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Towards a generic method for normative bioethics: the Systematic Normative Bioethics Method (SNBM)

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Abstract:

Methods are rarely made explicit or debated in normative bioethics work. This hampers transparency, trustworthiness, and the quality of normative bioethics, but also methods reflection and development. In order to develop a synthesized, generic procedure for normative bioethical analysis, this study reconstructs and briefly describes a range of methods used in normative bioethics. Some approaches are grounded in foundational moral theories or ethical principles, while others are case-based and practice-oriented. Further methods draw on narrative and phenomenology, procedural (non-foundational) reasoning, or specific perspectives such as care ethics and feminist ethics. By examining this methodological plurality, the study synthesizes a generic procedure for normative bioethical analysis. The proposed Systematic Normative Bioethics Method (SNBM) is structured around five key steps: Clarify, Elicit, Generate, Deliberate, and Act (CEGDA). It is intended as a flexible framework that can incorporate diverse theoretical commitments while providing a transparent, repeatable structure for ethical reasoning in healthcare contexts. The overarching aim is to promote more explicit methodological reflection and development and to spark a debate on methods in normative bioethics. Making methods visible and subject to scrutiny can enhance transparency and trustworthiness, strengthen the standing of bioethical work, and support critical engagement with its normative claims. The main aspiration is that clearer and more systematic methodologies can improve the quality of normative bioethics and help consolidating bioethics as an academic discipline.

Key words: Normative, ethics, method, methodology, systematic

Introduction

In his Methods of Ethics of 1874 Henry Sidgwick investigated how to use rational procedures to determine what an individual morally ought to do, explaining method as "any rational procedure by which we determine what individual human beings `ought'---or what it is `right' for them-to do, or to seek to realise by voluntary action" (Sidgwick 1874)

Bioethics in general and medical ethics in particular has been described as a field of inquiry applying a range of methods according to the research questions being addressed (Sugarman and Sulmasy 2010; Adler and Zlotnik Shaul 2012). Accordingly, bioethics applies methods from philosophy, anthropology, theology, history, experiments etc (Sugarman and Sulmasy 2010). Others have argued that bioethics is a discipline in its own right (Callahan 1973; Gomez-Virseda et al. 2026; Jonsen 2004; Kopelman 2009; Arras 2017; Cunningham 2019; Fedyk 2022; Erik 2010), having some defining methods (Krishnan 2009).

Accordingly, the objective of this article is to contribute to this debate and to elaborate a method for normative bioethics in general. The rationale is that methods in bioethics are rarely declared explicitly, described in detail, or discussed in bioethics work (Hofmann 2025). While there are several textbooks on methodology (Jecker et al. 2007; Arras 2017; Cunningham 2019; Mathews et al. 2016; McMillan 2018), methods are rarely declared or discussed in practical normative bioethics and its publications. Moreover, "there is no agreement as to the primary method of bioethics research ... and there are no clear standards for answering bioethical questions" (Adler and Zlotnik Shaul 2012). As a result, new researchers often face difficulties in learning bioethics methodology and developing competency in the field. It also hampers methodological debates and development.

Accordingly, the target audience of the article is fourfold: 1) Researchers in normative bioethics looking for a elaborated method, 2) new scholars in bioethics who look for an overview of methods in normative bioethics or a starting point for doing bioethics. They may also find useful references for further and more in-depth studies. 3) Established scholars that can use the article as a launchpad for methodological debates and developments. 4) Readers outside the bioethics community who can apply the content for understanding and orienting in the complex bioethics landscape.

Hence, the general aim is to contribute to an increased awareness of methodology in normative bioethics, stimulate debate, and contribute to the development of methods in normative bioethics. Based on the existing literature, the article starts with providing overviews of the most applied methods in normative bioethics. Then it synthesizes these to a generic method for addressing normative issues in bioethics. To my

knowledge, this is the first suggested methodological synthesis based on a comprehensive overview of methods in normative bioethics.

Initial delimitation

As describing methods for all types of bioethics and synthesizing a generic method for all bioethics is well beyond the scope of a single study, this article is limited to normative bioethics. Moreover, normative bioethics here is defined as a branch of moral philosophy that investigates criteria for what is morally right and wrong in the field of medicine, healthcare, and life sciences. It establishes and applies norms (standards, rules), principles, and values to guide how humans ought to act in a health care, research, and health policy setting. For practical reasons, this study excludes logical arguments and rhetorical, sophist, or intuitionist approaches (Haidt 2001).

A method is defined as "a systematic procedure, technique, or mode of inquiry employed in examining research questions." (Sugarman and Sulmasy 2010). Accordingly, *a method in normative bioethics is a systematic procedure, approach or mode of inquiry applied to address normative issues in bioethics*.

Bioethics here is broadly defined. Alas Miriam Solomon, bioethics «is at its heart an evaluative undertaking, which produces rigorous analysis and debate about what values should guide our decisions, the nature of the good, and how we should behave toward one another, other animals, and the natural environment.» (Solomon 2016)

Method

This study follows three steps. First, it investigates a range of main fields in normative bioethics, such as consequentialism, deontology, virtue ethics, principlism, casuistry, and narrative bioethics. For each bioethics field, several examples of normative bioethics analyses are investigated to extract a generic method.

Second, the various generic approaches are analyzed to identify similarities and unique features. Based on this a structured method is synthesized. In this, elements that are common to many approaches are considered important and included in the SNBM. Moreover, unique elements are considered with respect to whether they address a broad range of perspectives and normative issues or whether they address normative issues not covered by other elements.

Third, the identified elements are included, ranged, and coordinated in the final version of the SNBM, which is outlined. As the aim is to elaborate an applicable generic approach, the number of steps of the methods extracted or reconstructed as well as the synthesis of the SNBM is limited. Transparency, accountability, criticizability, inclusiveness, simplicity, and feasibility are values guiding the methods development.

Results: Methods in normative bioethics

As there are very many kinds of bioethics, methods in normative bioethics are grouped as follows: methods based on foundational theories in moral philosophy, on ethical principles, case-based and practice-oriented methods, narrative and phenomenological approaches, procedural approaches, and methods based on specific perspectives, such as care and feminism.

The big three: methods based on basic theories in moral philosophy

Applying basic theories in moral philosophy for addressing normative issues is obviously one type of approaches in normative bioethics (Green 1990; Takala et al. 2009). Consequentialism (utilitarianism)(Baron 2006), deontology (Heavey 2013; Rothhaar 2010) and virtue ethics (Allmark 2006) have been widely applied in normative bioethics for a range of topics, often without reference to the underlying theory and without specifying its methodology. However, it is possible to extract or reconstruct such approaches, as illustrated in Table 1.

Table 1 Basic steps in using basic theories in moral philosophy to address normative issues in healthcare. For the purpose of brevity, the steps are described laconically

Moral Philosophy	**Basic steps**	**Example**
Consequentialism	1. Identify all available paths of action. 2. Predict the good and bad outcomes of each path. 3. Calculate the net well-being or harm for everyone. 4. Choose the option that yields the greatest net good.	Allocating limited ventilators during a respiratory pandemic to patients with the highest statistical chance of long-term survival.
Deontology	1. Formulate a rule based on the proposed action. 2. Test if that rule should apply to everyone, always. 3. Ensure people are treated as ends, never as tools. 4. Follow the strict duty (regardless of the outcome).	Refusing to lie to a terminal patient about their prognosis, because deception inherently violates the duty of honesty.
Virtue Ethics	1. Identify the moral agent (e.g., surgeon, nurse, health policy maker).	A doctor admitting a medical error

	2. Determine the virtues needed (e.g., honesty, empathy). 3. Reject actions motivated by vice (e.g., pride, greed). 4. Act as an exemplary, wise professional would act.	immediately out of integrity and trustworthiness, despite facing potential legal risks.

Clearly, there are many ways of applying these methods, and they are not always used in their purest form. For example, a deontological approach may include some concerns about the consequences of a decision or action. The point here is to illustrate how the main positions in moral philosophy can be applied in normative bioethics in systematic ways qualifying as methods.

Mid-level theories (frameworks): Principle-based approaches

Principlism is a well-known and widely used approach in normative bioethics, applying the much-referred four principles of autonomy, beneficence, non-maleficence, and justice to guide normative decisions and actions. Applied methodologically, its procedure frequently looks as follows:

1. **Clarify the facts** of the case or issue: Distinguish facts from value judgments or assumptions.
2. **Identify the stakeholders** and their interests
3. **Assess the case or issue with respect to each of the principles**: autonomy, beneficence, non-maleficence, and justice
   - Specify how each principle plays out in the context.
   - Identify where principles conflict
   - Balance according to the strength of moral reasons supporting each principle, the degree of infringement on each principle, and the implications of infringement. Minimize infringement and its consequences.
   - Justify which principles justifiably override others in this particular situation.
4. **Formulate and justify a recommendation**
   - Propose a concrete course of action.
   - Provide a brief ethical justification explicitly referencing the principles:
   - Check for internal coherence and practical feasibility.

Principlist approaches have been applied on all levels of normative bioethics, such as clinical decision-making, health technology assessment, and health policy making. While widely applied and well described in seminal works (Beauchamp and Childress 2019; Beauchamp 1979; United States National Commission for the Protection of Human Subjects of Biomedical Behavioral Research 1978), there is no standard application of principlism methodologically. Principlism has also been elaborated in

various directions, e.g., in terms of “the ethical matrix” (Mepham et al. 2006), which has found some, but limited, use in bioethics.

Case-based and practice-oriented methods

Yet another set of methods are based on specific cases and oriented towards (clinical) practice. Here casuistry, moral case deliberation, and pragmatist bioethics will be mentioned.

Casuistry

Casuistry is strongly related to clinical and legal reasoning and has wide applications in normative bioethics. While there are many ways to proceed, the following steps are commonly included in casuistic methodology:

1. **Describe** the case in detail
2. **Identify** the morally salient features
3. **Classify** the case (type and category)
4. **Compare** with paradigm (precedent) cases (analogues): identify “clear” or widely discussed prior cases
5. **Draw analogies** and note relevant differences. Make explicit which similarities/differences that are considered morally relevant and why.
6. Reach a provisional **moral judgment** for the case based on analogies to paradigm cases and the mid-level rules they illustrate

While casuistry is much used in a clinical setting (Jonsen 1991; Braunack-Mayer 2001) it is also used for addressing general issues, e.g., in health technology assessment (HTA) (Reuzel et al. 1999).

Moral case-deliberation

In clinical ethics (consultation) moral case-deliberation is a much-applied method following a wide range of steps. A synthesis of these steps can be described as follows:

1. **Present the case** and **formulate the moral question**, e.g., “Should we start/continue/stop treatment X?”.
2. **Clarify** facts, stakeholders, and perspectives: Distinguish reliable facts from uncertainties or assumptions, list all stakeholders (patient, family, team, institution), and explore their viewpoints, interests, and concerns.
3. **Identify** values, norms, and options: Name the key values and norms at stake, including emotions as moral signals, and generate the main realistic options, including maintaining the status quo.
4. **Discuss** moral pros and cons through structured dialogue: For each option, examine which values it protects or harms and its consequences for each stakeholder, using facilitated, respectful dialogue focused on reasons rather than winning an argument.

5. **Reach a reasoned recommendation** and plan follow-up: Select the option that, all things considered, best balances the relevant values; make the justification explicit, agree on concrete next steps, and briefly reflect on what was learned and any systemic issues revealed.

MCD has been used in a wide range of issues in bioethics (Nora et al. 2015) and is widely applied in clinical settings.

Pragmatist bioethics

Pragmatist bioethics is less preoccupied with theories and principles and focuses on what works in the specific context. The following is a tentative synthesis of pragmatist method in normative bioethics.

1. **Define the practical problem and stakeholders**: Identify who is affected (patient, family, staff, institution, community) and the relevant clinical, social, and legal context.
2. **Elicit values, concerns, and key uncertainties:** Ask stakeholders what they care about most (e.g., autonomy, safety, fairness, trust, sustainability). Treat moral claims and factual beliefs as hypotheses about what will improve or worsen the situation. Note the main uncertainties that matter for action.
3. **Generate and compare workable options**: Develop realistic options (including incremental or trial approaches) and specify what each would involve. For each option, assess likely practical outcomes (clinical, psychological, social, organizational) and how well it advances or balances the values identified in step 2.
4. **Choose a provisionally best option and implement it**. Through dialogue, select the option that seems, "for now", to offer the best overall mix of outcomes and value-realization, given current evidence and experience. Make the reasoning explicit and put the plan into practice with clear roles and timelines.
5. **Monitor, revise, and learn**. Observe what actually happens: Does the option reduce suffering, improve wellbeing, promote fairness, sustain trust, etc.? Adjust or change course if results are unsatisfactory, and feed what you have learned back into policies, routines, and future decisions, treating ethical judgment as ongoing, revisable problem-solving.

While pragmatism may be prevalent in normative bioethics work, few researchers explicitly cite pragmatist methodology (McGee 2003).

Narrative and phenomenological approaches

Yet another group of normative bioethics work is narrative and phenomenological methods.

Narrative normative bioethics

While there are many studies in narrative bioethics, e.g., in The Narrative Inquiry in Bioethics: A Journal of Qualitative Research (NIB). However, only a small proportion of

them explicitly state their methods. Nevertheless, a general procedure for the field may be reconstructed as follows:

1. **Elicit and map the stories**: Gather the stakeholders' stories including what is at stake. Note who speaks, who is silent, and how each understands the issue.
2. **Identify themes, values, and conflicts**: Analyze the narratives for key moral themes (e.g., dignity, trust, responsibility, suffering) and for conflicts between stories (competing plots, different characterizations).
3. **Surface marginalized or silenced voices**: Ask explicitly whose narrative is missing or muted and consider how structural power shapes which stories dominate.
4. **Co-construct a shared, morally responsible narrative**: Through dialogue, work toward a revised story that acknowledges the central concerns of all parties, respects their identity and stories, and is honest about limits and risks.
5. Let **action** follow from the shared narrative and revisit it: Choose the course of action that best fits this shared narrative, honoring expressed values and relationships, and then revisit the evolving story over time, ready to revise decisions if the narrative's moral meaning changes.

Phenomenological normative bioethics

Various forms of phenomenology have been applied in medical ethics, e.g., in assessing medical technologies (Svenaeus 2017). Here as well, it is possible to reconstruct a procedure from such studies:

1. **Describe the lived situation** (the lifeworld), beginning from the concrete, first-person experience of those involved, and attending to how the situation is lived (e.g., in terms of eelings, bodily sensations, time, space, dependence, threat, hope)
2. **Bracket assumptions and adopt a phenomenological attitude** by suspending quick judgments, theories, and routine clinical categories. Focus on how the situation appears in terms of meanings, moods, and structures.
3. **Identify central meanings and structures of experience** by analyzing the narratives and descriptions to uncover key themes, e.g., vulnerability, autonomy/dependence, trust/mistrust, shame, dignity, alienation, belonging. Ask what is revealed about being a patient, professional, relative, or marginalized person in the given situation.
4. **Articulate the moral significance** of these experiences. Interpret how they point to moral concerns (e.g., violations or support of respect, recognition, embodiment, relationality, identity). Clarify what ought to be taken seriously or changed in light of how the situation is lived (e.g., avoiding objectification, addressing existential distress, supporting agency).

5. **Formulate ethically informed responses that transform the lived situation**. Develop actions or policies that respond to the revealed meanings (e.g., communication changes, environment adjustments, role re-negotiation, support) and justify them by showing how they better acknowledge and care for the lived experience of those involved, reducing alienation and enhancing dignity and recognition.

Again, this is not a procedure that has been widely applied explicitly. However, phenomenological studies often inform other approaches in bioethics.

Procedural approaches

There are also a range of procedure-oriented (non-foundationalist) approaches in bioethics. Accountability for Reasonableness (A4R) and coherence-oriented methods, such as wide reflective equilibrium (WRE), are examples thereof.

Accountability for Reasonableness (A4R)

A4R is a prominent procedural framework in normative bioethics developed by Norman Daniels and James Sabin (Daniels and Sabin 2008). Rather than dictating what the right decision is, A4R establishes how a fair decision must be made when a decision or recommendation is made.

1. **Convene a Diverse Panel**. Assemble a multidisciplinary committee of clinicians, administrators, ethicists, and public representatives to manage the specific resource dilemma.
2. **Establish Relevant Criteria**. Mutually agree on and publish the explicit factors that will guide the decision (e.g., clinical efficacy, safety, severity of illness, and cost-effectiveness).
3. **Deliberate and Decide**. Evaluate the data strictly against the established criteria, formulate a clear decision, and write a detailed, evidence-based rationale.
4. **Publicly Disseminate**. Publish the decision and its full rationale in an easily accessible format to ensure total transparency for clinicians, patients, and the public.
5. **Implement Appeals and Revisions**. Create an independent mechanism to handle appeals based on new evidence or exceptional patient cases, and update the policy systematically when needed.

A4R has been widely applied in health policy and allocating scarce healthcare resources, but has also been criticized (Friedman 2008; Lauridsen and Lippert-Rasmussen 2009).

Wide Reflective Equilibrium (WRE)

WRE is the processes of mutual adjustment between considered moral judgments, principles, and background theories to reach justified normative conclusions and has become widely applied to issues in bioethics and there are several ways to outline its procedure (Savulescu et al. 2021; Pogge 2009; Baccarini 1991). A moderately elaborate description is as follows:

1. **Gather considered judgments**: Collect careful, intuitive moral judgments about the case (from clinicians, patients, families, etc.), focusing on what seems right or wrong and why.
2. **Make principles and background views explicit**: State the moral principles, rules, policies, and broader theories (e.g., justice, autonomy, rights, goals of medicine) that apply, along with key empirical assumptions.
3. **Test for coherence and adjust**: Check whether case judgments, principles, and theories fit together without contradiction. Where they conflict, revise any of them (judgments, principles, or theories) to reduce tension while preserving what seems most justified.
4. **Widen the test** across cases and perspectives: Apply the emerging framework to similar and contrasting cases, and to diverse viewpoints (especially marginalized groups). Revise again if it yields implausible or unfair results.
5. **Arrive at a provisional equilibrium and decide**: When judgments, principles, and theories form a coherent, defensible whole, treat this as a provisional WRE and formulate a concrete recommendation for what should be done—remaining open to future revision in light of new evidence or arguments.

WRE has extensively been used in normative bioethics including priority setting, health technology assessment, and health policy.

Perspectival approaches

In addition, there are many approaches that are based on specific perspectives, such as care ethics, feminist ethics, and disability ethics. Here I will only include the two first.

Normative Care Bioethics

While it is argued that care ethics is “not so much as a **method** unto itself but as something that brings a specific point of view to situations and problems” (Maio 2018), normative care ethics can be reconstructed as following specific points:

1. **Contextualize and map relationships**: Describe the situation in relational terms: who is involved, their histories, vulnerabilities, and dependencies; identify key caring relationships and power dynamics.

2. **Clarify needs and voices, especially of the vulnerable:** Identify the concrete needs (physical, emotional, social) of all involved, ensuring that the least powerful and most vulnerable are heard and not marginalized.
3. **Apply phases and qualities of good care:** For the main options, assess: Attentiveness (are needs truly seen?), Responsibility (who takes on care, and is this fair?), Competence (is care well-delivered?), Responsiveness (how is care experienced by recipients?)
4. **Co-create options through dialogical care:** In conversation with those affected, seek flexible, individualized solutions that sustain or repair relationships, rather than rigid rule-application.
5. **Choose the option that best embodies ethical care and monitor it.** Prefer the course of action that most effectively meets the needs of the vulnerable, enhances trust and mutual respect, and sustains caregivers; then monitor how care is received and be prepared to revise if it falls short.

While care ethics is widely used in nursing and other fields, the methodology is rarely made explicit.

Feminist bioethics

Feminist bioethics has a long tradition in normative bioethics (Donchin and Scully 2004; Wendell 1996; Wolf 1996) and has been applied especially on reproduction (Krahn and Wong 2009; Lewis 2019; Wendell 1996). It may be possible to reconstruct a method in feminist bioethics as follows:

1. **Frame the Problem Feministically**: Identify a concrete bioethical issue, and ask who is marginalized and what power/structural factors shape the situation
2. **Choose framework**, such as relational autonomy, care ethics, intersectionality.
3. **Analyze problem through Feminist Lenses**: Review or gather narratives of lived experience, constraints, and institutional context. Use intersectional, power-aware analysis to identify patterns of oppression and agency
4. **Evaluate** practices/policies against feminist commitments to justice and anti-oppression.

5. **Generate Normative Conclusions & Actions**: Propose concrete, multi-level reforms and disseminate findings to communities and decision-makers.

While there is a special journal (International Journal of Feminist Approaches to Bioethics, IJFAB), the methods are not often stated or debated explicitly for normative bioethics work.

Interdisciplinary bioethics methods

A range of multi-, inter- and transdisciplinary approaches in bioethics have been suggested. For a useful overview, see (Adler and Zlotnik Shaul 2012). However, only few have provided an explicit procedure. Maurice de Wachter is one exception with the following five-step process:

> 1. Start by accepting methodological epoché, i.e., all disciplines abstain from approaching the topic along lines of their own monodisciplinary methods;
>
> 2. Try to formulate in an interdisciplinary way the global question, acknowledging all aspects as well as the total network;
>
> 3. Translate the global question into the specific language of each participating discipline;
>
> 4. Continuously check the answer to this (translated) question for its relevance in answering the global question;
>
> 5. Agrees upon a global answer which must not be produced by any one particular discipline but rather integrates all particular answers available. (de Wachter 1982)

Unfortunately, the approach has not been used or referred to much in bioethical practice.

Hence, it is possible to reconstruct a range of procedures for the various types of normative bioethics. In practice they may be more elaborate. Here they are presented in sufficient detail to accommodate the task of elaborating a generic method in normative bioethics based on these existing approaches.

Synthesis: Systematic normative bioethics method (SNBM)

In scrutinizing the methods presented above we can identify a range of similarities. For example, most methods have initial clarifying steps. They apply normative elements (norms, principles, values, virtues) and evaluative steps, as well as decision-provision steps, and justification elements. Table 2 identifies similarities between the methods and point to key elements of a generic method for normative bioethics: Clarification, Eliciting, Generating alternatives, Deliberation, and suggested Actions (which form the acronym CEGDA).

Table 2 Synthesis of methods in normative bioethics. Colors indicate similar topics. Green marks clarifying and identifying steps. Brown depicts eliciting norms, values, principles, perspectives, and narratives. Blue indicates eliciting options. Violet illustrates deliberation, and grey marks actions and recommendation. Strength of color depicts degree of relevance according to the objective of the study (see Introduction and Methods).

Approach	Step 1	Step 2	Step 3	Step 4	Step 5
Conse-quentialism	Identify all available paths of action	Predict the good and bad outcomes of each path	Calculate the net well-being or harm for everyone	Choose the option that yields the greatest net good	
Deontology	Formulate a rule based on the proposed action	Test if that rule should apply to everyone, always	Ensure people are treated as ends, never as means	Follow the strict duty (regardless of the outcome)	
Virtue Ethics	Identify the moral agent (e.g., surgeon, nurse, health policy maker)	Determine the virtues needed (e.g., honesty, empathy)	Reject actions motivated by vice (e.g., pride, greed)	Act as an exemplary, wise professional would act	
Principlism	Clarify the facts and distinguish them from value judgments or assumptions; identify stakeholders and interests.	Identify the stakeholders and their interests.	Assess the case or issue with respect to each of the principles: autonomy, beneficence, non-maleficence, and justice	Recommend a concrete action. Justify which principles override others and why.	Formulate and justify a recommendation. Check for internal coherence and practical feasibility.
Casuistry	Describe the individual case in detail	identify morally salient features and classify the case (type and category).	Compare with paradigm or precedent cases. Analyze morally relevant similarities and differences.	Draw analogies and note relevant differences.	Reach a provisional moral judgment for the case based on analogies to paradigm cases and

Approach	Step 1	Step 2	Step 3	Step 4	Step 5
					the mid-level rules they illustrate.
Moral Case Deliberation (MCD)	Present the case and formulate a concrete moral question.	clarify facts, uncertainties, stakeholders, and perspectives.	Identify values, norms, emotions as moral signals, and relevant interests.	Discuss moral pros and cons through structured dialogue: For each option, examine which values it protects or harms and its consequences for each stakeholder.	Reach a reasoned recommendation. Select the option that, all things considered, best balances the relevant values. Make the justification explicit
Pragmatist bioethics	Define the practical problem, affected parties, and relevant clinical, social, and legal context.	Elicit values, concerns, and key uncertainties.	Develop workable, options, assess likely practical outcomes, and how values are balanced.	Choose and implement the provisionally best option in light of current evidence and experience.	Observe actual effects. Revise the approach and feed learning back into routines and policies.
Narrative bioethics	Gather and map stakeholders' stories. Identify who speaks, who is silent, and what is at stake.	Identify moral themes, values, conflicts, identities, and power relations in the narratives.	Surface marginalized or silenced voices. Explore interpretations through dialogue.	Co-construct a morally responsible shared narrative and choose an action that fits it.	Choose the course of action that best fits this shared narrative and revisit the narrative over time.
Phenomen-ological bioethics	Describe the lived situation from the first-person perspective.	Bracket quick judgments and	Identify central meanings and	Articulate the moral significance of these experiences.	Formulate ethically informed responses that

Approach	Step 1	Step 2	Step 3	Step 4	Step 5
		established categories.	structures of experience	Interpret how they point to moral concerns. Clarify what ought to be taken seriously or changed in light of how the situation is lived	transform the lived situation. Adapt actions in light of how the situation is actually experienced after intervention.
Accountability for Reasonable-ness (A4R)	Convene a diverse panel for the specific resource or priority-setting issue.	Agree upon and publish relevant decision criteria, such as effectiveness, safety, severity, and cost-effectiveness.	Deliberate and decide. Assess evidence and options against the agreed criteria.	Publicly Disseminate. Publish the decision and its full rationale in an easily accessible format to ensure total transparency for clinicians, patients, and the public	Implement Appeals and Revisions: Create an independent mechanism to handle appeals based on new evidence or exceptional patient cases, and update the policy systematically when needed
Wide Reflective Equilibrium (WRE)	Gather considered moral judgments about the case from relevant persons and groups.	Make principles, rules, policies, theories, and empirical assumptions explicit.	Test coherence among judgments, principles, and theories. Revise them where necessary. Test across cases and perspectives.	Widen the test across cases and perspectives: Apply the emerging framework to similar and contrasting cases, and to diverse.	Arrive at a provisional equilibrium and formulate a concrete recommendation for what should be done.

Approach	Step 1	Step 2	Step 3	Step 4	Step 5
				Revise again if it yields implausible or unfair results.	
Care ethics / Normative care bioethics	Describe relations: persons involved, histories, vulnerabilities, dependencies, and power dynamics.	Clarify concrete needs and voices, especially those of vulnerable or less powerful persons.	Assess options using the qualities of care: attentiveness, responsibility, competence, and responsiveness.	Co-create flexible solutions through dialogue.	Choose the option that best sustains needs, trust, respect, and relationships. Monitor it.
Feminist bioethics	Frame the issue by identifying marginalization and relevant power and structural conditions.	Select a feminist framework, such as relational autonomy, care ethics, or intersectionality.	Analyze lived experiences, institutional contexts, oppression, agency, and inequality.	Evaluate practices and policies against commitments to justice and anti-oppression.	Generate Normative Conclusions & Actions: Propose concrete, multi-level reforms and disseminate findings to communities and decision-makers.
Inter-disciplinary bioethics (de Wachter)	Begin with methodological epoché: disciplines temporarily suspend their own narrow methods.	Formulate a shared global question.	Translate the global question into the language and perspective of each participating discipline.	Develop disciplinary partial answers and continuously assess their relevance to the global question.	Agree on an integrated global answer that is not reducible to any one discipline.

From this, the following can form a generic method for normative bioethics:

1. **Clarify** case, issue or question, as well as stakeholders, and ethical question
   - Describe the case/question/problem/issue and its context, identify stakeholders, interests, and relationships, and formulate one clear, action-focused moral question.
2. **Elicit** relevant perspectives, theories, norms, values, and narratives
   - Gather how each stakeholder understands the situation, and identify key values, principles, norms, virtues, care needs, and narrative themes (including marginalized voices).
3. **Generate** options or alternatives and assess them with multiple lenses
   - List feasible options and, for each, assess:
     - Likely benefits/harms and fairness (justice, welfare)
     - Respect for autonomy, dignity, authenticity and other relevant principles
     - Expression or erosion of virtues and quality of care/relationships
     - Fit with the central narratives and broader moral commitments.
4. **Deliberate** and choose the most justified option
   - In a structured process, balance competing considerations and select the option that is, all things considered, most coherent, best justified, fair, caring, virtuous, and narratively fitting.
   - Make the reasoning and value-prioritization explicit.
5. **Act**, review, and be ready to revise
   - Implement the decision, communicate it clearly, and monitor its effects.
   - Reflect on what was learned (including systemic issues) and remain open to revising judgments, principles, or practices in light of new evidence or perspectives.

Clearly, each step needs further specification and elaboration for contextual application. The point here has been to develop a generic method for normative bioethics based on the reconstruction of existing methodology. As such it is on the same level as the scrutinized methods.

While the method covers elements from all approaches described above, it comes close to approaches in clinical ethics (Steinkamp and Gordijn 2003) and health policy (Kymlicka 1993). This indicates that it is feasible at least in these areas. How well it will work for different types of normative bioethics is an empirical question for future research.

Two important issues for further scrutiny

Two crucial questions have been left for subsequent investigations. The first question is whether specific bioethics methods are more or less suitable for particular moral problems or issues, and how this plays out for SNBM. Is SNBM more or less applicable

for specific issues? The second question is how to assess how well the SNBM is applied, or more generally how to assess the quality of any normative bioethics method.

There have been extensive debates on the goodness of medical ethics and bioethics (Bowman 2015; Brock 2015; Callahan 2015; Caplan 2009; Farsides 2015; Finlay 2015; Gillon and Higgs 2015; Harris 2015; Kong 2015; Oakley 2015). Moreover, quality standards can vary between the various disciplines of ethics (Mertz et al. 2014; Ives and Draper 2009) and it has been argued that "each discipline has its own standard of rigor" in bioethics research (Adler and Zlotnik Shaul 2012). For example, Tomlinson has investigated the goodness and suitability of several methods (Tomlinson 2012).

However, the issue of using the right method for the right purpose in the right way is an issue for other studies. Here, the point has been to elaborate a generic method for normative bioethics based on an overview of existing methodology.

Discussion

In this study, I have elaborated a systematic normative bioethics method (SNBM) based on an overview, reconstruction, and synthesis of the various procedures in normative bioethics from the academic literature. The SNBM contains key steps, such as to Clarify, Elicit, Generate, Deliberate, Act (with the acronym CEGDA).

There are obviously a range of potential pitfalls with such a study. First, I may have misrepresented the various methods in normative bioethics. Experts in fields like feminist ethics may disagree with my reconstruction of their method, and they may disagree with each other. Admittedly, I may have mispresented various bioethics procedures. However, this is now open for scholarly debate and critique may improve the (re)constructions.

Second, it may be argued that my synthesis of SNBM is wrong. There may be many alternative and better syntheses. I fully agree with this objection and welcome improved syntheses. However, as noted, the SNBM resembles existing and applied methods. Hence, it at least appears feasible.

Third, it may be argued that it is impossible to synthesize a generic method as bioethics is too diverse to construct a generic method that does justice to all types of bioethics work. However, it is an empirical question whether the various kinds of bioethics can apply SNBM. It appears difficult to reject it on a general basis as it is a method that needs to be applied in practice.

Fourth, it may be argued that normative bioethics does not need a generic method, as SNBM needs to be specified for practical applications and then would be better off with the specific methods that it is a synthesis of. While this may be the case, the SNBM can

still encourage bioethicists being explicit about their method and facilitate methodological discussions.

Fifth, it may be maintained that bioethics does not need an explicit method. Bioethicists implicitly follow a procedure which other scholars recognize. Hofmann has addressed this argument (Hofmann 2026; 2025) and as pointed out at the outset of this study, implicit methodology undermines methods education, discussion, and development as well as quality assessment and improvement.

Sixth, the methods for this methods-development may rightly be criticized for being too eclectic or simple. So may the values of transparency, accountability, criticizability, inclusiveness, simplicity, and feasibility. However, the study has tried to adhere to the criteria of "no special pleading" which has a long tradition in bioethics (Campbell 1999).

Clearly many approaches to normative issues in medicine and health care have not been included in this study. For example, philosophy of medicine may "make explicit the normative assumptions embedded in medical practices, … clarify concepts such as autonomy, uncertainty, benefit, and harm, and to ask whether the way things are done is actually justified.» (Lalumera 2026)
However, as stated at the outset, the provided overview is neither exhaustive nor exclusive. There are certainly a range of methods in other areas of bioethics, such as empirical bioethics (Ives and Draper 2009; Davies et al. 2015). There are also methodological developments in specific emerging fields of bioethics, such as digital bioethics (Schneider et al. 2023) and artificial intelligence (Skorburg et al. 2020). Moreover, methods from other parts of philosophy can also inspire bioethics methodologies (Fedyk 2022), and specific concepts can make the basis for methodologies in bioethics, such as the concept of dignity (Gluchman 2009). Relatedly, there are a range of methods developed and applied in the ethics of health technology assessment (Assasi et al. 2014; Bellemare et al. 2018; Hofmann 2005) and methods from empirical disciplines (social science, psychology, clinical anthropology) are integrated into normative inquiry. While highly interesting, these issues fall without the scope of this article.

Conclusion

In this study I have reconstructed and briefly described a range of methods in normative bioethics. While some are based on foundational theories in moral philosophy or on ethical principles, others are case-based and practice-oriented. Yet other methods are narrative and phenomenology-based, procedural (non-foundational), or based on specific perspectives, such as care and feminism.

Based on the study of these methods, a generic procedure has been developed: the systematic normative bioethics method (SNBM), which has five key steps: Clarify, Elicit, Generate, Deliberate, and Act (CEGDA).

The aim is to facilitate methods use, and to enhance transparency, trustworthiness, and the quality as well as the standing of bioethics. Additionally, I hope to spark methods debates, to promote methodological reflection and development, and ultimately to bolster bioethics as a discipline.

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