


Reframing Language in Bioethics: Strengths and Gaps in the Pragmatic Turn

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The article “Language in Bioethics: Beyond the Representational View” by Justin T. Clapp et al. (2025) offers a provocative critique of the conventional conceptualization of language in bioethics. In this work, the authors challenge the widely held representational view of language—understood as a neutral tool for conveying factual information—and propose a pragmatic approach that emphasizes the relational and context-sensitive nature of language. While their arguments represent an important contribution to the field, the article also raises several critical questions regarding its conceptual, empirical, and practical foundations.

On the one hand, the article’s critique of the representational view—which treats language primarily as a tool for conveying descriptive content—opens up important new avenues for bioethical inquiry. By advocating for a pragmatic view, the authors underscore the interactive and context-sensitive nature of language, aligning with broader shifts in bioethics toward relational and social models of autonomy. This perspective resonates with influential works like Sharon Kaufman’s (2015) *Ordinary Medicine* and Annemarie Mol’s (2008) *The Logic of Care*, which similarly challenge overly rationalistic and individualistic paradigms. The article also benefits from its interdisciplinary rigor; drawing on linguistic anthropology and pragmatics, it introduces a richer, more nuanced framework for analyzing clinical interactions. Moreover, the concept of indexicality, drawn from scholars such as Asif Agha (2007), provides a compelling lens for understanding how language shapes and is shaped by social and cultural contexts. Furthermore, the empirical illustrations from surgical consultations and critical care settings are well chosen, effectively illustrating the limitations of the representational view and the potential of the pragmatic perspective to reframe ethical challenges. These observations align

with prior critiques of decision-making paradigms by authors like Daniel Chambliss (1996) and Renee Anspach (1993), who emphasize the social processes underpinning clinical decisions.

On the other hand, several critical concerns and limitations undermine the article’s impact. Key concepts in the article, such as “representational view” and “pragmatic view,” remain underdefined. For instance, the distinction between representation and indexicality is presented as foundational but is not elucidated with sufficient clarity. This lack of precision risks alienating readers unfamiliar with the linguistic theories underpinning the argument. More explicit engagement with foundational texts, such as John Austin’s (1962) *How to Do Things with Words*, could enhance conceptual clarity. A more explicit engagement with Austin’s work, or even further elaboration of the distinctions between different types of speech acts (e.g., performative vs. constative), could clarify how the pragmatic view contrasts with the representational view in bioethics. Furthermore, the authors might consider incorporating other perspectives within pragmatics, such as those advanced by Austin’s successor, John Searle, or the broader development of speech act theory, to provide a more robust theoretical grounding for their claims.

Additionally, the article’s focus on decision-making and informed consent, while central to bioethics, narrows its applicability to other critical domains. How might the pragmatic view inform discussions of justice in resource allocation, or ethical dilemmas in emerging technologies like artificial intelligence? Addressing these broader implications would amplify the article’s relevance and impact. Furthermore, the authors’ critique of the representational view, while insightful, lacks substantive engagement with its potential strengths or enduring utility. In the context of informed consent, a representational framework may offer

necessary clarity in communicating risks and benefits to patients. The article would benefit from considering whether the pragmatic and representational views might complement one another in certain contexts, rather than positioning them as mutually exclusive. Engaging with Ruth Faden and Tom Beauchamp's (1986) *A History and Theory of Informed Consent* could deepen this analysis and help highlight potential areas of overlap between these two frameworks.

Another area where the article could be strengthened is in its methodological transparency. How were the observations and interviews conducted? What criteria were used for analysis? Addressing these questions would bolster the article's credibility and enable readers to assess the strength of its empirical claims. Clifford Geertz's (1973) approach to ethnographic interpretation could serve as a useful methodological model.

While the article underscores the potential of the pragmatic view for improving clinical communication, it falls short of providing actionable guidance for its practical implementation. How should clinicians be trained to recognize and navigate the contextual dimensions of language? What interventions might enhance their ability to engage with patients and families more effectively? The authors touch on these questions but do not offer concrete suggestions for operationalizing the pragmatic approach. Tools like Glyn Elwyn's OPTION5 scale (Elwyn et al. 2013) could serve as a starting point for operationalizing the pragmatic perspective. Finally, the article's emphasis on linguistic pragmatics raises important questions about power dynamics and equity in clinical interactions. How do factors like race, gender, and socioeconomic status influence the indexical functions of language? Addressing these issues would enrich the article's sociolinguistic analysis and enhance its practical relevance, drawing on insights from Deborah Tannen's (1990) *You Just Don't Understand*.

In summary, while "Language in Bioethics: Beyond the Representational View" offers a thought-provoking critique of established bioethical paradigms and introduces a promising alternative in the pragmatic view of language, its impact is limited by conceptual vagueness, a narrow focus, and insufficient practical guidance. On the one hand, the article succeeds in challenging bioethicists to reconsider the role of language in clinical interactions. On the other hand, it leaves critical questions unanswered, particularly regarding how the pragmatic view can be effectively implemented in diverse bioethical contexts.

To move the field forward, future work should refine the theoretical framework, broaden the scope of applications, and provide actionable strategies for practice. Despite its limitations, this article is a valuable contribution to ongoing discussions about the intersection of language, ethics, and clinical practice.

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