diversity of trans people is best described by using the term transgender. Similarly to the evolution of queer, it is important to note that transgender originates not from medical classifications of gender variance, but from activism, associating it with self-determination, empowerment, and queer agency rather than with medicalization or pathologization. Transgender is not to be confused with transsexual, which was used in previous versions of the World Health Organization's (WHO) diagnostic manual ICD but removed from the 11th: transsexual was coined by biomedical power over the queer subject, whereas transgender has queer, bioethically sustainable roots in queer activism (Drescher 2010, 435–436; McKinnon 2018; Stryker 2006). For Susan Stryker (2006, 3), transgender has established itself as the term of choice, in both popular parlance and a variety specialist discourses, for a wide range of phenomena that “call attention to the fact that gender as it is lived, embodied, experienced, performed, and encountered, is more complex and varied than can be accounted for by the currently dominant binary sex/gender ideology of Eurocentric modernity.”

In this introduction, I begin my treatment by abstracting my research interests into general philosophical inquiries, and I introduce some key concepts to ground my approaches in section two. Section three then gives an overview of feminist and bioethical theory, including tensions between and critiques of them, but also narrowing down to the approaches by which my work is most informed. Section four offers my further advances on these theoretical approaches, including sketching out queer bioethics as a moral theory. I close with an evaluation of my work so far and discuss how it will be advanced in future research.

Overall, I suggest there is a lack of acknowledgment of cis- and heteronormativity in bioethical theory, including an insufficient

understanding of how it can transmogrify the ethical analysis of cases. This lacuna must be filled by the formulation of queer feminist frameworks. A framework I suggest is a principlist one, in the sense that I call for further interrogation into principles within this framework. Analysis within this framework can utilize several methodologies, such as layered vulnerability, social determinants of health, or WRE. What is crucial is that such analyses must be grounded in gender and sexual variance rather than cis- and heteronormativity. This is firstly in order to properly analyze the fulfillment of principles in LGBTQI+ cases, as queer bioethics shows how the analysis can become clouded by cis- and heteronormativity. Secondly, gender and sexual variance is *ipso facto* a more accurate description of the human condition and a source of great human flourishing. Even though specific LGBTQI+ issues and needs could perhaps be met by recalibrating or refocusing existing principlism, in my view such work requires normative commitment. This is also why WRE is not necessarily enough to solve the problem of cis- and heteronormativity on the framework level, as WRE does not guarantee the norm of gender and sexual variance as a human right. A further leap from framework to theory is needed, in my view, to reconceptualize the principles connected to very basic concepts in Western philosophy that queer feminist critiques have targeted, such as autonomy, justice, and knowledge. If the difference between framework and theory is that theory can guide the grounding of new principles, queer vulnerabilities could perhaps offer this type of grounding. Yet it remains for further evaluation how they succeed. What they do succeed in doing is to suggest how a queer feminist framework for principles can enrich bioethical theory and practice.

1.1. On Methodology

My dissertation consists of four articles. All the articles share the methodological approach of concept analysis, informed by background theories of queer and LGBTQI+ bioethics, feminist bioethics, and bioethical principlism.

Feminist bioethics is a polyphonic field that looks at biomedical issues targeting women, and it gains further momentum from feminist critiques of science, medicine, rationality, and agency (Donchin 2001; Lindemann 2007; Donchin and Purdy 1999; Holmes 1999; Luna 2018). Overlapping with but also juxtaposed against feminist bioethics, queer and LGBT⁴ bioethics refer to biomedical issues raised by gender and sexual variance, for example challenging the definition of homosexuality or transgender as pathologies (Wahlert and Fiester 2012, 2014; Nelson 1998, 2012, 2014; Murphy 2015; McKinnon 2018; Drescher 2015). However, feminist or queer and LGBT(QI+) bioethics are not approaches on their own account simply because they focus on women or queer people: they all also offer unique theoretical and methodological contributions.

A specific queer bioethical methodology deployed in my work is the queer bioethics inventory (QBI) of Lance Wahlert and Autumn Fiester (2014). Acknowledging that even the most sympathetic and well-intentioned cases that include either LGBTQI+ or queer-related content can increase bias about sexuality and gender nonconformity in medicine, the inventory helps us to approach such bias methodologically (*ibid.*, 62). The inventory is to be used in clinical encounters, but also in theoretical, metalevel analyses of bioethical case studies. Its set of questions aims “to better scrutinize the efficacy, legitimacy and impartiality of cases we use in bioethics”

⁴ I prefer to use the form LGBTQI+ bioethics, but it should be noted that LGBT bioethics predates my formulation and is still frequently used.

(ibid.). The inventory is intended for both clinical and theoretical use to better attend to the needs of LGBTQI+ parties in the clinic and in biosciences, not by merely dwelling on the presence of queer people in bioethical cases, but by offering an analysis that builds on gender and sexual variance as opposed to cis- and heteronormativity. I develop this methodology further by formulating four layers of queer vulnerabilities, following Luna’s layered theory of vulnerability. The last two articles in this dissertation (Sudenkaarne 2019, 2020b) apply layered vulnerability as theory and methodology; the first two (Sudenkaarne 2018a, 2018b) ground them.

Article I, “Considering Unicorns: Queer Bioethics and Intersectionality” (Sudenkaarne 2018a), formulates queer bioethics as a critical stance for dismantling cis- and heteronormativity in bioethics in dialogue with intersectionality—the investigation of and potential for social justice-oriented change (May 2015). It discusses the difficulties of navigating plurality with solidarity and ethical sobriety in relation to the general philosophical concepts of identity, essentialism, and relativism. Similarly, article III, “Queering Vulnerability: A Layered Bioethical Approach” (Sudenkaarne 2019), takes on the key bioethical concept of vulnerability to build a queer feminist framework: I apply Florencia Luna’s (2018) layered account of vulnerability to formulate queer vulnerabilities, targeting intimacy, kinship, agency, and ethical sustainability.

Article II, “Queering Bioethics: A Queer Bioethical Inventory of Surrogacy” (Sudenkaarne 2018b), and article IV, “Queering Medicalized Gender” (Sudenkaarne 2020b), are more case-oriented. The former offers an analysis of ethical guidelines aimed at bioethically sustainable surrogacy practice, which I suggest are unsustainable from a queer and feminist bioethical point of view. The latter article discusses gender variance in ICD-11 and the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*

(DSM-V), the two most globally dominant medical classifications, and offers some queer bioethical improvements for medicalized gender variance.

All the articles in this dissertation offer contributions to the bioethics of gender and sexual variance from a queer and feminist point of view. This viewpoint boils down to questioning cis- and heteronormativity as the foundation for making ethical deliberations in bioethical theory and in medical practices, systems, and policies.

2. Conceptual and General Philosophical Framing

As is often the case with feminist ethical inquiry (cf. Bergin 2009), and to foreground the importance of critical self-reflection within feminist theory (Dhamoon 2011, 240), I must confess that my PhD project was initially fueled by a personal observation that was too intellectually irritating and affective to ignore.

In July 2016, the WHO announced a change in its diagnostic classification, ICD, which aimed to declassify transgender identity as a mental disorder (Belluck 2016). Approximately 70% of the world's health expenditures are allocated using ICD for reimbursement and resources, so any change in ICD affects millions of patients worldwide. As I analyze in the fourth article in the dissertation, the latest version, ICD-11, which becomes effective in 2022, now features the diagnosis of gender incongruence (HA60) under the category of conditions related to sexual health, as opposed to the mental health section. Hence, previous diagnostics constructing gender variance from the prefix trans—most dubiously, that of transsexuality—have been removed. Gender incongruence, as described in a newspaper article (Belluck 2016) by Dr. Geoffrey Reed of the working group that promoted it, aims to express “a discrepancy between a person’s experienced gender identity and their body.” Further in the article, Dr. Reed expresses frustration about how difficult it was to reach any decisions at all:

The terminology is difficult because nobody likes anything. People have made suggestions that have been all over the map. One of the people at one of the meetings said *we could call this happy unicorns dancing by the edge of the stream and there'd be an objection to it.* (Ibid., emphasis mine)

My immediate reaction to Dr. Reed's comment, as both a member of the LGBTQI+ community and a PhD candidate aspiring to participate in such bioethical debates, was to take offense. It is not uncommon for social and ethical change demanded from a marginalized position to encounter opposition. Deeming social justice demands to be ludicrous, and the demanders to be too demanding, are also common microaggression strategies (Freeman & Weekes Schroer 2020; Dean et al. 2016).

Later, however, I revisited my reaction. I realized I had been to several meetings like Dr. Reed's; in activist and nongovernmental organization work, the issue of ongoing debate and lack of compromise can sometimes be paralyzing, not to mention intellectually frustrating and emotionally draining. Surely, the comment could stem from bias against the LGBTQI+ community. But was there also a more fruitful point to be taken? Could something self-critically valuable be found by following the prancing unicorn? If you think gay marriage is the ultimate human rights question around LGBTQI+, you are lucky enough to have suffered very few of the tangible, material, or bodily effects of such politics compared for example with trans or intersex people. Would we rather deny these differences and privileges by resorting to the escapist fantasy of unified happiness, the dancing unicorn?

In searching for a theoretical way to tackle these questions in my own work, I was introduced to intersectionality as a potential tool. Like many, I was baffled by the myriad uses, theories, and approaches there are under this rubric, some stemming from juxtaposing schools of thought. Different approaches to the same problems are obviously not questionable by definition, but since my own approach was philosophical and aimed for bioethical application, some critical, systemic concerns started to emerge. I labeled these concerns the problem of identity, the problem of

essentialism, and the problem of relativism, although these considerations are entangled.

How to work together respecting lived experiences without hypocrisy about unity within any community, for example the LGBTQI+ community? How to balance identity politics and shared political aims, for example the position of black trans women in white feminist theory? How to navigate new materialist approaches with social constructivism? By problem of identity in this context, I mean the assumption that certain identities go with certain privileges and oppressions (Sudenkaarne 2018a; Hill Collins and Bilge 2016; May 2015). Does subscribing to such assumptions imply that we are similarly adhering to a counterrevolutionary view of identity itself, a binary understanding of ourselves? Such connections can easily sediment into false causalities that are indifferent to myriad personal experiences. How can we simultaneously say identity (or body) politics is or should be revolutionary, including when it does not have the same level of material effects?

The problem of essentialism is closely connected but not completely reducible to the problem of identity. Essentialist logic is what May (2015, 39) refers to as same/different logic. After we acknowledge how different we are, what unites us? Moreover, however, essentialism—crucially—concerns the debate on intersectionality's departure from its Black feminist origins (cf. e.g. Hill Collins and Bilge 2016). How to do intersectionality without racism and exclusion? How to toggle ontological sameness and difference in ethics, keeping in mind that we must adhere to solidarity? How are we to justify or compare ethical stances, and on what principles (such as solidarity) are we to build when they are denied the metaphysics of purity, meaning the neat separation of elements into distinct categories, which is so symptomatic of Western philosophy?

The work of feminist philosophers, especially Latina feminists and other feminists of color, has been instrumental in showing the flaws of purity-valuing metaphysics. Gloria Anzaldúa (1999) has subverted the logic of purity and explored the problem of identity by uncovering a *mestiza* consciousness. This is a hybrid, a new personhood: a self that accords with the facts of her own life better than the idealized self. She sees that

the mestizo and the queer exist at this time and point on the evolutionary continuum for a purpose. We are a blending that proves that all blood is intricately woven together, and that we are spawned out of similar souls. (Ibid., 107)

Maria Lugones (1994) views the concepts of purity and impurity as central components of two inconsistent logics. The logic of purity is a metaphysical attitude in which every multiple thing can be (or ought to be able to be) neatly separated into pure unitaries, as one might split an egg into yolk and white. We are seemingly very securely situated within our taxonomies (of race or gender, for example) and do not like our categories to be messed with; as more and more disparate categories are combined, we become more and more uneasy. This applies to people, things, and systems alike (see also Bergin 2009, 261–265).

To subvert the logics of purity is also to refuse the separation of the metaphysical, the epistemological, and the ethical into distinct spheres of inquiry; instead, I suggest we must track down the lived harms and wrongs our ontological stances and epistemic habits produce, by ethical analysis. However, in light of the problem of identity, the problem of essentialism, and the problem of relativism, intersectionality seems to be ontologically, epistemologically, and ethically dubious. I will next discuss these philosophical issues, feminist and queer thought, and bioethical viewpoints. I ultimately

suggest that one solution is to build on a reconfigured notion of vulnerability.

2.1. On Intersectionality

Drawing on black feminist and critical legal theory, Kimberlé Crenshaw (1989, 2017) originally developed the concept of intersectionality as an academic concept to speak to the multiple social forces, social identities, and ideological instruments through which power and disadvantage are expressed and legitimized. Intersectionality has since been accompanied by feminist intersectionality theory, which is not reducible to its origins in black feminist thought. It has been suggested that there are power relations within contemporary feminist academic debates on intersectionality that work to depoliticize intersectionality, neutralizing its critical potential for social justice-oriented change. At a time when intersectionality has received unprecedented international acclaim within feminist academic circles and in public debate, a specifically disciplinary academic feminism in tune with the neoliberal knowledge economy is engaging in argumentative practices that reframe and undermine it. These include confining intersectionality to an academic exercise of metatheoretical contemplation, as well as “whitening intersectionality” through claims that intersectionality is “the brainchild of feminism” and requires a reformulated “broader genealogy of intersectionality” (Bilge 2013, 405).

Building on Crenshaw’s seminal work, Peter Kwan (1997, 1275; also Nash 2011, 458) notes something that I find appealing: what is distinctive about intersectionality is not so much the recognition of multiple identities in specific loci but the separate political claims, and this multiplicity calls for separate theoretical consideration against the grain of cultural and legal orthodoxy. Such pathways

could lead intersectionality to diversity through activism rather than representationalism. According to May (2015, 115; Carbin and Edenheim 2013), intersectionality aims to challenge the limits of a sequential ontology that leads to additive modes of identity and inequality and a simplistic identity politics. This suggests that intersectionality theory must be critically informed by practice, not vice versa—precisely as was the case with the early formulations in Crenshaw’s legal work and the activism of the Combahee River Collective (1983). Rita Kaur Dhamoon (2011, 233) sees two main risks arising from a focus on intersecting identities: the problem of essentialism, and the risk that an intersectional-type analysis of identities may end up reiterating the very norms it aims to challenge. Nash (2011, 461) observes that by treating race and gender as coherent, stable axes of domination, both Crenshaw’s and Collins’s canonical accounts of intersectionality understate the contingency and contextuality of identity—the variety of ways that race and gender are experienced differently in distinctive contexts and historical moments. Returning to the scene of the accident that is identity, Nash offers the critique that when scholars such as Crenshaw sought to respond to a doctrinal framework that excluded black women, an emphasis on black women’s multiple marginalization was used to reveal a doctrinal gap. Yet by insisting on black women’s multiple marginalization, the treatment of these experiences moved from the descriptive to the symbolic, and was in danger of losing the political (ibid.).

In order to remain political, I promote an intersectional approach that is critically informed by the postcolonial ethos. Postcolonial critique has its origins in the analysis of literature rather than legal work. It has been argued that there is a lot of depth in what postcolonial critique teaches us: it sketches out worlds, whereas intersectionality aims to create a missing category (Blell, pers. comm., August 26,

2020; see also Ilmonen 2011). Although intersectionalist approaches vary in ethical rigor and pragmatic applicability, like Sirma Bilge (2013; Hill Collins and Bilge 2016) I find the very core of intersectionality to be the critical potential for social justice-oriented change, and I consider that we must object to its uses by powers-that-be invested in depoliticizing intersectionality.

I will next discuss the problem of identity raised by intersectionality critique. I offer a queer feminist framework for what Vivian M. May (2015, 34) calls an invitation to radical political orientation grounded in solidarity (rather than sameness) as a basis for working collectively to eradicate inequalities.

2.2. Problem of Identity

What I call the problem of identity relates to contemplations in the field of philosophy of the self, the study of the many conditions of identity that make one subject of experience distinct from other experiences, which in the philosophy of mind often overlaps with questions of self-knowledge, self-consciousness, and personal identity (as in what it is in me that makes me me). The topic of the self has long been salient in feminist philosophy, since it is pivotal to questions about personal identity, the body, sociality, and agency that feminism must address (Anderson et al. 2020). Feminists contend that the experiences of the predominantly white, heterosexual, and economically advantaged men who have wielded social, economic, and political power and dominated the arts, literature, media, and scholarship have been taken as universal and ideal. As a result, feminists have argued that the self is not only a metaphysical issue for philosophy, but also an issue that is ethical, epistemological, social, and political. Responding to this state of affairs, feminist philosophical work on the self has taken three main

tacks: (1) critiques of dominant modern, Western views of the self; (2) reclamations of feminine identities; and (3) reconceptualizations of the self as (a) a dynamic, relational individual beholden to unconscious desires and social bonds and (b) intersectional and even heterogeneous. Feminist reconceptualizations of the self have called for the recognition of selfhood as a relational, multilayered phenomenon (Anderson et al. 2020; cf. Lugones 1994; Anzaldúa 1999). I will return to these reconceptualizations in the last section of this introduction.

For my inquiry, what can be called the politics of the self or indeed identity politics is central. The loaded phrase identity politics has come to signify a wide range of political activity and theorizing founded in the shared experiences of injustice of members of certain social groups. Rather than organizing solely around belief systems, programmatic manifestos, or party affiliations, identity-political formations typically aim to secure the political freedom of a specific constituency that is marginalized within its larger context (Heyes 2020).

The second half of the 20th century saw the emergence of large-scale political movements—second-wave feminism, the black civil rights movement in the US, gay and lesbian liberation, and the American Indian movement, for example—based in claims about the injustices done to particular social groups. These social movements are undergirded by and foster a philosophical body of literature that takes up questions about the nature, origin, and futures of the identities being defended. Identity politics as a mode of organizing is intimately connected to the idea that some social groups are oppressed: that is, one’s identity as a woman or a black lesbian in the US, for example, makes one peculiarly vulnerable to cultural imperialism (including the stereotyping, erasure, or appropriation of one’s group identity), violence, exploitation, marginalization, or

powerlessness (Young 2006). Identity politics starts from analyses of such forms of social injustice to variously recommend the reclaiming, redescription, or transformation of previously stigmatized accounts of group membership. The scope of political movements that may be described as identity politics is broad: the examples used in the philosophical literature are predominantly of struggles for recognition and social justice by groups of citizens within Western capitalist democracies, but Indigenous rights movements worldwide, postcolonialist critiques, nationalist projects, or demands for regional self-determination use similar arguments (Heyes 2020).

Identity politics signifies a loose collection of political projects, each undertaken by representatives of a collective with a distinctively different social location that has hitherto been neglected, erased, or suppressed. For Heyes (*ibid.*), what is crucial about the “identity” in identity politics appears to be the experience of the subject, especially their experience within social structures that generate injustice, and the possibility of a shared and more authentic or self-determined alternative. Thus, identity politics rests on the connection between a certain experience and the subject position to which it is attributed, and hence on unifying claims about the meaning of politically loaded experiences for diverse individuals. Sometimes the meaning given to a particular experience will diverge from that of its subject. Making sense of such interpretive gaps depends on methods that recognize the divergence between dominant epistemic accounts and subjugated knowledges. From these understandings of subjectivity, it is easy to see why critics of identity politics, and even some cautious supporters, have wondered how it can meet the challenges of intersectionality (*ibid.*). For me, it is crucial in meeting this challenge to sever ties with harmful modes of essentialism.

2.3. Problem of Essentialism

Simply put, essentialism is the view that it is possible to identify a trait, quality, or other defining factor or set of factors—essentia—shared by all members of a category, and to deem that factor or set of factors the most relevant or indeed essential to that category (Calhoun 2007, 185). With reference to identity politics, this could turn into solidarity actions motivated only by sameness. For example, as discussed from the outset of the feminist movement, lesbian and racialized feminists have voiced concerns that the assumed universal women’s perspective is privileged and partial, meaning that it mostly encapsulates white middle-class women’s reality. Many leading feminist thinkers of the 1970s and 1980s rejected essentialism, particularly on the grounds that universal claims about women are invariably false and effectively normalize and privilege specific forms of femininity. However, by the 1990s it had become apparent that the rejection of essentialism problematically undercut feminist politics by denying that women had any shared characteristics that could motivate them to act together as a collectivity (Stone 2004, 135–136).

Indeed, the basic problem of essentialism is that it is insensitive to difference, as if one’s perspective would be uninfluenced by race, class, sexuality, ethnicity, religion, age, or ability, for example. But if there is no coherent subject for feminism or LGBTQI+, how are solidarity claims and political actions justified? Essentialism can be seen to come under sustained attack on two grounds: first, that it fails to take into account racial, cultural, and class differences between group members, known as the particularity argument; second, that it posits a normative ideal of the essential that organizes the group, known as the normativity argument. The particularity argument, which targets the metaphysics of gender in the feminist and also queer context, proposes that if gender were separable from, for example, race

and class in an essentialist manner, all women would experience womanhood in the same way. And this is clearly false. The normativity argument targets the political counterpart of a binary gender metaphysics (Mikkola 2019). Feminist or queer identity politics presupposes essentialism if that politics is said to be mobilized around women or queer people as a categorical group where membership in this group is fixed by essential attributes that members supposedly share and that define their gender/sexuality/womanhood/queerness (Heyes 2020). Thus, essentialist identity politics does not ground ethically sustainable action. But if both the particularity argument and the normativity argument apply, how can feminist and queer claims be justified? Could ethics, moral theory, and political action regarding difference justify the adoption of a relativist stance? Next I will consider whether that would solve the problems of essentialism and identity or *ipso facto* create a new problem.

2.4. Problem of Relativism

In a post-truth world, moral relativism is widely and controversially discussed both inside and outside of philosophy. Although many philosophers are quite critical of moral relativism, there are several contemporary philosophers who defend forms of it. Most often moral relativism is associated with an empirical thesis that there are deep and widespread moral disagreements, and a metaethical thesis that the truth or justification of moral judgments is not absolute, but relative to the moral standard of some person or group of persons (Gowans 2019; Tong 1996; Quinn 2004; Code 2007; Mühlebach 2016).

The problem of relativism is a particular feminist concern, for two reasons. Firstly, accommodating difference is a key notion in feminist theory. Secondly, feminist approaches are sometimes

accused of being relativistic per se, seeking to correct bias by promoting a sexism that favors women. On the second note, the majority of those invested in developing feminist approaches cannot fairly be accused of operating under such a premise. On the contrary, most approaches argue that morality is for and about everyone: if “male” interests, issues, agency, and values do not exhaust the full range of moral life, neither do “female” ones (Tong 1996). On the first note, however, the situation is more complex. Feminist thinkers maintain that multiple perspectives should guide the production of moral knowledge (Nyrövaara 2011, 39; Dickenson 2004; Diniz and Gonzáles Vélez 2001; Nicholas 1999; Sherwin 1992; Shildrick 1997; Tong 1996). In terms of bioethics, this leads to the problem of knowing how to build a framework that is “relativistic enough to accommodate diversities between individuals and societies”—that is, we want to avoid being morally imperialistic—yet “universal enough to serve as a common base from which we can launch collaborative moral action” (Quinn 2004, 110).

It appears that feminist bioethicists have proposed two related approaches as an answer to the problem of relativism. In the first approach, some form of relativism is inevitable and even desirable (Nyrövaara 2011, 39; Dickenson 2004; Diniz and Gonzáles Vélez 2001; Nicholas 1999; Sherwin 1992; Shildrick 1997; Tong 1996; Lindemann 2007). The idea that some form of relativism is inevitable and desirable in feminist bioethics is known as feminist relativism, an idea introduced to bioethics by Susan Sherwin (1992; Nyrövaara 2011, 39; Tong 1996). Sherwin (1992, 59–68) maintains that absolutist principles are oppressive and must be criticized. At the same time, however, relativist principles are challenging because they undermine the strength of moral arguments against oppression (*ibid.*).

Eeva Nyrövaara (2011, 39–40) makes two interesting notes about feminist relativism. For her, feminist relativism could be identified with value pluralism, defined as the view that there are several values that may be equally correct and fundamental and yet conflict with each other. Limits to pluralism are accepted if vital human needs are violated. The conviction that oppression is always wrong should guide moral evaluations and decision-making in feminist bioethics. Those in favor of feminist relativism acknowledge the contextual and provisional nature of moral judgments and maintain that there is no absolute right or wrong. However, social and cultural practices can and should be interrogated, essentially to assess whether those practices reinforce subordination. Second, this type of relativism is not radical moral relativism, which states that moral or value systems are too incompatible to evaluate. Instead, feminist relativism can be called modest moral relativism, which claims that value systems can be evaluated and compared, and on the basis of this evaluation morality can evolve and value systems change. Those in favor of modest moral relativism maintain that the task of philosophy is to seek principles by which moral or value systems can be evaluated (see e.g. Niiniluoto 1996). Additionally, core feminism could provide a basis for evaluating a value system, especially for its oppressive elements (Donchin and Purdy 1999; Nyrövaara 2011, 39–40). I will return to core feminism in the section focusing on feminist bioethics.

Feminists maintain that there are many different realities, and thus there is no single truth in moral discourse. This does not, however, mean that there is no moral objectivity at all (Nyrövaara 2011, 39). Similarly, Gowans (2019) notes that discussions of moral relativism often assume that moral relativism is the correct account of all moral judgments or of none. For Gowans, perhaps it is the correct account of some moral judgments but not others; or more vaguely, the best

account of morality vis-à-vis these issues would acknowledge both relativist and objectivist elements, in something of a mixed position. Gowans (*ibid.*) contends that on the empirical level, it might be thought that there are many substantial moral disagreements but also some striking moral agreements across different societies. On the metaethical plane, it might be supposed that although many disagreements are not likely to be rationally resolved, other disagreements may be (and perhaps the cross-cultural agreements we find have a rational basis). Fair enough? In my view, not quite. To withhold reason in a positivist sense as a key factor in resolving moral conflict is not a fair representation of the human condition. However, reconfiguring moral justification does not equate with a relativist stance. As feminist philosophy has advocated, feelings, passions, and affects can help us to achieve greater moral reflection, and it is unwise and unjust to construct rationality through efforts to somehow transcend them with the mythology of the god's eye view (Lloyd 1984; Code 2007).

How should we then view moral justification and reconcile moral differences more saliently? Donna Haraway (1988, 579) names radical constructivism and feminist critical empiricism as the poles of a dichotomy that tempts and traps feminists, warning that dissolving this tension prematurely would block feminist accounts of "a real world" and critical analyses of the radical historical contingency of power-implicated knowledge and subjectivity. She advocates "a feminist objectivity of limited location and situated knowledge" (*ibid.*, 583), which responds to the pull of empiricism, location, and situation with the pull of constructivism and diversely enacted subjectivities. Knowledge claims would thus gain or fail to achieve acknowledgment situationally: situations neither so alike as to permit interchangeable, universal analyses nor so idiosyncratic as to require radically separate and distinct analyses. In Code's (2007,

226) reading of Haraway, situation is “a place to know in two senses”: a place where knowledge is produced, and a place that itself demands to be known, with political, demographic, and material-physical features that facilitate or thwart democratic knowing. Situation, then, is not just a place “from which to know,” as perspectives talk implies, which is indifferently available to anyone who chooses to stand there. Instead, practices for negotiating empiricism start to emerge. Further, for Code (*ibid.*, 226–227), central to such practices are questions about why a knowledge claim is accepted or fails to gain acknowledgment. Answers are as much about epistemic responsibilities to engage in open, democratic debate on matters of knowledge and acknowledgment, so as to cultivate sensitivity to difference, alterity, and moments of incommensurability, as they are about correspondence and replicability. Phenomenologically put, the Othering that objectifies gives way to engagements with an alterity that elicits reciprocal respect (*ibid.*).

I will next implement this problematic more deeply in the realm of bioethics. I suggest that the concept of vulnerability offers a feminist and queer bioethically salient framework in which to resolve it.

2.5. Problem-Solving via Layered Vulnerability

The concept of vulnerability first emerged into bioethics from research ethics in the 1970s that often labeled certain subpopulations—for example, women—as vulnerable, without being very resourceful in solving ethical issues stemming from that vulnerability. In recent decades, however, vulnerability has been reconfigured in bioethical theory. The rigid understanding that Luna (2009; 2018; Luna & Vanderpoel 2013) calls the subpopulation approach has been challenged with morally more salient approaches,

contributing new ideas to debates about the ethical dimensions of medicine and health care (ten Have 2016). Vulnerability cannot be fully understood within the framework of individual autonomy, which can dominate mainstream bioethics; rather, vulnerability is perceived as created through the social and economic conditions of life (ten Have 2016; Rogers et al. 2012; Meek Lange et al. 2013; Macklin 2012).

From the inception of the field, bioethics has set out to protect vulnerable patients and research subjects from harm, and to establish their moral and legal rights (Holmes 1999, 48; Wolf 1999).

According to a persistent line of critique, however, gender-related inequalities, cis- and heteronormativity, and biases based on race/ethnicity, class, and ability continue to go unacknowledged (Lindemann 2007; Nelson 1998, 2012; Stramondo 2016; Ray 2020). For Holmes (1999, 49–53), the long-standing disempowerment of patients despite bioethics’ long-standing concern about vulnerable populations begs the question of whether bioethics’ alliance with institutionalized power keeps it closed to issues that concern so-called marginalized groups. It can be argued, however, that the vague formulation of such critiques, which target a generalization of “bioethics,” makes it difficult to address and resolve such issues.

What I suggest is the formulation of a queer feminist framework for reconfiguring key bioethical concepts. In my analysis, vulnerability has become central (Sudenkaarne 2018b, 2019, 2020b), which is what I will focus on next. Moreover, however, a queer feminist framework should guide the reconfiguration of bioethical principles, which I will discuss later.

Although marginalized groups have unique standpoints, those views often get eliminated from conversation as nonuniversal. For some feminist critics, it is the deeply structured embrace of liberal individualism that obscures the importance of groups (Holmes 1999,

53). To reiterate, in this line of thinking, social groups are tools of oppression: one's identity can make one particularly vulnerable to cultural imperialism (including the stereotyping, erasure, or appropriation of one's group identity), violence, exploitation, marginalization, or powerlessness. What becomes crucial about the "identity" in identity politics in this context appears to be the experience of the subject; yet that experience is shaped by memberships of social groups (Heyes 2020). These groups are surely important and necessary for self-esteem, physical and emotional survival, and the joys and pleasures of life (Holmes 1999, 58). But when certain groups are marginalized, does every member of that group also get marginalized? For Holmes (ibid.), if bioethics focuses on individual rights, bioethics may exacerbate group marginalization. This is also pivotal to Donchin and Purdy (1999, 8–9), who see power and particularity, the very dynamics of grouping, as dominant in feminist critiques: the powers that divide and marginalize nondominant people, and the particularities of personal lives that resist confinement within externally imposed categories.

The notion of marginalized groups and vulnerability ushers the problems of essentialism, identity, and relativism into bioethics. If for example LGBTQI+ people are considered particularly vulnerable, what about intersectional differences in for example affluence and access to health care? How can one remain a powerful subject and yet be considered vulnerable? How are we to use vulnerability as a tool for ethical analysis? I wish to next discuss how the reconfigured notion of vulnerability is indeed a useful concept for feminist and queer bioethics, as it can offer a salient way to solve the problems of identity, essentialism, and relativism.

An excessively broad use of the concept of vulnerability renders it too nebulous to be meaningful, and has a stereotyping effect. Luna (2018, 1–2) distinguishes between two spheres in vulnerability

debates: conceptually, how vulnerability should be understood; and practically, how it should be accurately used. To answer the conceptual question, she (2009) has reconfigured vulnerability for use as a layered concept. Her approach to vulnerability has been notably accepted and applied (e.g. Rogers et al. 2012; Meek Lange et al. 2013; Macklin 2012).

For Luna (2009, 122), the reconfiguration of vulnerability is motivated by the previously mentioned realization that vulnerability has not been favorable to people considered vulnerable. Her reconfigurations stem from feminist analyses and look at vulnerability as a concept of special interest to women. In research ethics, women are sometimes considered a vulnerable group, and at other times are removed from such a group. For Luna, labeling women or any group simply as vulnerable is too simplistic, and is a potential source of grave moral harm if we perceive vulnerability in terms of “being vulnerable”—for example, women being essentially vulnerable, rather than being rendered vulnerable in certain conditions with certain resources—so that vulnerability becomes a fixed label attached to certain subpopulations. This includes the assumption that there are necessary and sufficient conditions that populations must fulfill to be considered vulnerable. When vulnerability is used as a fixed label for a particular subpopulation, it suggests a simplistic answer to a complicated problem. To address the subject’s vulnerability, more than one answer may be needed. Different types of vulnerabilities can overlap, and they should all be adequately considered. Finally, yet importantly, labeling fixes content, and labels do not come off easily (ibid., 123–124; cf. ten Have 2016).

For Luna (2009, 128), then, it becomes necessary to provide an analysis of vulnerability that does not render it vacuous, rescues its force, and avoids some of the morally gravest flaws of labeled

vulnerability. She suggests an ethically more sustainable, humanely robust, and pragmatically useful concept of vulnerability as layered. The metaphor of a layer gives the idea of relationality, of something that may be multiple and different but also overlapping: some overlapping layers may be related to health, and others to work, yet both are connected. For example, it can be said that being a woman does not per se imply that a person is vulnerable, but in a country that is intolerant of women's reproductive rights, a woman acquires that layer of vulnerability. If she is poor and illiterate, she has two more layers of vulnerability. Therefore, we should not think that someone is vulnerable, but instead should consider a particular situation that renders someone vulnerable, which does not mean a categorical lack of power (ibid., 129).

Moreover, for Luna (ibid., 134), a layered understanding of vulnerability challenges idealized views of the neoliberal subject and agency, since the most serious shortcoming of the rigid vulnerability approach is to treat vulnerability as a label affixed to a particular subpopulation. In Luna and Vanderpoel's (2013, 326) account, to target subpopulations with a labeling strategy is to assume a baseline standard, or a paradigmatic subject: a mature, moderately well-educated, clear-thinking, literate, self-supporting person. Further, the subpopulation approach assumes the possibility of identifying vulnerabilities in subpopulations as variations from the paradigm. A consequence of the categorical model is a simplistic answer to a complicated problem, as a person or group of persons can suffer different kinds of vulnerabilities. The label approach understands vulnerability as targeting a permanent and categorical condition that will persist throughout the person's existence. Thus, subpopulation analysis can lead to an overly rigid and fixed perspective. In contrast, if vulnerability is viewed as layered, there is no single feature that in and of itself defines vulnerability, no solid and unique vulnerability

that will exhaust a category, and most importantly, no single feature that can suffice to explain it entirely (ibid.).

I suggest that reconfigured vulnerability offers a way to consider the material bearings of race, gender, and sexuality while also encompassing situated, contextual differences in experiences of them. Such a reconfigured analysis aims to detect risks and harms that are not causal but probable in varying degrees. Layered vulnerability offers an escape from the looping problems of identity, essentialism, and relativism. Instead, it creates a bioethical approach that identifies, evaluates, removes, and alleviates layers of vulnerabilities in a particular context. Luna urges us to consider the dispositional structure of layers of vulnerability, and to assess what stimulus conditions can trigger them (their presence and their probability of developing). Stimulus conditions relate the layers and context with actual conditions and possibilities of occurrence. If the stimulus conditions are highly probable, they should take priority. These conditions are those that actualize the layer of vulnerability and will provoke actual harm. Following on from this identification and evaluation is the obligation to not worsen the person's or group's vulnerability, to try to eliminate their layers of vulnerability, or at the very least to minimize the layers⁵ (Luna 2018, 7–8). I will return to develop a queer feminist framework for vulnerability in the last section of this introduction. To ground that work and to establish some feminist and queer concerns, I will first establish them in reference to bioethical principlism.

⁵ These obligations, and also the language of risks, can be seen to resonate with principles, but Luna herself does not make that connection.

2.6. On Bioethical Principlism

Simply put, the notion of principlism refers to an approach that utilizes abstract principles to identify and reflect on bioethical problems. Principles can either be derived from theory or not; in the latter case they are often justified by so-called common morality (Ashcroft et al. 2007; Arras 2016). The common-morality approach by Beauchamp and Childress (2013) is influential both in academic inquiry into bioethics and also in clinical work and ethical evaluations of medical encounters, systems, and policies. To reiterate, the four common principles as defined by them (*ibid.*, 13) are: respect for autonomy (a norm respecting and supporting autonomous decision-making); nonmaleficence (a norm avoiding the causation of harm); beneficence (a group of norms pertaining to the relief, lessening, or prevention of harm, the provision of benefits, and the balancing of benefits against risks and costs); and justice (a group of norms to fairly distribute benefits, risks, and costs). These abstract principles are accompanied by rules or other elements to inform moral contemplation, which also often utilize RE (Beauchamp and Childress 2013; Ashcroft et al. 2007; Arras 2016).

From a queer feminist viewpoint, risks, costs, and benefits have not been well balanced in the history of medical ethics (Wolf 1996; Holmes 1999; Wahlert and Fiester 2014). One of the key queer feminist critiques is that common morality reproduces moral objectivity as an unsituated rationality that is prone to be biased toward the moral realities and views of those with more social power. Further, the concept of autonomy, whether unfairly emphasized in principlist applications or not, is considered insufficiently attuned to relationality. Another key problem is the relationship between common morality and moral theory, which also affects the interpretation and contextualization of the principles. Even though common-morality approaches often reject moral theory,

they often end up referring to it anyway: beneficence is often drawn from Mill, autonomy from Kant and Mill, justice from Rawls, and nonmaleficence from Gert (Tong 1996, 69; Clouser & Gert 1990, 223; Donchin 2001, 366). Principlist approaches that do derive from moral theory tend to similarly mix and match, “presenting the resultant blend as an integrated and unified theory whereas nothing could be further from the truth” (Tong 1996, 69; Clouser & Gert 1990; Donchin 2001).

If there is a general problem with principlism, in my view, the problem is its confused relation to moral theory. Adding to the confusion, Beauchamp and Childress (2013, 351) do sometimes refer to their prominent account of ethics as a theory, but deny that it is an integrated body of moral norms or a systematic justification of basic moral norms. Yet whether or not a common-morality view can escape the latter can be contested. Indeed, theories evoking common morality can be seen to constitute a category of common-morality theory (Holm 1995; Arras 2016). Somewhat acknowledging this, Beauchamp and Childress (2013, 422–423) refer to the problems of common-morality theory, leaving its specification, judgment, coherence, and construction for further research. Even though these issues might be exhausted from several avenues—for example, by borrowing from virtue ethics, as Beauchamp and Childress most eagerly suggest, or from obligations or WRE—none of these solutions in my view can resolve the fundamentally confused relation to moral theory without admitting that principlism is a moral theory, in which case it becomes internally confused as a moral theory that borrows from various approaches while fully adhering to none. Further, acknowledging the critical work of feminist philosophy regarding how the premises of Western philosophy are built on gendered, racialized, binary, and hierarchical concepts (Lloyd 1984; Code 2007; Lugones 1994; Anzaldúa 1999), I suggest that the

formulation of a queer feminist framework, to be further developed into a background theory, might offer reliable responses.

How to challenge the requirements of universality and impartiality without overlooking the importance of particularity, context, and the relational bonds of moral life (cf. Holmes 1999, 53)? Does shifting the direction of bioethical practice from its preoccupation with abstract undifferentiated individuals to the concrete particularities that shape the lives of embodied, socially situated humans require the eradication of principles (cf. Donchin and Purdy 1999, 6)? I concur that a concern for particularities is an admirable antidote to the lifeless, overly broad strokes into which moral philosophy at its worst can reduce the richness of moral life. However, I also concur that we must beware of devaluing principles excessively (Purdy 1992, 10). Instead, I think it is safe to say that principles have become a consistent and concise way to press some basic concerns in medical ethics, including the expansion of horizons from pragmatic ethics to motivating moral theories (ibid.). Values such as justice are defensible against possible alternatives only if we conceive of ethics as a social institution that should promote the well-being of all. This is particularly important for marginalized groups such as women, LGBTQI+ people, and racialized people, as they have specific biomedical needs that tend to go undetected, and they can also suffer great intersectional moral harms. Furthermore, it can be suggested that this kind of moral assumption safeguards us against the naturalistic fallacy and keeps us from succumbing to relativism (Purdy 1992, 10–11; see also Macklin 2003). A greater attention to difference is not incompatible with principles, and a principlist approach does not require commitment to acontextual universalism (Wolf 1999, 74).

But is there any single set of ethical principles or human values that exists independently of the cultural context in which it has been

produced? Probably not, unless one is committed to the view that ethical principles are generated in some metaphysical realm prior to the beginning of temporality and spatiality. Alternatively, are there certain guiding human values, such as human flourishing or the meeting of people's needs, that emerge in any and all sustainable contexts? Probably there are. But even if such ethical commonalities exist, their existence in no way guarantees their uniform interpretation, let alone their actual instantiation. This is why bioethical theories must include critical lenses clear enough to recognize the unjust power relations that result in wrongful distributions of limited resources, and a motivational force strong enough to prompt people who currently benefit from unjust power relations to renounce them (Tong 2013, 29–30). A queer feminist framework is to serve as one such lens.

For many critics, the problem with principlism is not the employment of principles as the units of moral analysis, but the abuse of them. A further problem is the severe curtailment of the set of pertinent ethical concepts utilized in bioethics (Fiester 2015, 310). Exclusion and marginalization are forms of this abuse, as are all processes that render the socially less powerful in a moral conflict as unintelligible or indeed immoral; for example, clinical ethical conflicts that appear wildly imbalanced morally can result from unrecognized principles (*ibid.*). Autumn Fiester (*ibid.*), in my view laudably, notes that principles can become weaponized against the morally vulnerable. The weaponization of principles begins with the false assumption that all of the pertinent bioethical principles and legitimate moral considerations have already been articulated and are limited in number. This becomes a principlist paradigm where principles operate like a diagnostic checklist that scans for a handful of ethical considerations in clinical encounters, systems, and policies and then makes its normative assessment based entirely on that

reductive set of ethical concerns. This is principlism at its worst, and is not compatible with Beauchamp and Childress's approach. Such poor ethical analysis can inadvertently weaponize the principles it does recognize, to the detriment of causes and claims anchored by the principles it does not recognize (Fiester 2015, 310–311; see also Donchin and Purdy 1999; Lindemann 2007). To offer more dexterity to the framework of a principlist approach, I will next turn to feminist and queer bioethics.

3. More Than Strange Bedfellows: Feminist and Queer Bioethical Approaches

I will next discuss feminist bioethics and queer bioethics in more detail. I will offer brief histories of feminist and queer bioethics, and I will also focus on the feminist and queer bioethics that have been most influential for my work, including a consideration of them in relation to principlism and RE. I will also discuss critical responses and tensions between feminist and queer theory.

3.1. Add Women and Stir? Feminist Bioethics

As the field of bioethics has professionalized and diversified, questions have arisen about its direction and focus. Notwithstanding its early attention to instances of exploitation and abuse, some critics have discerned an increasing conservatism in bioethics that neglects the concerns of marginalized groups (Donchin & Scully 2015; Donchin & Purdy 1999; Holmes 1999; Lindemann 2007). The argument is that bioethicists tend to frame issues and formulate theory from the vantage point of privileged social and professional groups, even in the developing regions of the world, as local bioethicists there seek a share in the prestige of high-technology medicine. During the 1980s, feminists in particular argued that bioethics was developing in a way that gave too little attention to gender-specific disparities in health care research and therapy, or to the effects of other power disparities, such as class and ethnicity, on quality of health care (Donchin and Scully 2015; Donchin and Purdy 1999; Holmes 1999; Lindemann 2007).

By the early 1990s, feminist bioethics had emerged as a distinctive academic focus, offering insights into how gender, ethnicity, and power disparities operate. These critiques evolved out of several

lines of influence. One was the late 20th-century women's health movement. In the early years of second-wave feminism, activist feminists directed attention to areas of health care where women's interests were the most obvious but the most severely neglected: access to birth control and abortion, pregnancy, and the control of representations of female sexuality. Feminists campaigned on clinical issues with direct relevance to women's biology: for increased research into breast cancer, more convenient and cheaper contraceptive methods, more research into the physiology of menopause, and the avoidance of unnecessary surgical interventions (e.g. hysterectomies, cesarean sections, radical mastectomies) where alternatives are available. These campaigns were supported by several advocacy groups and by a number of global women's health movements. These groups and movements struggled to raise public awareness of women's health issues, influence national health policies, and act as a counterbalance to the priorities of professional medicine and the pharmaceutical industry (Donchin and Scully 2015; Donchin and Purdy 1999; Holmes 1999; Wolf 1996).

According to Hilde Lindemann (2007, 116–117), even though the bioethics movement and second-wave feminism emerged overlappingly in the late 1960s in Canada and the US, the two had little to say to one another for the better part of two decades. If we track down the early dissemination of feminist bioethics, it was not until 1989 that the feminist philosophy journal *Hypatia* published two special issues devoted to feminism and medical ethics. The 1990s saw a steady stream of conferences, monographs, anthologies, and essays that examined bioethical issues through a feminist lens (ibid., 116–117; Donchin and Scully 2015). The Feminist Approaches to Bioethics network, with its journal *IJFAB: International Journal of Feminist Approaches to Bioethics*, has been essential in

facilitating the labors of feminist bioethical scholarship from diverse backgrounds (Donchin and Purdy 1999, vii).

For Lindemann (2007, 117), who is a feminist bioethics pioneer and thus exceptionally well situated to evaluate where we have been and where we are going in feminist bioethics, the primary contribution of feminism to bioethics is to note how imbalances of power in what she calls the sex-gender system—which in my treatment should be expanded to cis- and heteronormativity—play themselves out in medical practice, systems, policies, and theories surrounding them. Lindemann argues, and I obviously concur, that feminism has more to offer bioethics than this sort of critique, even though the latter is crucial in its own right.

One of the unique contributions of feminism to moral theory in general has been to find gender bias in the preoccupations, assumptions, and perspectives of the dominant theories in Anglo-American ethics (Lindemann 2007, 117). This activity has produced feminist correctives to mainstream Kantian and utilitarian theories. Rejecting the role of the ideal ethical reasoner as solitary and powerful, which has been constructed in the history of philosophy as masculine, and excluding sense-making modes deemed to be feminine (Lloyd 1984), both feminist and nonfeminist standpoints have seen the emergence of theories about ethical deliberation as an expressive-collaborative process in which a group of people strive for mutual moral intelligibility and forge shared understandings of responsibility (Lindemann 2007, 117–118). While feminist ethicists have enriched ethical theory in these many ways, Lindemann claims that feminist bioethicists have not yet done the same for bioethical theory. She (*ibid.*, 118) observes that in the growing body of literature that has accumulated since the 1990s, feminist contributions to bioethics have largely remained focused on “rather narrowly defined critique,” with little theory-building. Although

theoretical aspirations have increased, a vast majority of feminist bioethical critique continues to be directed at practices surrounding the care of women's bodies, and in particular the parts that mark them as different from men. When feminist bioethics has moved beyond reproduction, it has tended to critique practices of health care for women. Yet such critiques also touch on more pervasive issues, e.g. on the limits of physicians' authority, the conflation of moral and medical values, and the boundaries between definitions of sickness and immorality (Donchin and Purdy 1999, 10; Wolf 1996; 1999). It is crucial to bear in mind that despite the importance of continued critique of the politics and practices surrounding wombs and other gendered body parts, there are many other health care issues requiring an ethical analysis that is sensitive to imbalances of power within the binary gender system. Further, according to Lindemann, feminist bioethicists' contributions to ethical theory have focused on the ethics of care (on which see e.g. Gilligan 1982; Held 2005; Carse & Nelson 1996; Tong 2013), which is subjectable although not reducible to gender essentialism (caring as essential to women, women essentially as carers).

Why ought feminists to scrutinize medical practice as they build moral theory? Why should there be feminist bioethics? Medicine ought to be a particular concern for feminists because it is one of the hegemonic discourses of our time, commanding enormous amounts of prestige and authority, and interacting with gender at many levels and in many different ways. Feminists need to review that interaction, but they also need to learn from it. Lindemann (2007, 122–123) urges that we should take on cutting-edge topics addressed by nonfeminist bioethics, such as neuroethics; but we should use “our own” methodology, paying careful attention to how gender is installed and reinforced by power as it circulates through our practices of responsibility.

Following up on Lindemann's critique, this type of inquiry is gaining momentum (see e.g. Fink 2019). Simultaneously with this work, Lindemann suggests new possibilities for bioethical theory to be built from feminist epistemology and feminist narrative ethics. Feminist epistemological approaches can help to theorize the legitimacy of patients' experiential testimonies. As a number of feminist epistemologies have argued, cognitive authority is dependent on social position: it requires a certain standing within one's community. What a scientist can know, for example, and with whom she can work to advance knowledge, depends crucially on how she is situated (cf. Haraway 1988) vis-à-vis those who know authoritatively (Lindemann 2007, 122). This is *ipso facto* a crucial stance to improve medical knowledge overall, considering the fact that medical data that supposedly applies to all people is often gathered from trials that exclude women altogether (Baylis et al. 1999; Paul et al. 2017).

Lindemann (2007, 123) offers feminist narrative ethics as a methodology to meet these critiques. I will next discuss feminist narrative ethics in relation to other bioethical methodologies when considering the need for queer feminist moral theory. I conclude that the narrative approach has similarities with moral archeology and WRE, both of which can be used for queer feminist intersectional research. Yet what is required for a research project, case analysis, or ethical guideline to be sustainable from a queer feminist point of view is to have gender and sexual diversity, not cis- and heteronormativity, within its normative framework. In my view, this is most reliably guaranteed with a commitment to theory rather than by leaving it to methodology or consensus.

Lindemann's narrative ethics targets such modes of principlism that derive from one or several of the mainstream moral theories to the situation at hand. Principles produced by the theory then serve as

guides to right conduct. Lindemann calls this the theoretical-juridical model of morality and moral theory. When judged skillfully and well in the theoretical-juridical model, a consideration of social contexts such as gender might have some bearing on which principles are pertinent and how much relative importance to assign to conflicting principles. However, according to Lindemann, the theoretical-juridical model allows the commentator—once they have gotten hold of the correct principles and a rationale for ranking them—to disregard the context. Presumably, the commentator can only then judge impartially what ought to be done in any similar set of circumstances (*ibid.*). Further, in actual clinical cases, the commentator either implicitly or explicitly evaluates the logic and justifications used in moral deliberation, especially if there are contrasting views, such as in a disagreement about a patient’s care between health care professionals and family members. In such situations, moral deliberation is often affected by morally salient particularities and social contexts. The crucial question becomes whether this makes moral justifications necessarily flawed in a fundamental way. The obvious response in many bioethical approaches is that of course it does not, but for Lindemann (*ibid.*), the narrative approach questions the theoretical-juridical model of morality and moral theory, including beyond moral justification.

Following the narrative approach, Lindemann (*ibid.*, 124) argues that social contexts are important not because they guide the selection of principles that will be used to resolve the case, but because of “what they reveal about the identities” of the participants: the ethnic, gender, sexual, and other settings in which a person lives her life contribute to—but do not determine, I might add—her own and others’ “sense of who she is.” While those espousing the theoretical-juridical model could in principle (no pun intended) take the same view as narrativists of the moral importance of social context, for

Lindemann (*ibid.*) the narrative approach uniquely features what she calls the temporal context. Because theoretical-judicial methods center on an ethical analysis of the present moment, and because arguments used in the analysis are themselves atemporal, those who employ these methods tend to approach the morally troublesome situation as if it too were atemporal. Yet the story of how the participants in the case came to their present pass is precisely a story, as is the narrative of the best way to go in the future. For Lindemann, the backward-looking story is explanatory and the forward-looking story action-guiding. Approaches based on the theoretical-judicial model tend to move only sideways, considering context as it “fleshes out the here and now.” Because narrative approaches also move backward and forward, they are better suited to ethical reflection than are theoretical-judicial approaches (*ibid.*, 123–124).

In clinical case evaluation, the backward-looking stories deliberators tell about the participants in an ethical case have explanatory force: they supply the temporal setting that allows us to make sense of what the various actors are now doing. The sideways stories broaden our understanding of the “now”: they exhibit the effect of the various contexts of the participants’ present identities. Through a narrative approach, Lindemann (*ibid.*, 125) suggests, it becomes possible to tell counterstories: to challenge the ideology of universally shared values without losing one’s cognitive authority as a moral agent (cf. Fiester 2015); to acknowledge justifications that build on morally salient, temporal, and spatial particularities. For Lindemann (2007, 125), moral terms and general rules can be regarded as markers of the moral relevance of certain features of the story. Certain features of the retold story suggest ways of understanding the relevant moral ideas, and these ideas in turn may point to other, previously neglected details of the story. The story is finished when the augmented context and its attendant moral concepts are in a state of

equilibrium that allows the deliberators to see the situation from the patient's point of view. The deliberators do this by putting into equilibrium the details of all the previously told stories and the moral descriptions that are suggested by them. From their sense of how the narrative pieces shed light on one another, they construct the closing story of "how to best go on from here" (ibid., 126). For Lindemann, in the theoretical-judicial model, morality is a matter of applying codified rules derived from comprehensive theories as criteria for assessing wrongdoing and making rational choices. The narrative approach

sees morality instead as continual interpersonal becoming and remaining mutually intelligible. It is expressive of who we are and hope to be; it is collaborative in that it deposits a community of inquirers that need to live well together; and it is feminist because it offers a means of resisting powerful ideologies. (Lindemann 2007, 127)

Lindemann's approach utilizes a notion of RE. A standard method for applied ethics, it has been debated in feminist research. According to Haslanger (1999, 466), RE is a strategy by means of which we are able to adjust our judgments about principles, possibly revealing cases of racism, for example, in knowledge attributions of the case at hand (i.e. the issue under bioethical inquiry) (Mühlebach 2016, 878). Even though RE would primarily allow us to reveal errors in the application of concepts due to discriminating background assumptions, it can be objected that our moral intuitions about theories or principles would be independent of each other: if we have reason to believe that some of our judgments are distorted due to sexist background beliefs, then it is by no means clear that the theories and principles we are working with are free from this sexism. Mühlebach (ibid.) adds that even if commitments and theories were independent, we still could not offer an explanation of

why principles and theories should be considered to be immune to pernicious background assumptions. Hence WRE is needed, which also takes background theories into account (ibid., 880). Yet even if WRE allows us to sort out problematic concepts so as to critically reflect on the values we endorse, the fulfillment of feminist concerns is not guaranteed. As it is unclear how WRE can address the problem of ideology—defined as commitments that manifest in social practices (ibid.), with some proponents being explicitly pluralistic about systems of commitments (see e.g. Elgin 1996)—a queer feminist intersectional framework that builds on gender and sexual variance embedded in human rights is in my view needed to safeguard against the problem of relativism.

Narrativity and WRE can both be used to “mine” cases for their morally relevant considerations. The method of moral archeology has strong echoes of the central strategy and insight of the casuists (see e.g. Arras 1991; Fiester 2015, 311). Casuistry recognizes the need to expand the moral lens by focusing on what Arras (1991, 37) calls “moral diagnosis.” Arras (ibid., 31–33) has articulated the casuistical approach as a derivation of principles developed incrementally through the analysis of concrete cases, which enables principles to emerge gradually from reflection upon our responses to particular cases. This strategy is mirrored e.g. in the work of the hermeneutical school of clinical ethics consultation, in which the theoretical apparatus that one brings to case analysis is best viewed as “dynamic frameworks” that are “responsive to practice” (Fiester 2015, 311). So a principlist approach does not have to follow the theoretical-juridical model of morality and moral theory.

Beauchamp and Childress (2013) *ipso facto* deny that their principlism is a moral theory (which, however, can be argued against if/when common-morality theories are their own category of theory). Be that as it may, the framework Beauchamp and Childress suggest

is compatible with RE and the narrative approach suggested by Lindemann. Even though Beauchamp and Childress's principlism can be seen to include a confused and perhaps also insufficient relationship to theory, Lindemann's approach has the same flaw. In my view, it is unclear what level of theoretical commitment leads the approach to follow a theoretical-juridical model of morality, and this begs the question of how approaches built on feminist theories are justified if the derivation of principles from theory makes the approach alien to situated moral life. Further, the emphasis narrativity puts on context and "who one is" evokes the problems of relativism, essentialism, and identity. Even though it is easy to see that a checklist type of principlism cannot be redeemed, many principlist approaches in bioethical research utilize reflection (either RE or WRE). However, even if we are to agree that WRE has a capacity to enable theorizing with "as few implicit and explicit biases as possible," and includes an openness to changes in concept uses and background theory to a degree (Mühlebach 2016, 886; see also Arras 2007), for me it does not suffice for a queer feminist intersectional framework, as it instead offers a method of norms for such a framework.

What I suggest is a principlist approach with a queer feminist framework. One of the key justifications for such an endeavor is the centrality of justice for feminist and queer bioethics. Donchin and Purdy (1999, 2) observe that despite the "much vaunted" diversity of feminism, it can be argued that at the heart of most feminist work is a set of judgments that seem central. A common thread is the acknowledgment that there are oppressed positions in society, and those positions often build on gender, race, and sexuality; that oppression is a form of injustice, and hence intolerable; that it is possible to change society in ways that could eliminate oppression; and that it is the goal of feminism to pursue the changes necessary to

accomplish this. Donchin and Purdy (*ibid.*, 2–3) further urge the adoption of what they call core feminism for practical, political, and philosophical reasons. The pragmatics of it is its simple message: justice requires the eradication of inequality. Emphasizing this can help us to connect with other justice movements. I see this readiness to engage with behemoth philosophical concepts such as justice—which indeed is one of the bioethical principles—as lending support to the reconfiguration of bioethical principles instead of their abandonment. Critical work on basic philosophical concepts and original new research will not merely enrich the philosophical canon but also recalibrate it. The politics of core feminism includes staying open to new ideas from lived lives, leaving room to disagree, and being open to difference. This should help to keep false universalization at bay (*ibid.*, 4; see also Nyrövaara 2011). A framework building on core feminism can help us to navigate the problems of identity, essentialism, and relativism.

For Donchin and Purdy (1999, 5–6), feminists have a lot to learn from one another and from members of other oppressed groups:

Different realities do not mean we are enemies. The real enemies are those who ignore oppression, happily benefit from it, or seek to increase it. The metaethics we propose could help us all join together in the fight for a more just world.

A feminist bioethical theory that follows this account would shift from preoccupations with abstract, undifferentiated individuals to the concrete particularities that shape the lives of embodied, socially and temporally situated humans. Similarly to Lindemann and Haraway, Donchin and Purdy (*ibid.*, 6–8) see power and particularity as central to feminist critique: the powers that divide and marginalize nondominant people, and the particularities of personal lives that resist confinement within externally imposed categories. Constructed from the perspective of an elite group that is blinded to its own

partiality, theory tends to overlook such key components of moral life as context, partiality, and relational bonds, and further must be able to tackle them without succumbing to relativism. Core feminism calls for the incorporation of these insights into bioethical theory, and for an ethics that is capable of challenging the structures and systems that perpetuate disempowerment based on gender, sexuality, and race (ibid., 6–9).

3.2. Making Sense of Queer Lives: Queer and LGBT Bioethics

In addition to feminist bioethicists' critical takes on gender and sexuality, why do we also need LGBTQI+ or queer bioethics?⁶ Building the case for such a bioethics, let us take a step back and ask: what kind of bioethics should moral human beings strive for? As I have suggested, bioethics is faced with an extraordinarily difficult quandary: how to reconcile the clearly immense differences in the social and personal realities of moral life with the need to apply a universal standard to those fragments of experience that can foster not only comparison and evaluation but also action. For philosophers, the gulf between the universal and the particular may be regarded as “an irksome and perennial barrier”; but bioethicists, like clinicians and policy implementers, simply cannot function without finding a way of relating ethical deliberation to local contexts (Kleinman 1999, 70–71). For Katherine Dow (2016, 14), the critique of universalism in bioethics suggests that a better attunement to social scientific research could inform, and therefore strengthen, bioethical analysis, policy, and practice—and by

⁶ It is critical to acknowledge that even though I use these concepts synonymously here, tensions between these approaches also exist (see e.g. Davy 2015; Vipond 2015; Sundenkaarne 2020b).

implication “make it more ethical.” According to critics, there is an intractable tension between social scientists’ and bioethicists’ approaches to ethics because of the latter’s commitment to principles—albeit to varying degrees, with different sympathies and through different approaches—which can at worst succumb to paternalism and even moral imperialism (Dow 2016, 14–15; Callahan 1999; Huxtable 2013; Takala 2001; Cowley 2005; Holm 1995).

Dow (2016, 15) urges a critical overview of the individualism inherent in bioethics and the difficulty it has had with conceiving of ethics in a way that accounts for more communitarian values and experiences, which in her view reflects a stereotypical picture of people in Western countries as being primarily self-interested. For Dow, this debate points to a division between ethics as a constant process of self-fashioning and lived practice on one hand, and ethics as a set of codified principles governing a particular profession or practice on the other. In her view, bioethics, by its very nature, is required to prioritize principles over practices, which can mean failing to fully recognize the fact that professional ethics are inseparable from the wider ethical values and practices of the societies in which health care professionals and researchers operate. Paying homage to the feminist conception of situated knowledge, Barry Hoffmaster (2009, 1–2) believes in a bioethics that is “situated in lived human experience.” He also draws attention to the importance of emotions in ethical decisions:

putting bioethics in personal, social, and cultural contexts opens the way for modes of moral deliberation that are not general, rational, and impartial but that embrace the distinctive histories, relationships, and milieus of people and engage their emotions as much as their reason. Such a bioethics also recognizes the multiple backgrounds—institutional, economic, historical, and

political—that structure moral problems and give meanings to moral concepts. This is a bioethics situated in lived human experience. The ultimate goal of this endeavor is a bioethics that is more attuned to the particular and more sensitive to the personal—a bioethics that is more humane and more helpful. (Ibid.)

Dow (2016, 16) insists that bioethicists, along with policymakers and regulators, need to understand that context is not a euphemism for mitigating circumstances but instead a way of attuning oneself to the contingent realities of people’s lives. Nonetheless, an empirical turn can be traced in bioethics that takes direction from some of the leading figures in North American bioethics, such as Daniel Callahan, cofounder of the Hastings Center—which published one of the first special reports on queer bioethics in 2014—for greater attention to what Dow (ibid.) calls “alternative moral positions within bioethics.” While Dow urges bioethicists to attend to other moral worlds and try to develop models that take account of the multiple interests that may be at stake in any particular ethical decision, they should not assume that moralities can be read from laws or professional codes of conduct, or that moral philosophy is a mirror of ethics. Moreover, Dow (ibid.) sees bioethics per se as shaped by its context: the “bioethical” aspects of particular practices and objects are not self-evident but the product of the specific sociopolitical contexts and professional agendas of their time (cf. also Wilson 2011, 213). On this note, Dow urges us to consider what makes certain bioethical practices and issues worthy of our ethical attention—and by extension, what makes others unworthy of such attention. Traditionally, issues of gender and sexuality have been in the latter category. Despite the empirical turn both acknowledged by Dow and promoted by prolific research centers such as Hastings, and as gravely pointed out by LGBTQI+ and queer bioethicists (Wahlert and Fiester 2012, 2014; Nelson 1998, 2012, 2014; Latham 2016),

LGBTQI+ issues have not been given the bioethical attention they require, most importantly due to the cis- and heteronormative bias in so-called mainstream bioethical contemplation. Unequivocally, this means a myriad of LGBTQI+ suffering has been ignored, forms of human flourishing violently suppressed, and beautiful lives tortured and lost (Sudenkaarne 2020a, 2).

During the last decades, LGBT bioethics has been accompanied by a queer bioethics that combines queer theoretical understanding with bioethical analysis. Queer bioethics aims to increase the visibility of and find solutions to LGBTQI+-specific issues of gender and sexual diversity, but it also offers queer frameworks for bioethical theory and methodology. Lance Wahlert and Autumn Fiester (2014; Wahlert and Fiester 2012, 2–3) define queer bioethics as a field of bioethics focusing on questions related to LGBTQI+ people. Topics of queer bioethical interest can include, for example, ethical transition treatment for trans people, the bodily integrity of intersex babies, reproductive justice for same-sex couples, or queer hospice care. Moreover, however, Wahlert and Fiester (2014, 6; Wahlert and Fiester 2012; cf. Dean et al. 2016) crucially point out that while interest in LGBTQI+ health care aims to highlight important gaps and throw into relief serious LGBTQI+ issues, such work can inadvertently reinforce both the marginalization of sexual minorities and the cultural norms related to sexuality, gender identity, and the conventional family. To ensure that positive outcomes for LGBTQI+ patients are essentially paired with real ethical sustainability and decreased marginalization, Wahlert and Fiester advocate for queer bioethics as a methodology of scholastic, bioethical, and critical scrutiny. They set queer bioethics not only to address the needs of LGBTQI+ persons in a health care environment but also to consider the perspectives, histories, and feelings of such parties. Further, they see queer bioethics as a specific field of bioethics that targets both historical and contemporary

questions of sexuality and gender with a norm-critical approach. It identifies LGBTQI+ people as specific bioethical agents, which Wahlert and Fiester (2012, iii) also call the injection of queer personhood. Queer bioethics has two simultaneously operating prongs. On one hand, it focuses on LGBTQI+-specific questions, interrogating how and why gender and sexuality are produced and reproduced, and critically deconstructing them with the analytical tools of cis- and heteronormativity (cf. e.g. Sudenkaarne 2018b). On the other, it also interrogates why and explains how questions of gender and sexuality are questions of humanity per se and life as we (think we) know it. As recent scientific advances have broadened our understanding of, for example, the nonbinary number of chromosomes affecting gendered physiology, or how many so-called biological parents one can potentially have (cf. the three-parent baby technique), it can be argued that past-century sexual and reproductive ethics needs a “queer injection” simply to be able to compute contemporary bioethical debates (cf. also Björklund & Dahl 2020), as cis- and heteronormativity have *ipso facto* transmogrified our understanding of the human condition.

Wahlert and Fiester (2012, iii–iv) define queer bioethical aims as placing sexuality and gender identity at the core of ethical discussions brought about by advances and renegotiations of normality in biology and medicine—placing the so-called less powerful center stage, challenging the status quo and presumptive legitimacy of the normative, and challenging LGBTQI+ complacency in the face of injustice and discrimination in medical encounters, systems, and policies.⁷ Finally, yet importantly, they

⁷ The emergence of queer bioethics as a theory and methodology does not mean that these topics could not be challenged in so-called mainstream bioethics before its arrival (cf. Nelson 1998, 2012), or that no such work could be done without calling it queer bioethics (cf. Latham 2016).

define queer bioethics as serving as a moral theory, to which I will offer contributions in the last section.

Lance Wahlert (2016) further describes queer bioethical methodology as an examination of the pressing ethical issues that lie at the intersection of gender identity, sexuality, and bioethics. At its core are bioethics-related challenges facing LGBTQI+ persons, questioning their encounters within the medical system. For him, an integral part of queer bioethical methodology is the appraisal of canonical bioethical concerns in light of queer perspectives. In queering bioethics, Wahlert wishes to introduce the traditional queer theoretical concept of queering or queer reading into ethics. This means the employment of methodologies from queer activism and theory to define ethical practices in medicine (*ibid.*).

Wahlert (*ibid.*) sees queer bioethics as improving medical practice for LGBTQI+ people, or “the queer in the clinic” as he refers to the LGBTQI+ bioethical patient zero, in three different realms. In terms of clinical practice, queer bioethics ushers in an appreciation of queerness as central or valuable to a clinical situation, demands an acknowledgment of queer populations as worthy, and creates a greater tendency not to generalize or stigmatize. In clinical outreach, queer bioethics can shed light on the need for population-specific resources beyond the clinic, referring to e.g. social services for LGBTQI+ persons, which should be integrated into clinical practice. Continuity of care for LGBTQI+ persons must be guaranteed, thus replacing the attitude of suspicion with clinical comfort. Wahlert insists that queer bioethical analyses can enrich clinical training by offering ways to integrate queer patients and families into the canonical fold, with an ethical mindfulness of the complications of queerness in clinical encounters (*ibid.*). To achieve this clinical comfort and enhance queer understandings in bioethical thinking, Wahlert and Fiester (2014, 62) have formulated a methodological

tool they call the QBI, which also grounds my approach to queer vulnerabilities.

Human sexuality and gender variance are processual, contingent fluxes in which individuals define and shape themselves. Queer thinking that critically addresses the complexities of normativity is needed to make changes, understand diversity, dismantle injustice, and enhance bioethical justice. Mainstream bioethics has not been successful enough in encompassing or resolving ethical issues in LGBTQI+ health care, in theory or practice. It has not adequately established queer agency or subverted the cis- and heteronormativity of practices. LGBTQI+ and queer bioethical inquiries were marginalized for decades (Murphy 2015; Nelson 1998, 2012). In the 21st century, queer bioethical debate has been established as a consistent field of inquiry that is frequently present in mainstream journals such as *Bioethics* (Wahlert and Fiester 2012; Murphy 2015; Richie 2016; Leibetseder 2018). Even though this can be considered a breakthrough in its own right, it must be acknowledged that this current prominence was made possible by decades of systematic queer and LGBT thought and research with often marginal material resources—and the latter is still very true today (Sudenkaarne 2020a, 2). To offer an example of the tension between queer feminist concerns and prominent bioethics, I would like to briefly discuss conscientious objection (CO) to establish how gender and sexual diversity renders queer people particularly vulnerable.

In bioethical consensus, abortion is deemed a morally controversial issue and thus an issue of conscience for medical professionals in women's and reproductive health. It is suggested, then, that the moral controversy over abortion is sufficiently managed by allowing medical professionals with such convictions to not participate in performing it, sometimes also extending to the duty to refer the woman to a professional who will do so (McLeod 2008, 2010;

Wicclair 2000, 2011). For me poignantly, there remains a lacuna in research literature that addresses CO with regard to this reproductive health issue from a principlist point of view. In my view, it is pivotal to look at queer feminist issues with a principlist framework not only within bioethics, but also on the legal and political level too.

Gaining aggressive momentum globally, CO legislation has proliferated in the contemporary US, extending the legal rights of health care professionals to cite their personal religious or moral beliefs as a reason to opt out of performing specific procedures or caring for particular patients (Stahl and Ezekiel 2017, 1380; Gorman 2017; Sanger-Katz 2019). The targeting of gender and sexual diversity with CO in biomedical ethics and care is a relatively recent phenomenon. State legislation in the US has for some time enabled counselors and therapists to refuse to treat LGBTQI+ patients. In May 2019, President Trump announced an expanded conscience rule to allow health care professionals not to participate in care to which they objected on moral grounds (Sanger-Katz 2019). Causing a plethora of bioethical issues, the rule also allowed health care providers to refuse basic care on “moral grounds,” allowing basic health care providers to withhold treatment on the basis of religious belief, even in cases of medical emergency. The rule was vacated in November 2019. It was described as a direct attack on the lives of women, LGBTQI+ people, and religious minorities, and as rooted in “animus against some of our most marginalized and vulnerable communities” (Bollinger 2019).

CO legislation and bioethical justifications for it gravely reveal how queer feminist concerns require a framework that takes those concerns seriously. Even though CO can be harmful to several groups of people, and those people often suffer intersectional detriments, CO based on gender and sexual variance reveals that LGBTQI+ people continue to be exposed to vulnerability, and

moreover to specific vulnerabilities. Hence vulnerability becomes a dual concern for LGBTQI+ people and bioethics. On one hand, LGBTQI+ people can be refused health care based on a specific need, such as hormone therapy for a transgender person. On the other hand, LGBTQI+ people can fall prey to bias that threatens our very lives and well-being if we are refused basic health care.

Although a more detailed account is required outside of this introduction, I suggest that a look at CO through the lens of queer vulnerability shows that cis- and heteronormativity can become weaponized (cf. Fiester 2015) to threaten basic human rights and allow exclusion from bioethical principles. Even though there hopefully is no effort to try to justify this type of CO within bioethical principlism, it goes to show that cis- and heteronormativity in bioethical practices, systems, and policies can infringe the flow of ethical sustainability. At its worst, this infringement becomes intense human suffering, causing the loss of queer lives, and establishing the need for LGBTQI+ bioethics pragmatically, clinically, and morally (Sudenkaarne 2020a, 4–5; Sudenkaarne 2018b).

Similarly to feminist bioethical considerations, even though the current medical ethics governed by these principles seems to allow such moral harms for LGBTQI+ people and other marginalized groups, I suggest that the problem is not necessarily solved by seeking to remove those principles, but rather by seeking to consistently demonstrate how the evaluation of these principles is clouded by cis- and heteronormativity and to offer alternative theory and methodology for those evaluations. Before embarking on that, however, I must consider some tensions and critiques around feminist and queer positions.

3.3. Tensions between Feminist and Queer Approaches

During the outset of the establishment of queer as an academic approach in the 1990s, Gayle S. Rubin (1994) infamously called for the division of inquiry between gender and sexuality. Following this philosophical and methodological distinction, feminist inquiry would focus on gender (“what one is”) while queer studies would focus on sexuality (“what one does”). However, the distinction was quickly rebutted by Judith Butler (1994, 1), one of the defining voices in postmodern feminism and queer theory, who condemned such an approach as “divisive, arbitrary and self-serving” and also as overlooking other issues found in both areas, specifically racism and social stratification. Even though there is very limited support for this type of strict division, there most certainly remain tensions between feminist and queer approaches. For my treatment it becomes crucial to find ways to utilize both approaches, as this seems highly justified in light of bioethics’ sketchy record of oppression and its urgent need to further tackle racism and social stratification in its theory. An expanded conversation would foster more robust thinking about gender and sexuality in relation to the ethical field as whole (Huffer 2013, 87; Mizelińska 2016). I will next discuss some of these tensions and offer comments to further my treatment.

An influential approach to considering the relationship between feminist and queer thinking is to view them as historically entwined precisely through tensions (Purvis 2012; Richardson 2006). Feminist thinkers welcome queer views as also enriching dialogues within feminism, which has—as discussed in the first section on identity, essentialism, and relativism—always struggled with gender and sexual variance. For Richardson (2006) among others, the field of the postmodern is the most common ground for feminist and queer, particularly following Butler’s sociopolitical analyses of gender and sexuality. Yet paradoxically, it is precisely the work of such

postmodern feminists—who have promoted the notion of gender as immaterial, performative, and socially constructed, including e.g. the refusal of the sex/gender binary—which builds tensions not only between feminism and queer, but also between different feminist approaches. Those invested in women’s studies and lesbian studies reiterate the problem of relativism: how to continue the work of exposing and analyzing oppression based on gender and sexuality if they have no material bearing? This highlights the tension between feminism and queer as more political than theoretical (ibid.; Calhoun 2007). Further exacerbating this tension is the division between gay studies, lesbian studies, and queer studies: the latter is sometimes considered to cover the two former, although both queer and gay studies may be insufficiently attuned to feminist concerns for lesbian comfort (ibid.; see also Richie 2016). One solution is to adopt a form of strategic essentialism suggested for example by Jagose (2009; Spivak 1988), meaning that the level of self-awareness of one’s gender and sexuality can vary depending on context. In my view, understanding this contextual variance via layers of vulnerability is more ethically salient than harking back to the problem of essentialism via identity politics.

If perhaps the tension between feminist and queer as completely different areas of inquiry (the former allegedly into gender, and the latter into sexuality) has now been bridged, the myriad of approaches remains glaring: how to compare them, and how to understand their metaphysics? For example, for Jackson (2006), gender and sexuality are interrelated but also incompatible: for her, gender is a system that produces a fundamental social stratification, whereas sexuality is a form of social life. For her, neither is defined from the biological a priori, and sexuality covers one’s entire erotic life from desire to identity.

In mapping out tensions, it is important to note how sexual desires, acts, and relations are categorized and gendered. An important result of the tensions between feminist and queer is the understanding that sexuality exceeds the binary of hetero/homo, that is, that all human sexuality would fall most importantly into that classification.

Another crucial contribution, from lesbian feminism and philosophy, is the formulation of heterosexuality as not only a sexual preference but also a systemic, normative institution. The centrality of heterosexuality, and also the sexuality of heterosexuality per se, gets often reduced by institutionalization, and this continues to raise tensions in analyses of gender and sexuality.

A feminist critique of the queer analysis of sexuality is that it implies that the feminist analysis of sexuality is inadequate (e.g. McLaughlin 2006), as if it would be incapable of encompassing the variance of sexual desire. A feminist backlash against the playfulness of queer sexuality has questioned its applicability outside the elitist academic realm of the humanities and arts, which is at worst indifferent to the material struggles of everyday life. To the credit of queer approaches, they have increasingly expanded over the last decades, increasing the visibility of different communities within LGBTQI+, laudably taking up very unplayful topics such as queer remembrance (e.g. Alasuutari 2020), and discussing sexual diversity within normative approaches such as medical ethics (e.g. Roen 2016). Yet I concur that radically social constructivist queer approaches can become too distant from material realities. However, this can undoubtedly apply to feminist approaches too. Either way, even if some approaches are in danger of becoming materially unintelligible, this does not serve as proof that queer and feminist approaches should be categorically set apart or considered as juxtaposed; instead of polarizing them, McLaughlin (2006) urges, quite appropriately in my view, that queer and feminist energies are better spent joining

forces in mapping out the crucial forks in which gender, sexuality, and other positions become materialized and further, also ethically relevant.

The critical tension between feminist and queer can be boiled down to their willingness to take on material injustices; according to the harshest critics of queer theory, playfulness, fluidity, and transgression for transgression's sake have little analytical use outside of the academic sandbox, and can lead to ethical and political paralysis (Squires 1996). The spearhead of the queer critique of feminism, then, is that after feminism the concept of sexuality requires reinvigoration as a source of joy and not only a position of marginalization and oppression. Queer, lesbian, and transgender critiques have also pointed out trans- and homophobia in feminism (Stryker and Whittle 2006; Calhoun 2007; Elliot 2010; Pearce et al. 2020). However, like all knowledge production, queer and feminist theories are also institutionally, politically, and socially situated; often the harshest positions are constructed in a cycle of debate (McLaughlin 2006).

A bold solution that potentially bridges feminist and queer approaches has been suggested by Chrys Ingraham (2002): heterosexuality should replace the concept of gender in feminist approaches. Taking Jackson's notion of institutionalized heterosexuality to the next level, Ingraham considers it to be the most essential for formulating ideological and organizational relationships between genders, and also to be the foundation of the social order. For her, then, gender becomes intelligible only via institutionalized heterosexuality, which is why she suggests replacing the term gender with heterogender. The centrality of heterosexuality being noted, I concur with critics that Ingraham fails to offer a reliable analysis of how the causal link between gender and institutionalized heterosexuality is established. This is why I prefer

Jackson's notion of institutionalized heterosexuality, which resembles my bioethical notion of cis- and heteronormativity. Collapsing gender and sexuality into a single category would in my view be detrimental, as it fails to encompass the myriad differences between women and queer people; further, it leaves out the politics and exuberance of naming the ways in which sexuality relates to your life.

A quite salient tension, a continuous ache in both queer and feminist theory's side, is the role of lesbian input in their development. Within feminism, the position of the lesbian was rendered troubling by the "sex wars" of the 1970s and 1980s: the notions that sex with men is by definition a form of oppression and that the only true feminist position is to keep from having sex with men and live as a political lesbian despite one's sexual preferences. In terms of queer, the position of the lesbian becomes antagonized by the playfulness of queer sexuality if that position is constructed against the backdrop of these feminist sex wars and as immune to real desire. This unfair positioning has been taken up by critics such as Linda Garber (2006; see also Calhoun 2007), who promotes the usefulness of feminist and lesbian approaches to the development of queer theory. One such development is to correct the unfair genealogy of lesbian feminism, which for her is first and foremost to be associated with the social constructivism of the 1960s and 1970s and divided between essentialist and existentialist orientations. The former considered themselves first and foremost as homosexual women, and thus identified with the gay movement rather than with the women's movement. The latter stated that they chose to be lesbian. The essentialists saw homophobia as their biggest obstacle, whereas for the latter it was sexism (Wiegman 2004). This goes to show how lesbian contributions are crucial when one is tracing out the tensions between feminist and queer approaches. Further layers of tension are

added by transgender versus queer, and by so-called TERF (trans-exclusionary radical feminist) approaches (Elliot 2010; Pearce et al. 2020).

To further inspect tensions between feminism and queer through the lesbian position, it has been argued that it was precisely lesbian women of color from working-class backgrounds that brought intersectionality into first-wave feminism, before its academic conception. These women also embodied queer, anti-essentialist identity politics early on, as they fought to make themselves visible as feminists, women, and lesbians (Garber 2006; Calhoun 2007; Lorde 2007).

Despite the tensions, it can be suggested that from a historical, theoretical, moral, and political viewpoint, “queers need feminists and feminists need queers” (Huffer 2013, 9). There remain tensions between feminist and queer approaches, particularly when we focus on lesbian and transgender positions, but tensions can also tease out theoretical improvements and ethical struggles, and fill out lacunas of knowledge. Feminism and queer theory should not constitute a binary of its own (Huffer 2013; Mizielińska 2016). As established in discussions of differences within feminist approaches, “different realities do not mean we are enemies.” The “real enemies” are those who ignore oppression, happily benefit from it, or seek to increase it (Donchin and Purdy 1999, 5–6).

3.4. Critical Responses to Queer Bioethics

Some see queer bioethics primarily as too attentive to sexuality, gender identity, and the intersections between them, rather than as doing what Cristina Richie (2016) calls for: providing an alternate account of bioethics from a queer perspective. There are also cultural

and historical perspectives that can be used to interrogate and intersectionalize queer bioethical premises (cf. e.g. khanna 2007, 2013). Doris Leibetseder (2018, 139) concurs that although compulsory reproduction and heterofuturity are key targets for queer bioethics, futurity and even a utopian vision are crucial for queer and trans people (and also people in general) of color, for whom the struggle to be able to survive is not a question of fulfilling one's life plan. Instead, in Giorgio Agamben's (1998) terms, it is a question of *bare life* in the face of forms of extreme oppression, including reproductive injustices. As reproduction is indeed a salient bioethical question, queer reproduction should further be discussed in relation to race, class, and citizenship with an intersectional approach.

Another key critique suggested by queer scholars is to question the role of normativity in queer bioethics, as for some, queer scholarship is by definition nonnormative (cf. e.g. McLaughlin 2006; Jackson 2006; Weigman 2004). However, in my view, as one of the central aims of queer bioethics is to improve existing medical ethics, it must be able to compute normative claims in order to achieve ethical relevance. I have suggested that we encompass this normativity by building on a queer feminist framework of principlism. Keeping in mind the critique that principles can mean a failure to fully recognize the fact that professional ethics and wider ethical values are inseparable, I wish to maintain that a reconfigured principlist account of bioethics could coincide with queer feminist bioethics, on two conditions. Firstly, there must be a framework for interrogations of cis- and heteronormativity in principlist analysis, as gender and sexual variance exposes LGBTQI+ people to specific vulnerabilities, for example questioning their autonomy in processes of infantilization (Wahlert and Fiester 2014; Sudekkaarne 2018b). Secondly, there should be a firm incorporation of data from stakeholders. That is, for example, trans people must be consulted to

establish the nonmaleficence, beneficence, respect for autonomy, and justice of their care, in order to “make bioethics more ethical” (Nelson 1998, 2012, 2014; Honkasalo 2018, 2019; Latham 2016; Sudenkaarne 2020b).

Against this historical and theoretical backdrop, it should become apparent that LGBTQI+ bioethics is not a rights-only position trying to justify minority claims. In Dow’s vocabulary, the queer context is not a euphemism for mitigating circumstances, but instead a way of attuning oneself to the contingent realities of LGBTQI+ people’s lives. Like Hoffmaster, I would like the ultimate goal of this endeavor to be an ethical account that is more attuned to the particular, and more sensitive to the personal—a bioethics that is more humane and more helpful. However, it must be noted that many LGBTQI+ bioethical theories, such as the queer bioethics of Wahlert and Fiester (2012, 2014) and its further developments, including and not limited to my own research, must be better attuned to intersectionalist critiques such as those introduced by Leibetseder, Blell (pers. comm., August 26, 2020), and Ray (2020), and must further consider crip⁸ (McRuer 2006; Stramondo 2016) interests.

⁸ Crip refers to an approach that combines queer theory and disability studies, and which aims to challenge cis- and heteronormativity in connection to ableism—discrimination and social prejudice against people with disabilities based on the belief that typical abilities are superior (see e.g. McRuer 2006).

4. Further Feminist and Queer Bioethical Advances

As established, a fundamental divider in bioethical theory is the approach to principlism, that is, whether bioethical evaluation should be based on principles, and if so, how these principles should be defined, justified, and applied. Further, however, I have suggested that cis- and heteronormativity in bioethical practices, systems, and policies may subject queer people to specific vulnerabilities, and that principles can become weaponized (Fiester 2015). When we enter the realms of gender and sexuality, it is common to encounter what Drescher (2010, 431) calls “morality tales”: binary gender beliefs and their associated moral underpinnings, which frequently play a role in theories about the causes and/or meanings of gender and sexual variance. Similarly to Lindemann’s narrative feminist ethics, Drescher suggests that when one recognizes the narrative forms of these theories, some of the respective moral judgments and beliefs embedded in them become clearer. To tackle their normative component, I have further suggested calling out cis- and heteronormativity as a necessary condition in ethical contemplation.

To resolve the bias against gender and sexual variance, which is utterly moral by nature, this section offers the building blocks for feminist and queer bioethical reconfigurations of vulnerability, principlism, and moral theory. I draw specifically on the principlist approach of Beauchamp and Childress (2013). I focus on the principle of autonomy; taking on all four principles in detail is a task worthy of its own research project, which is indeed something I hope to embark on in my future work. For now, it suffices to consider reconfigurations of autonomy via queer agency as a layer of vulnerability and feminist relationality that further leads on to so-

called posthumanist groundings for queer bioethics as a moral theory.

4.1. Queer Vulnerabilities

Queer vulnerabilities are my original analytical tool (Sudenkaarne 2019), combining Florencia Luna's (2009, 2018) layered concept of vulnerability with Wahlert and Fiester's (2014, 56) QBI (see also Sudenkaarne 2018b). The current formulation consists of four layers of queer vulnerabilities, which I have named troubled kinship, interrogatory intimacy, queer agency, and ethical sustainability. I will then build on these contemplations, particularly queer agency, for further theoretical work on the principle of autonomy.

When evaluating the layer of troubled kinship, the analysis can focus on asking whether the case in question honors the diversity of families and relationships across and within the LGBTQI+ population, or alternatively whether it prioritizes heterosexual marriage or the heteronormative family of origin. Does the case omit, exclude, or dismiss important characters—such as partners, lovers, or caregivers? To detect queer vulnerabilities of interrogatory intimacy, analysis can begin by asking if the case has implicitly or explicitly made value judgments about types of sexual relationships. Further, the scenario of the case may conflate “safe” or “safer” sex with monogamy or abstinence. The case can also function as a type of bioethical voyeurism, overly scrutinizing the sexual lifestyle choices of queer persons beyond their clinical or ethical relevance, as heteronormative discourses have a long history of an assumed entitlement, or even mandate, to scrutinize the intimate lives of queer persons. In these interrogations, queer people are encouraged into intimacy by the medical staff, but that intimacy is volatile, ambivalent—*ipso facto*, interrogatory (Sudenkaarne 2019, 2020b).

The layer of queer agency invites analysis of whether the case patronizes the LGBTQI+ individuals involved by pitying (or overly sentimentalizing) the queer subject. Vulnerabilities under this layer can be established by asking whether the queer roles of the LGBTQI+ people in the case are stereotypes or overgeneralizations. Has the case infantilized the queer parties? It is also important to note whether both queer and nonqueer subjects are treated as equally important and valid. Moreover, another crucial aspect of agency is the right to nondisclosure: it is important to reflect on whether the case respects the queer person's choice and rationale to remain closeted or protective about queer health information. In terms of embodied agency and disability/crip interests, it is pivotal that non-normative bodies are appreciated as legitimate, appropriate, and neutral. Queer agency is often misunderstood or not readable within the available epistemological paradigm, which defaults to pathology, resulting in problems of erasure and invisibility in clinical encounters, systems, and policies (Sudenkaarne 2019, 2020b).

My fourth layer of queer vulnerability is the layer of ethical sustainability. Crucially, an analysis of this layer begs the question of whether there is a heteronormative value hierarchy in the case that is given priority over others. Does the case allow itself to be "dequeered" and still have ethical or clinical relevance? If not, does the queer nature of the case justify or disqualify it as worthy of legitimate study? Finally, a pivotal factor in establishing ethical sustainability is to decide whether or not unsympathetic and immaterial details about queer subjects have been included, resulting in bias against them. Although all of the four layers are to be used in evaluating ethical sustainability in the sense of just treatment, this layer offers particular insights for research and medical ethics. However, the notion of ethical sustainability exceeds traditional research ethics approaches. They often limit themselves to solely

dealing with issues of research conduct, although these are also important, as addressed by the third question under this layer. Moreover, I encourage the casting of a critical eye on how uninterruptedly ethical sense-making flows from queer subjects to nonqueer subjects—what does the method of queering or dequeering reveal not only about the medical-ethical relevance of the case, but also about how ethical evaluations of care practices and outcomes are informed by cis-, hetero-, and transnormativity (Sudenkaarne 2019, 2020b)?

Queer vulnerabilities are layered in the sense that they do not consider LGBTQI+ people to be similarly and categorically vulnerable; instead, queer people can be rendered vulnerable in various ways. With queer vulnerabilities, no single standard or ideal exists, and there are multiple factors of vulnerability, which are all deeply related to context and not essential properties of LGBTQI+ people. Queer vulnerabilities consist of dispositions: possibilities of being harmed, mistreated, or exploited, with varying probabilities. There can be many different situations that can trigger a layer of vulnerability. Luna suggests ranking layers so that the most harmful takes priority. It is crucial to note that this ranking, and the entire process of identifying and evaluating layers of vulnerabilities, requires an analysis that is ethical first and foremost. There are what Luna calls cascade layers that are most harmful, with the potential to exacerbate existing vulnerabilities or generate new vulnerabilities. Luna associates three kinds of obligations with the ranking of layers. The first obligation is to not worsen the person's or group's situation of vulnerability. The second obligation is that we should try to eliminate all layers of vulnerability. However, we can only demand this to a reasonable and possible extent. Thus, the third obligation is to find different strategies to minimize the layers (Luna 2018, 7–8; Sudenkaarne 2019, 2020b). It must also be noted that intersectional

analysis can highlight queer privileges within LGBTQI+—for example, how racialized transgender persons are rendered vulnerable in terms of reproductive justice differently than cis gay men, even though both remain subjected to queer vulnerabilities caused by cis- and heteronormativity (cf. Honkasalo 2018; Leibetseder 2018; Petersen 2015).

4.2. Reconfiguring a Queer Feminist Framework for Principles: Autonomy

Feminist and queer bioethical engagements with principlism in my view are needed not only to make bioethics more ethical, but also for the pragmatic reason that biomedical ethics is so engaged with it. Acknowledging this engagement and calling for feminist and queer bioethical contributions to principlism must not, however, exhaust the ethical imagination. Instead of trying to reject or promote the notion of common morality, and to reject or promote principlism per se based on that stance (and *ipso facto* thus falling prey to problems of identity, essentialism, and relativism), I suggest a four-tier model for queer and feminist bioethical contributions to improve principlism. The investigation of all four tiers must be ongoing. Ideally, a study, essay, or project should contribute to all four tiers, building on examination, investigation, interrogation, and imagination:

- 1) *examination* of principles currently used in biomedical ethics or in a certain case, including additional methodological tools derived from them
 - e.g. ethical rules, regulations, guidelines
 - how principles and rules relate
- 2) *investigation* into principles' definitions, instead of assumed definitions
 - e.g. via concept analysis, WRE

- 3) *interrogation* of their applicability for exclusion and marginalization
 - disclosure of ideological structures
 - e.g. is there inherent cis- and heteronormativity in the definition that makes it impossible for the principle to ipso facto apply in an LGBTQI+ case?
 - the investigation must be critically informed by ethnographic data involving stakeholders, as this is the only way to establish the effects of a principle, e.g. transgender people are stakeholders in the clinical ethics of gender variance

- 4) *ethical imagination*: if ethical issues have emerged in tiers 1–3, an analysis is needed of what principles there *should* be, and how they *should* be defined and applied in order to make biomedical ethics more ethical
 - includes introducing new methodological tools to guide the application of principles, and reconfiguring their background philosophy (such as the QBI, cascading vulnerabilities, queer vulnerabilities, narrative feminist ethics, social determinants of racial disparities in health and health care)

WRE can be methodologically used in queer feminist tier work, yet for me it does not suffice as a queer feminist framework, as certain norms are crucial in such work. If we are taking feminist and queer interventions in the social sciences and philosophy seriously, the framework or method has to be able to address what Mühlebach (2016, 877) calls the problem of ideology, that is, commitments that are manifest in social practices and at the same time undergird those practices. If ideology critique, such as cis- and heteronormativity versus gender and sexual variance, is to be possible within WRE, it has to allow for the uncovering of the problematic ideologies that

underlie the commitments, theories, and background theories we are working with, and it has to provide tools to counteract them. It also has to do justice to the fact that ideologies do not always come in the form of conscious beliefs, which Drescher (2015) noted as morality tales around gender and sexual variance. The disclosure of ideological structures is an inevitable step in entering the process of the mutual adjustment of commitments, theories, and background theories (Mühlebach 2016, 883). I suggest this is best guaranteed with a framework that acknowledges gender and sexual variance.

To offer an example of queer feminist tier work on principlism, let us look at the principle of autonomy, or more precisely, respect for autonomy. Beauchamp and Childress (2013, 101–102) use the concept to examine individuals' decision-making in health care and research, as patients and as subjects, in a way that resembles stakeholder considerations. They make it clear that their principlism does not suggest respect for autonomy to be the most governing principle over others. Still, it has been suggested that autonomy has taken precedence in bioethical analysis (Holm 1995; Huxtable 2013; Lindemann 2007; Donchin 2001). Be that as it may, from a queer feminist viewpoint, autonomy remains a salient point of departure for moral reflection given its exclusive construction in the history of Western philosophy (Lloyd 1984; Code 2007; Anzaldúa 1999; Lugones 1994). What I suggest should follow is not that we abandon it, but that we build on a queer feminist framework. Beauchamp and Childress (2013), in my view accurately, state that in a properly structured theory, respect for autonomy is not excessively individualistic (neglecting the social nature of individuals and the impact of individuals' choices and actions on others), not excessively focused on reason (neglecting the emotions), and not unduly legalistic (downplaying social practices and responsibilities), yet their delivery of such a theory is unsatisfactory. I will next discuss

why that is. Further, I suggest how feminist and queer bioethical reconfigurations could produce a principles approach that would be more successful in meeting these aims.

Beauchamp and Childress (*ibid.*, 101–103) define personal autonomy as encompassing, at a minimum, self-rule that is free both from controlling interference by others and from certain limitations, such as inadequate understanding that prevents meaningful choice. They observe that two conditions are generally accepted as essential for autonomy: liberty (defined as independence from controlling influences) and agency (defined as capacity for intentional action). However, as they (*ibid.*) duly note, disagreement exists over the meaning of these two conditions, and over whether additional conditions are required (cf. Huxtable 2013; Macklin 2003; Holm 1995). In my view, much of the work on this focuses on the latter rather than formulating a cohesive theory of the former: the philosophical background theories, and the consequent standards they suggest for the evaluation of respect for autonomy, focus on the concepts of freedom, choice, consent, and refusal—the usual suspects in bioethics (Lindemann 2007; Tong 1996; Clouser & Gert 1990; Donchin 2001). Although these are important and influential concepts in bioethics and clinical work, reiterating them from the background theories of Kant and Mill does not equal ethical reimagination. In my view, a reconsideration of autonomy in a more adequate framework could boost such a reimagination if attuned to some core norms, providing moral agents with a coherent, comprehensive procedure for ethical analysis (cf. Tong 1996, 69; Clouser & Gert 1990, 223; Donchin 2001, 366).

Despite the refusal of moral-theoretical cohesion, however, there are also similarities within the moral systems informing principlist approaches (drawing beneficence from Mill, autonomy from Kant and Mill, justice from Rawls, and nonmaleficence from Gert),

namely, their understandings of individuality as asocial and abstract (Donchin 2001, 366; Tong 1996; Clouser & Gert 1990). By stressing the *respect* due to an autonomous agent rather than an ideal image of a fully autonomous self, and thanks to further particularities in their guideline standards for the evaluation of autonomy in competence and other classic bioethical settings, Beauchamp and Childress (2013) aim to curb this critique. However, as Donchin (2001, 366–367) points out, this rejoinder disregards the main thrust of the critique: to apply the principle, providers must be able to understand what autonomy consists in and how they need to reorient their practice to respect it adequately. In order to reconfigure principles for queer and feminist bioethics, a defined moral framework is required.

Like Donchin (*ibid.*, 367), I am convinced that appeals to autonomy do capture values that merit a central place in bioethical theory, if autonomy can only be severed from the individualistic assumptions about social relations embedded in dominant moral theories. Crucial to the reformulation of autonomy is a positive conception of human agency that recognizes what Donchin calls relational experiences as an integral dimension of individuality. I add that it must include the norm of gender and sexual variance. The abstract universalist characterization of autonomy applies most plausibly to situations where the primary concern is how individuals fend off unwanted intrusions from others. Its focus is to provide rules to guide the exchange of information within decision-making scenarios. A key feminist critique here is that historical institutions and practices embody systemic patterns of dominance and subordination based on gender, race and ethnicity, and gender and sexual diversity. As established, it is these differences that are the most crucial for appreciating the distinctive feminist and queer contributions to bioethical theory (*ibid.*, 368, 370).

For Donchin (*ibid.*, 372), the power and authority of physicians to act as gatekeepers raises important issues about limitations to patient agency. As established, agency is one of the two conditions for autonomy shared by virtually all autonomy theories, and for Beauchamp and Childress (2013, 102) this is a quite limited view of capacity for intentional action, although they offer the dual definition of liberty as its other aspect. Based on revised bioethical understandings from people of color, women, and LGBTQI+ people, however, a more nuanced than dualist understanding of autonomy is needed, as their agency has been defined in biomedical contexts as marginalized and as also often overriding both their capacity for intentional action and their interdependence from controlling influence. Some examples include the long history of queer infantilization and the psychiatric diagnostics of gender and sexual variance (Wahlert and Fiester 2014; Sudekaarne 2020b). Homosexuality has been removed from both the ICD and DSM diagnostic manuals, but gender variance persists within this framework, defined by incongruence and dysphoria.

It is sometimes suggested that gender dysphoria (GD) should be compared to body dysmorphia (BD), which currently appears in the diagnostics as body dysmorphia disorder (BDD). Gender variance was also contextualized as a disorder in the previous versions of the DSM (Drescher 2015; Bray 2015; Sudekaarne 2020b). BDD in DSM-V is currently defined as a preoccupation with one or more “perceived defects or flaws” in one’s physical appearance that are not observable or appear slight to others. The preoccupation involves repetitive observation of the perceived defect, and the preoccupation causes clinically significant distress or impairment in social, occupational, or other areas of functioning. A GD diagnosis involves a difference between “one’s experienced/expressed gender” and “assigned gender,” often with a marked incongruence between one’s

“experienced/expressed gender” and “primary and/or secondary sex characteristics” (APA 2013). I am not able to offer a full account of this comparison here, and it should be noted that some transgender people find this comparison offensive (see e.g. Callahan 2014). Yet from the viewpoints of philosophical bioethics and a queer feminist framework, there are parallels to consider between GD and BD. There is widespread consensus in the philosophical and psychiatric communities that the supplementation of hormones as well as highly invasive gender reassignment surgeries are justified as medically necessary for treating some cases of GD. Much excellent work does exist on the motives for body modification in the context of GD, yet some justifications for GD, including its definition in DSM-V (and also in ICD-11), rely on gender-essentialist terms, a binary metaphysics of gender, a flawed division between gender as social and sex as material, and a transnormativity that makes only certain trans desires computable in the gatekeeping system (Bray 2015, 425; Nelson 1998, 2012; McKinnon 2018; Vipond 2015; Davy 2015; Dubov & Fraenkel 2018; Roen 2016).

By comparison with GD, Bray (2015) accurately notes a lacuna in works of philosophy on BD, specifically when seeking to understand what drives the desperate need by some to modify their bodies in highly invasive, sometimes life-threatening ways based on perceived defects or flaws. I can concur with Bray (*ibid.*, 425–426) that while hormonal and surgical interventions in the treatment of GD must continue to be considered medically necessary, the criteria for medically necessary body modification should not be fully reducible to questions of gender identity, or to a binary understanding of gender that creates transnormativity. A lack of criteria can harm many people in need of real help. The confused dichotomy between legitimately necessary modification and “merely cosmetic” modification that Bray (*ibid.*) detects between GD and BD actually

overlaps with current queer bioethical critique on differentiations between “primary and secondary sex characteristics,” as characteristics considered secondary in medicine, such as facial features, are often very primary in everyday life (Sudenkaarne 2020b; Dubov & Fraenkel 2018).

The parallels and asymmetries between GD and BD surely call for further attention from philosophical bioethics and from a queer feminist framework. However, a crucial difference between the two is the contextualization of decades of human rights activism around the former, which for the latter is perhaps yet to come. An investigation into parallels between GD and BD that would ignore the role of activism and gender and sexual variance embedded in human rights would be not only inaccurate but also offensive. Due to much excellent activism by the LGBTQI+ community and the work of many theorists, gender-dysphoric people in many countries can now have hormone supplementation and surgical procedures (Bray 2015, 425; Davy 2015; McKinnon 2018; Drescher 2015). However, not all transgender people experience GD, and the availability of treatment does not exhaust the queer bioethics agenda. Criteria for body modification that are less attuned to gender and more attuned to autonomy should build on the appreciation of nonnormative bodies as legitimate, appropriate, and neutral, vindicating the claims of gender-fluid people and nonbinary transgender persons to access these technologies, and further leave intersex embodiment a priori unharmed by them.

Despite advances driven by activism and scientific debate, medicine and psychiatry in particular continue to be essential in defining gender and sexual variance. For some critics, any criteria for conditions related to gender and sexual variance defined in the diagnostic systems of ICD or DSM continues to gatekeep access to transitioning technologies in transgender health care. Transgender

patients often have to perform and justify their claims via normative narratives (transnormativity) in order to “pass” as, for example, dysphoric enough to gain access to these technologies (McKinnon 2018; Nelson 2012; Davy 2015; Latham 2016; Drescher 2015). There currently is not a theory of autonomy that would disown cis- and heteronormativity, build on gender and sexual variance as neutral, and promote what I have called queer agency to include both the capacity for intentional action and interdependence from controlling influence—to compute nonbinary queer and transgender desires, and defined on queer and transgender logics.

For Donchin (2001, 373), what the standard theories and conceptions of autonomy initially miss is the fact that the actual patients who populate health care institutions seldom fit the standard norm, which is another reason why a more satisfactory conception or model of autonomy is needed. First, a serviceable model should draw together the different strands of a notion and exhibit their relation to one another. Donchin argues that the reigning concept of autonomy *ipso facto* does the opposite. Second, should theory and practice be in disequilibrium, a useful model would stimulate the imagination, suggesting further possibilities. Instead, for Donchin, the dominant model of the autonomous subject blocks alternative ways to reconcile theory and practice. Third, a useful model for autonomy should evoke a picture of interpersonal relationships that is worth striving for (*ibid.*, 373–375). I suggest that queer agency could meet all three demands. First, it offers a more nuanced understanding of the liberty and agency parts of autonomy by offering the analytical tool of cis- and heteronormativity to tackle them in bioethics, and to be further scrutinized with the QBI. Second, it is essentially informed by practice drawn from LGBTQI+ issues that seeks to correct bias in theory and includes the call for ethical imagination outside binaries. Third, it evokes a multifaceted, radical kinship that

is grounded in relationality not only between humans, but also on an ecosystemic level and ultimately on a posthumanist level, a notion I will examine more thoroughly in the next section.

Donchin's (ibid., 378) relational conception of autonomy brings into prominence features of moral agency that liberal theorists have often relegated to the margins of moral life. Kantians particularly associate moral agency solely with a person's rational nature, to the exclusion of the natural affections that in their account belong only to an individual's biological nature. In their view, such affections have no moral value apart from an agent's deliberative resolve to subordinate them to duty. Rather than idealizing a single model of the autonomous subject, Donchin (ibid.) calls for an alternative moral perspective that might draw on multiple models associated with different domains of human activity, including those that the prevailing account has relegated to a private sphere beyond the reach of moral assessment. For these aims, Donchin (ibid., 378–380) considers the models of friendship, mothering, and sistering. I concur with Donchin (ibid., 382) that despite the moral imagination embedded in such models, they cannot replace generalizable moral principles. I further concur with Donchin that despite the theoretical inputs of the feminist ethics of care, caring is too risky a metaphor to rely on to redress imbalances in power relationships. A further queer bioethical critique of caring is to note how bioethical analysis has computed caring relationships beyond cis- and heteronormativity (Wahlert and Fiester 2014), which is why the concept of queer kinship is needed. The ethics of care can also play into the problem of essentialism: there are views that consider caring to be a female virtue, paving the way for arguments that women are “naturally caring” and other essentialist claims that are used to reconstruct cis- and heteronormativity and unfair labor markets.

If we begin moral inquiry from the initial position of individuals as “situated social beings rather than presocial abstract individuals,” the moral significance of concrete relationships will not be left behind in the move toward a generalized perspective (Donchin 2001, 383). What is important for the practice of medicine is that moral inquiry be initiated from the concrete standpoint of the one needing attention rather than the standpoint of a generalized other, and that we recognize differences between self and other at the outset. We need a transformed understanding of beneficence and justice that recognizes the claims of those distanced from us by borders and boundaries. The advancement of moral goals often calls for collective action that extends beyond the particularity of personal relations. If we restrict our moral range to those to whom we can provide care directly, others are likely fall outside the realm of our moral consideration (*ibid.*, 381–383).

Alongside Donchin’s principlist reconfigurations, a further excellent example of reconfiguration work that utilizes the tiers of examination, investigation, interrogation, and imagination is Katrina Roen’s (2016) ethical considerations for gender-variant youth. Roen draws from feminist and queer background theory to offer concrete tools for clinical work. Her approach demonstrates once again how feminist and queer bioethics are crucial in healing bioethics. For Roen, feminist bioethicists have already offered an analysis of the place of the body in biomedical ethics and an analysis of the role biomedical science may have in the constitution of “sexed” bodies. Queer bioethics can “usefully go further” in critically mapping the (dis)ordering of sexualities and genders. Working from queer perspectives, Roen urges us to ask what effects are produced by cis- and heteronormative assumptions that permeate biomedical and psychomedical practice. She notes that one of the difficulties in developing queer bioethics relates to the assumption that control of

another's body is just if based on consent, echoing Donchin's critique of the definition of autonomy. Similarly to my suggestion, Roen urges that queer bioethics should employ the concept of new materialist (posthuman) embodiment: the body is not an object belonging to the self, but rather embodiment is understood as fluid, processual, and intertwined with the self in a lifelong embodied becoming (Braidotti 2003; Barad 2007, 135). A carefully articulated queer bioethics for Roen, including queer agency I might add, would ideally create new spaces for queered subjects, not just address issues of consent and control. These new spaces would not seek to define or diagnose, for example, gender-nonconforming youth or queer-embodied youth, but rather would allow diverse futures to be imagined and facilitated (Roen 2016, 307). For Donchin (2001, 375), it is strikingly apparent that individuation is a fragile achievement that is always at risk of coming unraveled. She urges that we can learn much about fragility and vulnerability from those who once fit most closely with the prevailing conception of the autonomous subject but no longer do so. In addition to the psychological harms that may result from the identification of autonomy with noninterference, there are material dangers too, since the normal abstract conception of autonomy fosters moral indifference to the needs of others for whom one is not directly responsible (*ibid.*). I will next discuss how queer bioethics as a moral theory could take on such an expanded notion of responsibility and new materialist embodiment.

4.3. Configuring Queer Bioethics as a Posthumanist Moral Theory

As Donchin's work on reconfiguring the principle of autonomy demonstrated, principles involve deep philosophical investment. Looking at women, racialized people, and LGBTQI+ people in

bioethics—its so-called margins—can often raise central concerns. For this precise purpose, Wahlert and Fiester (2012) wish queer bioethics to be developed further as a moral theory. I suggest that the building of queer bioethics as a moral theory must not only aim to offer a fairer understanding of human life in all its gender and sexual variance, but must also try to tackle some of the most urgent ethical issues of our time, which revolve around ecojustice—the notion that human life that relies on conspicuous consumption exploits other species’ and ecologies’ chances to survive and flourish (Haraway 2016, 102, 154, 157)—and reproductive justice, the human right to maintain personal bodily autonomy, have or not children, and parent the children we have in safe and sustainable communities (SisterSong 1997; Bailey 2011). This is what I refer to as a posthumanist framework (cf. Kirksey 2019; MacCormack 2009; Giffney and O’Rourke 2009; Barad 2007; Chiew 2014).

Posthumanist contemplations overlap with classic questions in environmental philosophy, biocentrism, ecofeminism, and the One Health movement (see e.g. Wienhues 2017; Boetzkes & Robert 2000; Shiva & Mies 2014; Warren 1997; Nash 1989). A common notion is that the quest for an inclusive health ethic has led to a critical examination of the conceptual constructions human/animal and human/nonhuman. It can be argued that the way humans have conceived of health must be revised, the denaturalized and decontextualized way we have understood ourselves as humans must be modified, and the prescriptions of ethics and prudence must be expanded, nuanced, and in some cases reconfigured. This observation reinforces what deep ecologists, biocentrists, and ecofeminists have long claimed: that progress in achieving “right relations” within ecosystems means scrutinizing inherited thought-forms, resisting the dichotomization of humans and nature, rejecting domination, and proposing intersectional norms of ethical behavior

(Boetzkes & Robert 2000, 150). Although these overlaps invite further examination, my focus here is on posthumanism and a queer feminist bioethical framework.

Posthumanism calls into question the apparently obvious coherence of human nature and aims to destabilize the basic premises of human exceptionalism or speciesism.⁹ It also calls for serious reconfigurations of the collective human self: the metaphysical limits and ethical ramifications of “us” and nonhuman others. According to this line of critique, human ways of knowing and being in the world do not have privilege or priority over the myriad of nonhuman entities. Significantly, the corollary of pursuing this perspective is to show that the identity of the human species is not unified or self-present but thoroughly implicated in the phenomenology and ontology of other, nonhuman entities (Chiew 2014, 51–52; Barad 2007, 134–141). It is crucial to note that it is precisely this ontological implication that renders us interdependent in terms of life. For McNeilly (2015, 152–155), this sociopolitical interdependency calls for a radical reappraisal to life in human rights politics, especially with regard to women’s reproductive autonomy and abortion politics. Yet crucially, moving beyond the human condition is also an ontological shift, which Karen Barad (2007, 182, 391–396) refers to as entangled responsibility or accountability of intra-action as part of the fabric of the world, and what Donna Haraway (2016, 11, 13) calls tentacular response-ability and becoming-with.¹⁰ The metaphysical shift also calls for

⁹ I use these terms overlappingly, but they are not to be considered synonymous (see e.g. Warren 1997; Singer 2016).

¹⁰ Even though she is almost always listed in its canon, Haraway herself *ipso facto* denounces the term posthumanism. However, she (2016, 32) is “nourished by much generative work done under that sign.” She (*ibid.*, 101–102) prefers “humusities instead of humanities” and “compostist to Posthumanist,” as “we are all compost, not posthuman.” She (*ibid.*) sees humans as humus with

reformulations of kinship. For Haraway (ibid., 2), making kin as oddkin rather than, or at least in addition to, godkin and genealogical and biogenetic family troubles important matters, such as precisely to whom one is actually responsible. Learning how to intra-act responsibly within and as part of the world entails understanding that we are not the only active beings or the only morally significant beings. However, this is never a justification for deflecting responsibility onto other entities. The acknowledgment of nonhuman agency does not lessen human accountability; on the contrary, it means that accountability requires much more attentiveness to existing power asymmetries (Barad 2007, 218–219).

Like Haraway among others, I believe that ecojustice does not require the eradication (which according to some would *ipso facto* be the extermination) of the human species, but it does require fundamental reconfigurations of our way of thinking about life and how we live our lives. For Haraway (2016, 31–33), the Chthulucene—deriving from the Greek word *kththonios*, meaning of the earth¹¹—is a new story to replace the Anthropocene (see also Kirksey 2019) and the Capitalocene. It is a new imagination, era of response-ability, and narration of tentacularity, “meaning to feel and to try.” The Chthulucene is a sympoietic: it does not close on itself but collectively produces systems that do not have self-defined spatial or temporal boundaries; its systems are evolutionary, with the potential for surprising change. Haraway points out that the latter is

potential if we can chop and shred the human as *Homo*, the detumescent project of the self-making and planet-destroying CEO. She (ibid., 13) insists that the category of companion species enables the refusal of human exceptionalism without invoking posthumanism, an argument I suggest would require further scrutiny.

¹¹ Haraway rejects any reference to H.P. Lovecraft’s ancient, monstrous, tentacular deity Cthulhu, although tentacularity is important in her Chthulucene too.

specifically important for thinking about rehabilitation (making livable again) and sustainability “amid the porous tissues and open edges of damaged but still ongoing living worlds.” Bounded or neoliberal individualism amended by the opposite of sympoiesis (autopoiesis) is not good enough, figuratively or scientifically; it misleads us down deadly paths. Instead, Haraway urges that humans should learn to die and grieve. For Haraway (ibid., 39), grief is a path to understanding entangled, shared living and dying: “human beings must grieve *with*, because we are in and of this fabric of undoing.”¹²

For Haraway, the Chthulucene is the backdrop against which to try to answer the question of what happens when the best biologies of the 21st century cannot do their job with bounded individuals plus contexts, when organisms plus environments plus genes plus the currently unknown factors no longer sustain the overflowing richness of biological knowledges (if they ever did). What happens when human exceptionalism and the utilitarian individualism of classic political economy become unthinkable in the best sciences, across the disciplines and interdisciplines? Specifically, unlike either the Anthropocene or the Capitalocene, the Chthulucene is made up of ongoing multispecies stories and practices of becoming-with in times that remain at stake, precarious times, in which the world is not finished and the sky has not fallen—yet. We are at stake for each other, Haraway exclaims, the plural referring to all *kthionios* inhabiting the Chthulucene. Indeed, unlike in the dominant dramas of the Anthropocene or the Capitalocene, human beings are not the only important actors in the Chthulucene. The order is reknitted: human beings are with and of the earth, and the biotic and abiotic powers of the earth are the main story. Yet the doings of actual human beings matter. Both Capitalism and Anthropos invite odd apocalyptic panics

¹² On learning to die in the Anthropocene, see also the fierce, wise, and provocative pamphlet by Scranton (2015).

and even odder disengaged denunciations, rather than attentive practices of thought, love, rage, and care. Both the Anthropocene and the Capitalocene lend themselves too readily to cynicism, defeatism, and self-certain and self-fulfilling predictions such as the game-over discourse (Haraway 2016, 31; 55–57).

Haraway's Chthulucene, like all her elaborative and whimsical work, has inspired many feminist approaches. I concur that it reads as a powerful counterstory (cf. Lindemann 2007, 123), which is crucial for queer feminist reconfigurations. Yet in the midst of eloquent ideas, we must not lose focus on the intersectional material realities that are sometimes incompatible with complicated, embellished theorizations; we must formulate appropriate methodology to study those realities, and strive to eradicate or at least alleviate vulnerabilities related to those realities. A posthumanist queer feminist framework for bioethics, in my view, must be applicable. A posthumanist approach to bioethics might seem a bizarre if not indeed erroneous endeavor, as it could be argued that without anthropocentrism, bioethics will render its proper object—human life—unintelligible. I am not denying that human life, embodiment, and their related biopolitics would not be and should not remain central in various bioethical inquiries, but these inquiries should include posthumanist queer feminist formulations, without losing sight of the practical.

To offer a posthumanist angle on thinking about reproductive justice, Haraway (2016, 6) notes that avoidance of the urgency of the almost incomprehensible increase in human numbers since the 1950s is akin to climate change denialism: both touch too closely on the marrow of one's faith. Yet we desperately need to find ways to tackle both the false hope and the nihilist despair that fuel denialism. For Haraway, how to address the urgency is the question that must burn for what she calls staying with the trouble, making oddkin. If we stay with the

trouble, the tensions within reproductive justice must be acknowledged. For women of color, and also for many transgender people, reproductive justice is about access, not choice. A reproductive justice critique states that mainstream feminism has focused on keeping abortion legal as an individual choice, which is crucial but obviously not enough. Even when abortion is legal, many women of color cannot afford it. It is also important to note that reproductive justice is not just about abortion. Abortion access is critical, yet women of color and other marginalized women also “often have difficulty accessing contraception, comprehensive sex education, STI prevention and care, alternative birth options, adequate prenatal and pregnancy care, domestic violence assistance, adequate wages and so much more” (SisterSong 1997; see also Bailey 2011). These issues are further polarized by reproductive technologies that need human tissue and the global reproductive market (Bailey 2011). An important element of reproductive justice is its stratification. Stratification refers explicitly to power relations by which some categories of people are empowered to nurture and reproduce while others are disempowered, and to arrangements by which some reproductive futures are deemed less valuable than others. *Ipsa facto*, women of color are more often encouraged to have abortions than to have children (Ginsburg & Rapp 1995, 3; Mamo & Alston-Stepnitz 2015, 522; Colen 1995).

So what about intersectional feminist reproductive justice in a dangerously troubled multispecies world? Haraway urges the Chthulucene to evoke serious and lively stays with the trouble and makings of oddkin: that is, increasing human responsibility to marginalized lives and the other-than-human by refusing human exceptionalism through enhanced moral significance. Staying with the trouble requires making oddkin: understanding that we (posthumanly) require each other in unexpected collaborations and

combinations, “in hot compost piles” (Haraway 2016, 4). Further, Haraway (*ibid.*, 57) urges that

the unfinished Chthulucene must collect up the trash of the Anthropocene, the exterminism of the Capitalocene, and shipping and shedding and layering like a mad gardener, make a much hotter compost pile for still possible pasts, presents and futures.

I suggest that bioethics is an excellent platform for inquiries that stay with the trouble and makings of oddkin, as animals, microbes, viruses, and other nonhumans have such a substantial role in medicine. In particular, the animal suffering involved in medical testing and experimentation remains unresolved and often discredited (Beauchamp et al. 2015). Nonhuman-human companionship is often mediated via human-built technology. These companionships are often considered subject-object relations with distinct categories between agents. Chiew (2014, 62–67) discusses Barad’s (2007, 114–184) posthumanist performative approach to reexamining the representationalism and humanism that underpin conventional understandings of scientific knowledge, human agency, and ethical responsibility: a profound sense of systemic, metaphysical entanglement that she calls intra-active becoming. For Chiew, Barad’s notion of intra-activity makes a persuasive argument against human exceptionalism: to destabilize the self-certainty of humanism is to acknowledge that the human is an expression of the apparatus of life and world constantly taking measurement of itself, that we do not obtain knowledge by standing outside the world, and that we know because we are of the world. The point is not to deny or collapse the distinctions that are drawn between human and nonhuman animals. Rather, more provocatively, the perceived errors of humanism can also already be placed in life’s determination to understand itself, organize itself, and be present to itself, even in its missteps. How we make sense of our relations in the world—in fact,

how we are in the world—constitutes enduring questions about the nature of sociality, that is, the ontological inseparability of nature and humanity (Chiew 2014, 67). Allowing a posthumanist extension, this is also what I think Donchin called for with the relational understanding of autonomy.

According to Kathryn McNeilly (2015, 141–142), following the traditional, liberal approach to life, mainstream debate on abortion in international human rights discourse has been shaped by a public health frame that promotes access to safe abortion to prevent maternal morbidity and mortality. She argues that feminist challenges to this frame have been largely unsuccessful in rendering a shift in this debate because they, like the wider public health frame they seek to challenge, also rely upon a claim about human rights that obscures the fragility and interdependence that characterize the human condition. Her new and in her own words radical approach builds on Judith Butler’s concept of livability—life as an interdependent, conditioned process, displacing the bounded, liberal subject. McNeilly urges that if we turn to the concerns of livability, an ontology that captures a more nuanced view of human life and the power that shapes it can be reached, allowing engagement in a more radical politics too. For her, this ontopolitical turn would disrupt the concepts of bounded individualism that limit what can be said and done using the discourse of rights, and holds the potential for rights to be used to facilitate “more radical encounters with life.” Her concept of the right to livability restages the relation between rights and life beyond what is currently possible with the traditional, liberal right to life and its associated discourse by seeking to enforce the egalitarian social obligations that exist toward (human) life, but also by challenging current distributions of livability and vulnerability. This in my view goes to further enhance the layered, queer approach. Even though McNeilly does not expand the right to livability outside

the human context, surely the shift in the ontology and politics of particularities to interdependency and “more radical encounters with life” can, if not indeed should, include nonhuman applications of the right to livability.

A livability approach aims to open up the very question of belonging, of the social conditions through which life is produced and sustained, to critical interrogation. McNeilly insists that a more radical approach to life must involve embracing the social obligations attached to the conditions that sustain life. Engaging with the right to livability requires firstly the enforcement of the equalitarian obligations toward life. Secondly, a challenging of current conditions of livability and vulnerability as they emerge in sociopolitical contexts is required, which queer vulnerability also aims to do. The interdependency of persons that characterizes precarious life creates not only ethical obligations toward the other who is constitutive of the self, but social obligations too. The practice of the right to livability, then, firstly involves questioning, reclaiming, and enforcing some kind of egalitarian obligation to life that is currently inadequately fulfilled—not as something to which subjects have a right in the liberal sense, but in the sense of interdependent life where the life of the other is inherently caught up with one’s own and creates an ethical relation between the two (*ibid.*, 152–156). For Barad (2007, 396), this ethical relation has an ontological origin: a delicate tissue of ethicality runs through the marrow of being, and there is no getting away from ethics. Mattering becomes an integral part of the ontology of the world in its dynamic presencing. Responsibility is a matter of mattering, and it does not respect boundaries such as human/nonhuman. Barad (*ibid.*, 158) asks what it would mean to take on that responsibility. What would it mean to deny one’s responsibility to the other once there is

recognition that one's very embodiment is integrally entangled with the other?

If we hold on to the belief that the world is made of individual entities, it is hard to see how even our best, most well-intentioned calculations for right action can avoid tearing holes in the delicate tissue structure of entanglements that the lifeblood of the world runs through. (Ibid., 396)

In my view, to fully understand and respect the interrelation of vulnerability is to follow Barad's ethical call: the very lifeblood of the world demands posthumanist morality. Precisely for the godkin of humans, our godlike environmental impact, and for the future of humanity too, we are obliged to balance ecojustice with reproductive justice. For McNeilly (2015, 152), her Butlerian livability approach aims to open up the very question of kin in the sense of belonging, the sociopolitical conditions through which life is produced and sustained, to critical interrogation. A political engagement based on the concept of livability should stimulate a differing conceptualization of life and foreground societal obligations toward the social-cultural conditions that encourage the flourishing of human life. As making kin is also about reproducing accountability, Haraway (2016, 103) urges us to make kin, not babies. To requote, making kin as oddkin, or introducing new forms of kinship, troubles important matters, such as to whom one is actually responsible (ibid., 2).

The demand for multispecies ecojustice stems from our ontological nature, which for Barad is entanglement. A posthumanly sustainable reproductive ethic would be to (re)produce oddkin—to surrender human exceptionalism without resulting in misanthropy, opening new avenues of responsibility to the nonhuman and more-than-human—which is ultimately sustainable with ecojustice through

respectful interdependency. For Haraway (ibid., 103), this demand reverberates from making and *ipso facto* being kin:

all earthlings are kin in the deepest sense, and it is past-time to practice better care of kinds-as-assemblages (...). All critters share a common “flesh” (...). Kin are unfamiliar (outside what we thought was family of genes), uncanny, haunting, active.

I suggest that queer bioethics as a posthuman moral theory could make an original contribution to philosophy. Sharing insights with biocentric views on ethics and ecojustice, I see that queer bioethics as posthuman moral theory could respond to several critiques regarding queer, feminist, and posthumanist concerns in a concordant, grounding way. Such a contribution is original firstly in building on the norm of gender and sexual variance. Secondly, it aims to tie this norm to a sustainable, intersectional reproductive ethic. Thirdly, it disputes essential, hierarchical, and binary understandings of gender, human/nonhuman, technology, and kinship.

If the 1990s argument about queer kinship highlighted how queer people who are rejected by their families of origin and by hostile societies create new forms of kinship, including chosen kin, and the early 2000s saw a queer rejection of reproductive futurism, it is clear that alongside growing legal inclusion and a growing range of assisted reproductive technologies, there is an increasing emphasis on normality (Björklund & Dahl 2020, 13). This suggests that queering kinship neither omits the importance of relations nor suggests an absence of boundaries around who is kin and who is not. If we become relatives and related through relationships as well as through technologies, a central question for queer bioethics is how commodification and vulnerability shape dreams and futurities (ibid., 14). Kinship always conjures up temporalities: both the rewriting of the past and the imagining of futures. Going against multiple

impossibilities, queer kinship and agency are counterstories: reminders of how seemingly progressive frameworks continue to present trouble for so many queer families, and also of how families, parents, and children continue to thrive and survive against many odds (ibid., 14, 20). I suggest that queer kinship and agency as vulnerabilities, but also as revolutionary posthuman oddkin, could be laudably compatible with relationality and oddkin responsibility, paving the way for a posthumanist moral theory that is compatible with eco- and reproductive justice.

5. Conclusion

Among the articles in this dissertation, the first article initiated my queer feminist bioethical contemplation of the debate about the revisions to transsexuality in ICD-11, a globally central diagnostic guideline and a bioethical foundation (Sudenkaarne 2018a). It grounded the general philosophical framing of identity, essentialism, and relativism, further grounding the concept of intersectionality as crucial for queer and feminist bioethics, but also as complicated. In the second article, I applied the QBI, a specific queer methodology, together with feminist concept analysis to analyze common ethical guidelines concerning surrogacy treatment (Sudenkaarne 2018b). This analysis suggested to me the need for a queer feminist framework for basic bioethical concepts, including principles, as I noted that cis- and heteronormativity could confuse ethical analysis; crucially, this confusion is often unintentional, due to the embeddedness of this normative construction. Moreover, getting acquainted with bioethical research and clinical discussions of gender and sexual variance led me to consider vulnerability as a bioethical point of departure for contemplations of power, autonomy, harms, and risks, as of special interest to women, LGBTQI+ people, and racialized people, and further, as an intersectional category. For these reasons, in the third article I constructed a queer feminist framework for vulnerability as layered, grounding my original methodology to analyze some of these layers as queer vulnerabilities (Sudenkaarne 2019). To complete my inquiry, the fourth article revisited ICD-11 to offer a queer bioethical analysis of the newly reformed gender incongruence diagnostic, comparing it with GD in DSM-V, another highly influential diagnostic guideline. This analysis included the application of my queer vulnerabilities (Sudenkaarne 2020b).

I hope this dissertation serves to further engage philosophers with gender and sexual variance. Moreover, I hope my multidisciplinary approach highlights the importance of ethics that is attuned to dilemmas arising from the material realities of situated embodiment—from the worldings of the world, if you will—with the aim of fighting for a more just world for all earthlings. In terms of bioethical theory, in this dissertation I have offered three contributions to enrich it. Firstly, I have formulated an original queer feminist approach to vulnerability, including the concept and methodology of queer vulnerabilities. Secondly, I have formulated a queer feminist framework for bioethical principles and offered a reconfiguration of autonomy within it. Thirdly, I have offered suggestions for grounding queer bioethics as a posthuman moral theory. However, much more work lies ahead.

The queer feminist posthuman approach to bioethics I have suggested can, in my view, vitally interrogate such bioethical classics as abortion debates, and further brings forth questions about human material realities meeting new material imaginaries. As we become relatives and related through relationships as well as through technologies (Björklund and Dahl 2020, 14), those technologies also shape embodied ethics. This underlines the recurring themes of feminist inquiry into reproduction: how it is controlled, and who gets to control it. Since technological advances such as *in vitro* fertilization, the realm of reproduction for those with good social and material resources has become increasingly technologized in the sense that it is thought that reproduction is like technology: precise, predictable, and fail-proof. Simultaneously, however, reproduction remains for others a brutally embodied affair: a haphazard calamity that can be life-threatening (*ibid.*). Precisely for these reasons, ectogenesis, a practice of creating human life without the human female and her womb, is both a feminist dream and a nightmare. My

first postdoctoral research project will discuss ectogenesis and womb-related technologies. To what extent are people with wombs obliged to be childbearers? If reproductive technology could offer some form of ectogenesis, would it be a liberating reproductive option? This has been a topic of feminist debate since the 1970s. If we take a step back from ectogenesis to existing technologies, the birth of a child after a uterus transplant from a living donor in Sweden in October 2013 spurred an investigation into whether uterus transplants would be a safer, effective, and more ethical solution than surrogacy. I argue that womb-related technologies including ectogenesis unearth serious concerns. I argue that there are grounds for specifically gendered concerns, as what makes ectogenesis so appealing to some is the promise of eliminating the cumbersome role of women's reproductive work. I insist that not to consider ectogenesis a gender issue would be shortsighted, unjustified, and a source of grave moral harm, as many of the ethical issues concerning female reproductive work related to ectogenesis have not been sufficiently resolved with existing womb-related technologies.

Womb-related technologies offer fascinating queer and feminist bioethical overlaps, as they question cis- and heteronormativity, technology, and biology in a very tangible manner. For example, womb transplantation for a transgender woman hoping for such a procedure is medically possible. Hence, the bioethics of womb-related technologies offers an excellent forum for further feminist and queer bioethical advances, such as who provides the womb, on what grounds, and whether there is specific virtue in the reproductive work of the human female. However, it is crucial to bear in mind the constant intersectional tensions and vulnerabilities that are very material and embodied.

It remains to be seen how my suggestion of queer bioethics as posthuman moral theory can respond to these challenges. As a

further challenge presented for the consideration of the academic community, queer vulnerabilities must be subjected to scrutiny via applied ethnographic work. Moreover, my queer feminist framework and queer bioethics as posthuman moral theory need to be better attuned to detect intersectional concerns. I hope to contribute in this regard with my second postdoctoral research project, which will focus on racialized queer sex workers struggling with antibiotic-resistant syphilis.

6. References

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V THE ORIGINAL ARTICLES

In this part, I will briefly present the main findings of the four articles in my dissertation. I have had the pleasure of publishing in journals from various disciplines, which can be considered a hallmark of multidisciplinary work. In addition to the four dissertation articles, I have published three editorials for special issues and two articles on queer bioethics in Finnish.

I Considering Unicorns: Queer Bioethics and Intersectionality

This article discussed queer bioethics as a critical stance for dismantling cis- and heteronormativity in bioethics, together with intersectionality as the investigation of and potential for social justice-oriented change. I contemplated the difficulties of navigating plurality with solidarity and ethical sobriety, which I named the problems of identity, essentialism, and relativism. I then proceeded to ponder how queer bioethics relates to intersectionality.

I observed that certain intersectional approaches share key queer bioethical imperatives in exposing how seemingly neutral antidiscrimination discourses rely on bias and privilege. Both queer bioethics and intersectionality for me powerfully demonstrate that ostensibly objective methodologies are often inadequate to address socially sanctioned bias or unpack oppressive habits of mind. I discussed how intersectionality can interrupt narrative norms and disrupt easy binaries, such as male/female or homo/hetero. Because it is practice-oriented and has a social justice mission, I noted that intersectionality approaches analysis and advocacy as necessarily linked, which in my view corresponds with a queer bioethics arising from LGBTQI+ activism. However, grounding the queer feminist

framework, I established that intersectional queer bioethics required further investigation into cases of race and sexual and gender diversity with queer bioethics as the background moral theory, the formulation of which I suggested should be inspired by feminist metaphysical advances.

This article appeared in the *Society for Queer Studies in Finland's Journal's* special issues on queer bioethics and biopolitics, edited by one of my supervisors, Lotta Kähkönen, and me. The special issue followed SQS's seminar on lesbian, gay, and queer studies entitled Queer Healings, organized by Varpu Alasuutari and me. Queer Healings featured Lance Wahlert as one of the keynotes. Wahlert also contributed to the special issue of the journal.

II Queering Bioethics: A Queer Bioethics Inventory of Surrogacy

This article applied a preliminary queer feminist framework and queer bioethics to an ethical guideline on surrogacy treatments in Finland, drafted by the national advisory board on social welfare and health care ethics. The surrogacy case was selected neither because it was the most queer-bioethically grave nor because it was rare. On the contrary: the guideline had nothing explicitly to do with LGBTQI+ people, and the consideration of surrogacy as a treatment is not uncommon globally.

Subjecting a seemingly nonqueer, common bioethical practice to queer bioethical analysis revealed the need for queer bioethics: by offering a queer bioethical analysis of a general bioethical issue, rather than a specifically LGBTQI+ case, this article aimed to highlight how so-called mainstream bioethics can fail to acknowledge infringements of bioethical justice when it comes to gender and sexual variance. Hopefully making up in enthusiasm

what it lacked in diplomacy, the article established how hetero- and cisnormativity can cloud even professional bioethical analysis.

This article originated in a paper I presented at the International Academy of Law and Mental Health (IALMH) world congress in Prague 2017, on its first-ever panel on LGBT and queer bioethics. My argument piqued the interest of Dennis Cooley, a distinguished member of IALMH and also one of the editors of its journal, *Ethics, Medicine and Public Health*. He encouraged me to write an article based on the presentation. In November 2020, the article appeared among the five most cited articles published in the journal since 2017.

III Queering Vulnerability: A Layered Bioethical Approach

In this article, I took on the key bioethical concept of vulnerability from a queer point of view. I discussed how vulnerability is a specific interest for LGBTQI+ people. Framing these discussions through queer and feminist bioethics, I offered an original approach to vulnerability based on queer bioethics and a layered understanding of vulnerability.

After considering queer bioethics and its (queer) critiques, I concluded that a layered understanding of vulnerability had strong potential for the analysis of LGBTQI+ vulnerabilities in bioethics. For further research, I formulated four layers of queer vulnerabilities to demonstrate some of that potential. I called them the layer of ethical sustainability, the layer of queer agency, the layer of interrogatory intimacy, and the layer of troubled kinship. I insisted that all layers should be critically evaluated and further developed with intersectional approaches.

The thinking process that resulted in queer vulnerabilities originated in my presentation at the conference *How Does Vulnerability Matter?* at the University of Helsinki in 2017. It was accompanied by a special issue of the *Journal of the Finnish Anthropological Society*, to which I offered this article. I was delighted to contribute to philosophical contemplations within anthropology, and also to the queer feminist anthropology of vulnerability. This contextualization hopefully excuses the slightly clumsy title referring to a generic “bioethical” approach, which was to distinguish my approach from an anthropological treatment.

IV Queering Medicalized Gender Variance

In this article, I considered ICD and DSM as foundations for the biomedical ethics of gender variance governing clinical practices, systems, and policies.

I discussed the diagnostic details and bioethical ramifications of so-called gender diagnoses in ICD and DSM. I then subjected medicalized gender variance to concept-analytical and queer bioethical scrutiny. I found both diagnostic systems to make sense of gender variance through incongruence, dysphoria, and desire in bioethically confusing ways. In my treatment, medicalized gender variance does not necessarily entail pathologization. I concluded that medicalized gender variance can be used to balance access to care and stigma. However, I also insisted that the evaluation of this balance should be more informed by queer bioethics.

I further concluded that despite progress compared with previous versions of ICD and DSM, both were still in need of more queer bioethical scrutiny. This should include a thorough evaluation of queer vulnerabilities in gender diagnostics, which for me is currently

built on convoluted definitions of incongruence, desire, and dysphoria. I suggested that this convolutedness confuses the medical ethics of gender and sexual variance. Further, it could trigger moral harms, including cascading queer vulnerabilities. This article completed a cycle from the initial contemplations of an aspiring PhD candidate to a grounded, comparative ethical analysis.

Gender and sexual variance invite a cornucopia of philosophically salient inquiries. This dissertation considers them in the realm of bioethics. Bioethics can be defined as a field of philosophy that interrogates ethical, societal, and political questions emerging from the development of medicine and biosciences. I discuss how queer feminist interrogations of key bioethical concepts, such as autonomy and justice, can enrich bioethical theory, methodology, and practice.

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