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Moral Expertise without Moral Elitism

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Abstract

Skepticism about ethical expertise has grown common—raising concerns that bioethicists’ roles are inappropriate or depend on something other than expertise in ethics. While these roles may depend on skills other than those of expertise, overlooking the role of expertise in ethics distorts our conception of moral advising. This paper argues that motivations to reject ethical expertise often stem from concerns about elitism: either an intellectualist elitism, where some privileged elite have supposedly special access in virtue of expertise in moral theory; or an authoritarian elitism, where our reliance on experts in ethics risks violation of autonomy and democracy. The paper sketches an anti-elitist conception of ethics expertise in bioethics as continuous with an anti-elitist conception of ethics expertise in common moral practice, undercutting the intellectualism, and then uses this anti-elitist conception to reject arguments that ethical expertise violates autonomy or democracy. An anti-elitist picture of ethical expertise both renders it consistent with our general moral practice and allows us to resist skeptical concerns.

Keywords

bioethics; ethics consultation; expertise; healthcare policy-making; moral epistemology; role morality

Popular writers have charged that ethicists are bombastic philosopher-kings, having been endowed with inappropriate institutional authority, that foist their views on doctors and families.¹ Ethics consultants have responded that they² do not operate as bombastic “ethics police.”³ But, more generally, critics have argued that ethical expertise⁴ is either impossible or morally inappropriate to act on—whether it be in the role of consultant, or that of speaking to the public on ethical issues, or that of serving on public or hospital decision-making bodies.⁵

Even setting aside such popular pieces as overstated caricature, in the bioethics literature,⁶ some bioethicists doubt that such expertise exists at all; or, alternatively, they think that, if it does exist, it cannot be reliably identified.⁷ Others retort that such expertise does in fact exist.⁸ But both proponents and opponents of moral expertise in the bioethics literature tend to share an elitist understanding of what constitutes such expertise. The elitist understanding takes two forms. First is a conception of expertise as intellectually elitist,⁹

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where some privileged elite have supposedly special access to epistemic justification in virtue of expertise in moral theory. In particular, bioethicists explicitly advocate—just as the popular critics with caricatures of philosopher-kings presume—the following view:

Moral Theory Necessity (MTN): Expertise in moral theory is necessary for moral expertise.

But I believe that MTN is mistaken as are the (sometimes unstated) epistemological presumptions invoked to support and cohere with it. In contrast, an anti-elitist epistemology of ethical expertise is available—one that sees ethical expertise as having various sources and manifesting from people in various walks of life.

Second is a conception of moral expertise as authoritarian elitism. On this understanding, reliance on experts in ethics is, necessarily, a violation of values of autonomy and/or democracy. The authoritarian elitist conception is, in principle, severable from the intellectualist elitist conception. However, I will argue that, once the intellectualist elitism is replaced with an anti-elitist epistemology of moral expertise, many of the rationales for the authoritarian elitist conception will dissipate, and many of those that are independent of the intellectualist view will be revealed as impoverished.

My argument begins with a commonplace (nearly mundane) case from outside medical ethics,¹⁰ showing that experts in ethics *need not* be professional ethicists. But I argue that common cases in bioethics consultation are analogous, so professional ethicists *can* be experts in ethics (Section I). This argument shows *prima facie* reason to resist elitist presumptions. If paradigmatic cases of ethics expertise do not appear to involve any suspicious elite, we might doubt the elitist epistemology of ethical expertise. And if paradigmatic cases of expertise in professional bioethics are analogous to acceptable, anti-elitist cases from everyday practice, we might doubt that anything concerning is at play in moral expertise in bioethics.

I then support the *prima facie* case by responding to concerns about intellectualist elitism and authoritarian elitism in turn. Regarding intellectualism, I offer three observations about the epistemology of these paradigmatic cases (Section II), showing that these observations conflict with assumptions behind intellectual elitist worries and that they are defensible from a variety of views in moral epistemology (Section III). Regarding authoritarianism, drawing on the three observations again, I show that ethical expertise does not entail problematic deference that violates autonomy (Section IV) or commitment to epistocracy (a rule by experts)¹¹ that violates democracy (Section V).

I. Moral Advice and Moral Expertise

Drawing on the social epistemology literature, I take experts in some domain to be, roughly, those who are disposed to serve others by providing knowledge¹² or skills¹³ to meet their needs in that domain in virtue of possessing superior epistemic standing relative to others on questions in that domain. Such standing may be a function of understanding, justification, or other epistemic virtues.¹⁴ Given this rough account, and assuming that moral expertise is just, roughly, such expertise applied to the moral domain, moral expertise seems to be

common. Consider the role that moral testimony plays in our moral decision-making, as suggested by the following case.

Susan's Good at Giving Advice (SGGA). Fred confronts a challenging, moral situation, where he is profoundly unsettled about how he should act—morally speaking: is he obliged (or permitted) to phi?

Fred thinks to himself: “I should talk to Susan; she’s *really good* at giving moral advice.” Fred consults Susan, who listens, empathizes with the challenge, and discusses with Fred the considerations that she finds most pressing, leading her to suggest that he should phi—and in fact has a weak obligation¹⁵ to phi.

The natural explanation is that Fred takes Susan to be disposed to serve him in his moral decision-making in virtue of her superior epistemic standing: she is really good at giving moral advice *because* she has some moral epistemic virtue (such as moral wisdom). This seems to cohere with my own phenomenology regarding (at least some) cases of seeking moral guidance.

Yet, it is critical not to overstate the role of moral expertise in moral advice. We seek moral advice for a number of reasons—not only to seek moral expertise. For instance, sometimes we approach trusted advisors for perspective—to avoid being inadvertently influenced by self-interest, emotional investment, or other potential biases. Skeptics of moral expertise might argue that this is what is sought in cases like SGGA.¹⁶

But I doubt this provides adequate explanation of *all cases of* moral advising. For instance, when providing moral education to children, moral advisors frequently provide illustrations, analogies, and insight to help those who have not mastered the relevant concepts to see how they apply to various cases. Some adults are better at this than others. Families teach children to seek *wise* (rather than average or merely adequate) people for moral guidance, and adults strive to be *good* moral educators to their children. Of course, the skeptic might doubt that moral guidance of adults is analogous, but this seems phenomenologically mistaken. I personally seek out guidance from those I think to be morally wise. Moreover, it seems that good moral advisors—even experts—sometimes exhibit humility, declining that they have the relevant epistemic abilities for a case or in a particular moral domain—perhaps referring their advisee to someone else they think better suited. For instance, Susan might have suggested to Fred that she was unsure and sought out another person that she found to be morally wise to guide Fred.

Given this case for moral expertise in SGGA, note that the following case from clinical ethics consultation appears analogous.

Consultant's Good at Giving Advice (CGGA). Frank, a hospitalist, confronts a challenging moral situation where there is a conflict among family members about how to proceed in treatment of a comatose patient. Several appear to make equally good cases that, on the substituted judgment standard, the patient would want conflicting courses and similarly equally good cases about where the patient’s interests lie. Frank must determine what is morally and legally obligatory regarding guiding the family and resolving the disputes.

Frank thinks to himself: “I should talk to Suzanne—the clinical ethicist on call; she’s *really good* at giving advice in morally challenging situations.” Frank consults Suzanne, who listens, empathizes with the challenge, and discusses with Frank the considerations that she finds most pressing, leading her to suggest that he should phi—and in fact has a weak moral obligation to phi. She also informs him of what legal obligations he, the institution, and others have in this situation.

One disanalogy is that CGGA (like many cases in clinical ethics) introduces legal considerations whereas SGGA did not. However, if Fred’s moral challenge had featured such considerations and Susan’s advice was partly about the relation of his moral obligations to the law, all the points about her expertise would seem to hold. Notably, on many plausible theories of the normative features of law, legal norms will often affect moral norms—even if there is not some general duty to obey the law *per se*.¹⁷

Thus, if Susan is a moral expert, Suzanne is as well. Hence, clinical ethicists can be ethical experts. But two further points are notable. First, seeking moral advice *because* one believes the advisor has moral wisdom to offer, as I have argued Fred does in SGGA, seems a common part of both general moral practice and clinical ethics consultation. Anecdotally, physician colleagues often tell me about ethics consults that they have, describing a rationale and phenomenology much like Fred’s in SGGA. This further supports the analogy.

But second, moral expertise is not restricted to cases in which guidance is sought from consultants. When confronting moral problems, those in various fields, from medicine to law to professional philosophy, often turn to the literature or to fellow colleagues. Regarding the literature, notably, those writing with ethical guidance frequently have epistemic standing that renders them able to serve in a guiding role¹⁸ and, so, are experts. One need not meet with an individual personally to have the dispositions crucial to moral expertise on the account above. Thus, moral expertise in bioethics is not something specific to ethics consultation, but can be exercised in a range of ways.

II. Anti-Elitist Epistemology

Three observations about the epistemology of these commonplace cases provide further support for the view that ethical expertise is possible in moral practice generally and in bioethics specifically. First, moral experts in cases like SGGA and CGGA give rationales for their advice. Indeed, those giving moral advice *usually* give rationales, and those seeking it generally expect them. It would be bizarre if in a case otherwise like SGGA, Susan did not discuss the considerations relevant to the case, but simply pronounced that Fred ought to act in some way (or provided some ranking of the preferability of possible actions). Fred would expect such a rationale—as most people seeking advice would—and it would be even more bizarre if Susan refused to give it. The same considerations apply in CGGA and cases like it. This point will become critical in addressing concerns about deference below (Section IV).

Second, the rationales that experts give for their judgment often invoke ‘mid-level principles.’¹⁹ On the one hand, their rationales might point to which ‘mid-level principles’ support (or oppose) some action. As I use the term, ‘mid-level principles’ are general, though defeasible, principles that apply to various cases, but are supportable by a range of

competing foundational moral theories. To illustrate, if Fred's dilemma were about whether to keep a promised confidentiality when doing so risks harm to others, Susan might point out to Fred that keeping promises is generally obligatory, but that preventing great harm can override this obligation. Because they are shared across various moral views,²⁰ these principles are often familiar considerations, and hence, by formulating their advice in these terms, the expert can bring out the salient features of the case in a way recognizable to the advisee—even if they disagree about other parts of moral theory.

But on the other hand, experts' rationales can also involve explanations of why such mid-level principles apply (or not) and about how much they weigh in a given case.²¹ For instance, adults teach children that they need not "tattle" on their friend to teachers in, say, cases of minor offense (such as minor fibs that do not cause harm), pointing to considerations such as privacy, autonomy, or forgiveness. But they also teach children that they must inform teachers of their friends' wrong-doing if it poses risk to others (even at costs to their friendship). The same point applies to moral experts explaining applications to adults. Of course, because many adults have a better understanding of the basic moral rules, the explanations will often be more complicated (implicitly or explicitly), addressing subtler considerations that may have caused the uncertainty for a mature, adult agent. For instance, Susan may have to point to several comparable cases²² to help Fred see an important distinction that suggests which considerations are decisive, but she will be calling attention to the relevant considerations that Fred recognizes and showing why she thinks some are critical.

Two final points are important about mid-level principles to prevent confusion and prevent misunderstanding. First, they can be formulated at varying degrees of complexity. Simple examples include various (*pro tanto*) principles taught to children (*e.g.*, killing is wrong, lying is wrong, and truth-telling is virtuous). But they can be far more complex, such as increasingly complicated revisions of the doctrine of double effect, the Lockean justification of property acquisition, or principles governing religious accommodation in liberal societies, any of which could be defended from various comprehensive moral views.²³ Indeed, the legal principles that Suzanne offers to Frank in CGGA might be quite complicated, but may be defensible from a variety of moral views.²⁴ Second, in appealing to such principles, experts need not understand their advice *in terms of* 'mid-level principles,' and many may not even have the concept. Experts can use mid-level principles without recognizing them as such.

The third observation that supports expertise is that an expert's degree of moral expertise may be different in different parts of the moral domain. It may be natural to assume that one either has expertise throughout it or in no part of it. But this is mistaken. Consider a non-medical case: a young journalist might approach his mentor, a more senior journalist (known for ethical wisdom and for guiding young journalists), for guidance on the ethics of hosting spokespersons that are known to misinform and whether one should press them for truth or simply deny them a platform entirely. Perhaps she gives him good advice about how to weigh the considerations and draws out features in which pressing may be better (or worse) than denying a platform. But if he returns to her with a complicated matter from the ethics of his personal life or a complicated question of legal ethics, she might reasonably

defer,²⁵ claiming not to be sufficiently expert to help. If he points out that she helped in the other case, she might respond by noting her confidence in her judgments of journalist ethics, but not in these other ethical domains.

The same applies to medical ethics—and perhaps even subfields within medical ethics. Bioethicists are a motley crew, including patients, physicians, nurses, lawyers, sociologists, various types of biological scientists, and philosophers among others. Each of these populations has a specific background that tends to bring specific expertise to ethical deliberation that enables access to the principles and understanding of their application in a specific part of medical ethics. For example, lawyers bring special knowledge about health law to the discussion, whereas medical providers bring specific experience with clinical situations, and sociologists bring social scientific descriptions of medical practice, whereas patients bring lived experience of their treatment.

III. Against Moral Theory Necessity

We can provide epistemological support for these observations and, in so doing, we can illustrate why we should reject MTN—the most commonly held view that underwrites intellectualist elitism. First, the second observation from Section II—that moral experts’ guidance will frequently appeal to mid-level principles, their weight, and their applicability—lies in tension with MTN. Critically, philosophers, including advocates of MTN,²⁶ commonly use ‘moral theory’ to refer to, roughly, the study of comprehensive theories in normative ethics—rather than the study of moral principles or reasons, which might be studied in applied ethics, political philosophy, or several other specialties. But mid-level principles are not committed to any foundational moral theory, and I see no reason to think the ways that I suggested experts might account for their weight or applicability would be so committed.

Second, the cases above suggest that no expertise in moral theory is needed. Nowhere in SGGGA or CGGA was it suggested that the experts were implicitly appealing to or relying on a moral theory, and in relation to the wise adults that we suggest children seek out, such as sagacious grandparents, many of them have likely never heard of the complicated systems that philosophers consider in ‘moral theory,’ much less have expertise in them. Indeed, many moral philosophers, such as applied ethicists, are deeply conflicted about—or agnostic on—issues in moral theory.

These two points suggest that we reject MTN. Moreover, they illustrate MTN’s implicit elitism. According to MTN, sagacious grandparents, expert-seeming though they may be, are in principle precluded from moral expertise if they lack expertise in the esoteric domain of academic moral theory. Moral experts must be philosopher-kings and *philosopher*-kings only.

Why would one find MTN attractive then, and what arguments are there for overcoming these counterintuitive implications? Some think it “obvious,”²⁷ but given the above, it is anything but. Some suggest that experts need to offer rationales for their judgments about how others should act, what is permissible, what is required, and the like, presuming that

this requires appealing to theory.²⁸ But we have just seen that rationales can be given without appeal to—or even knowledge of—moral theories.

Others suggest that moral theory is a source of justification that is necessary for justified moral beliefs—whether along foundationalist lines, claiming that it is *the* necessary source,²⁹ or along coherentist lines, claiming that it is *a* necessary source that must be appealed to and must converge with other sources.³⁰ Yet, this claim is implausible in both its foundationalist and its coherentist guises. Both are even more counterintuitive than MTN—implying that those unacquainted with the intricacies of various forms of Kantianism or most sophisticated consequentialisms are not merely barred from moral expertise, but can have *no* justified moral beliefs for want of such knowledge. In contrast, contemporary foundationalists are likely to appeal to many basic sources—claiming that justification can come from several of them—and contemporary coherentists generally accept a range of inputs into the system of justification rather than restricting themselves to moral theory as a necessary source.

Notably, some proponents of MTN adopt an even stronger view, on which moral expertise requires that one's moral testimony appeal to the *correct* moral theory.³¹ This strong view not only encounters the problems for MTN, but also must explain why having correct commitments about foundational moral theory matters for moral guidance when foundational theories can converge on mid-level principles and on claims about how an agent should act in some case. Indeed, it is increasingly (and I think plausibly) argued that for (almost) any type of competing theory, one can construct an extensionally equivalent theory from (supposedly) opposing camps.³²

Rejecting MTN's intellectual elitism, we can draw on two prominent claims (shared by advocates across various, competing views in contemporary moral epistemology) to support the observations offered in Section II. First, experts may have intuitions to justify their principles, views about cases, or claims about the strength and applicability of various principles they appeal to. Moral intuitions might be non-inferentially justified based on adequate apprehension by the agent.³³ But, second, experts can also support these principles, conclusions about cases, or claims about strength and applicability by inference from other justified moral beliefs (which may, but need not, be sufficiently systematic to constitute a moral theory—in the sense under discussion).

These two features suggest a compelling account of the third observation from Section II: that different individuals may have different degrees of expertise in different moral domains. It does so because there are a variety of sources of such expertise, and different backgrounds offer differential access to such sources, but none of this implies elitism. Beliefs may be intuitively justifiable for some, but not for others; but even those for whom they may not be intuitive may be able to justify them by inference (for example, by appealing to other principles or to analogous cases).³⁴ So, those who regularly consider multiple types of cases of autonomy violations, such as political philosophers, may be readily able to determine that a particular case is a wrongful case of, say, domination, intuitively, whereas others might need to draw various inferences by appeal to the relevant concepts pertinent to domination (such as power and control) or other analogous cases.³⁵ But, in contrast, clinicians who

regularly weigh risks and benefits might immediately see that a particular medical action has a favorable risk-benefit calculation, whereas the philosopher or lawyer may need to carefully make a number of inferences to properly understand the clinical situation and to weigh it against analogous situations.

Similarly, some may have easier access to inferential sources of justification. For example, the philosopher who has considered a range of analogous cases in non-medical domains might readily see an analogy between a case of exploitation that is widely deemed wrongful in, say, legal ethics and a given medical case that might be non-obvious to those whose expertise is strictly in medical cases. Alternatively, the provider who deals in a specific subfield of medicine may more readily draw the correct inferences in, say, a risk-benefit calculation, by having access to a range of comparator cases readily at hand that those who do not work in a particular field lack.³⁶

This makes clear how philosophers have *some* access to ethical expertise without having exclusive access. Philosophical training and practice can contribute to moral expertise—in virtue of, *e.g.*, providing experience in clarifying moral concepts and in making moral inferences and moral arguments as well as in having more time to consider many of the relevant issues.³⁷ Moral theory may contribute to moral expertise, for example, to the extent that it contributes to understanding of moral concepts, but it is not necessary. In contrast, the anti-elitist conception of expertise sketched here explains how various types of individuals (philosophers, bioethicists, and those without formal ethical training) acquire such expertise in virtue of their habits, background, and practices. Because there are *many sources* of moral expertise that *many types of individuals can* access, such an epistemology is anti-elitist.

Finally, before proceeding, I wish to briefly comment on the appeal to intuitions here, lest it seem more problematic or controversial than it actually is. There is not space here to give a full defense of appeal to intuitions in moral epistemology—despite the fact that, historically, several have judged the sort of appeal I make to intuitions here with skepticism. Skeptics are suspicious of intuitions in virtue of their (purported) associations with non-natural properties, “special faculties,” and dogmatism. They also suggest that epistemologies that rely on intuitions cannot accommodate reasonable disagreement and are unreliable because of the influence of culture, biases, “gut feelings,” and other unreliable sources. Nevertheless, such reliance on intuitions has seen a critical revival since at least the 1980s and, arguably, dating to the appeal to “considered judgments” in Rawls’s reflective equilibrium, and during this time each of these objections has been confronted.³⁸ In turn, while debates about these issues persist, this appeal to intuitions is now fairly uncontroversially adopted by various types of moral epistemologists, including by intuitionists, who hold that an agent may be non-inferentially and intuitively justified in accepting some normative propositions,³⁹ as well as by reliabilists, virtue theorists, coherentists, and non-cognitivists.⁴⁰

Not only has the response to criticisms progressed, but further, there has been realization of the importance of intuitions both in their power to provide non-inferential justification (and thereby a means to prevent justificatory regress) and in their increasing use in applied ethics, which has, arguably, expanded and become more sophisticated during roughly the period

that intuitions have become increasingly accepted. Epistemologists of various stripes will be interested in both of these advantages.

In short, far from the controversial appeal that it once was, the sort of appeal to intuitions that I rely on here is now widely accepted in moral epistemology. Moreover, given the compelling explanatory power that intuitions offer in accounting for the discourse of moral testimony and mid-level principles that I have illustrated above, at the very least, skeptics of intuitions may wish to offer their own account of these general features, and any such account that explains these features will do the relevant work in rebutting MTN.

IV. Moral Expertise, Deference, and Autonomy

Concerns about authoritarian elitism come in two forms. First, some think that S's having moral expertise conceptually entails that others have reasons to *defer* to S (on matters on which S is expert).⁴¹ Since there are no such reasons, there are no such experts, and thereby there should be no such deference. Second, some suggest that ethical expertise is possible, but irrelevant because (practically) acting in an expert role (*e.g.*, as clinical consultants or policy-makers) requires that others defer in a way inconsistent with the values of autonomy and democracy.⁴²

The notion of *deference* is complex. Roughly, deference (in the sense that some find problematic) is accepting some evaluation of an action (or belief or person or activity or the like) simply because one learns⁴³ that another speaker accepts that evaluation. Hence, for instance, adopting a moral belief that some action is permissible because one has (a) learned that another deems an action is permissible, (b) received testimony about *why* the action is permissible, and (c) reflected on the explanation for the permissibility which one then comes to accept is not a case of *deference* in the relevant sense.⁴⁴

First, we should note that this is clearly not the only relevant sense of deference. The advisee can *defer* to the advisor *on* questions about, *e.g.*, what the law says, and no one will find that problematic. Many would allow that one could defer on moral principles that explain rightness and wrongness, and if so, it becomes at least puzzling why one could not defer on the question of how one should act. Yet, regardless of the notion of deference, the debate is ultimately about *acting in that way just because the expert said so*. So, having noted my semantic concern, I will follow the practice, taking deference here as a term of art.

Second, our paradigmatic cases of expertise so far, such as those in SGGGA and CGGA, contain no appeal to such deference. If anyone were to defer in cases like these, it would appear to be the advisee, but Fred and Frank do not appear to have reason to. We would find SGGGA an atypical, perhaps even bizarre, case of moral advising if Susan simply offered a suggestion of how to act without a rationale, and Fred did not ask for explanation, but simply acted accordingly.⁴⁵

But the cases also challenge the second worry—that some conflict with autonomy occurs in reliance on ethical experts. Fred and Frank do not appear to have sacrificed their autonomy in any meaningful sense. And if we imagine that Susan and Suzanne have a practice of

giving advice as they do in these cases, it is hard to see how that more general behavior would risk anyone else's autonomy.⁴⁶

There seem to be two potential conflicts with autonomy: either, in seeking advice, the advisee displays some character deficiency by not being sufficiently independent in some way; or it is impermissible for the expert or advisee to engage in this behavior because it renders the advisee nonautonomous.

Regarding the first, the only plausible deficiency that Fred and Frank display seems to be not having a *very high* degree of epistemic virtue. But two points are important. First, Fred and Frank may not be as epistemically virtuous or independent as the experts *regarding issues like those in the cases*, but it is hard to see this as a failing or deficiency.⁴⁷ No one suggested that *being an ethical expert was mandatory* rather than optional or supererogatory to achieve. The implicit suggestion on this view appears to be that full autonomy requires freedom from any dependence on another's ethical knowledge.

Second, even if they have a deficiency, that sort of conflict alone would not support banning the practice of seeking advice or offering it. But this further view is necessary to suggest that ethical expertise is possible but should not be deployed to give advice, which is the conclusion these critics aim for. Why think that, if one lacks such virtue, others should not offer to provide advice that one might need?⁴⁸ This seems counterintuitive (and is generally unargued for).

Finally, when we bear in mind the range of sources and types of ethical expertise suggested in Section III, it is plausible that no one could have full expertise on all ethical matters. This reinforces the sense that faulting anyone for failing such an ideal, or arguing that reliance on experts in the way that Fred and Frank do is impermissible, seems bizarre. It seems to betray a bizarre fixation on autonomy as independence from others—which is inconsistent with ways in which much of our knowledge is dependent on others in a rough epistemic division of labor—or a bizarre mandate to possibly unachievable epistemic virtue.

Some reject this argument. They appeal to a general principle that individuals should act as *they* think is right and should avoid acting as *they* think is wrong.⁴⁹ In response, first, this principle need not conflict with the advisees' actions in the cases we describe. Rather than deferring, they appear to come to share beliefs with the expert, and so the principle is not violated.

Second, the principle itself is questionable. Sometimes deference is permissible. Consider the following.

Conflicted Doctor. Frankie is a doctor who believes that withdrawing life-support is always wrong. He is caring for a patient who is neurologically compromised with extremely low odds of recovery. The patient's family reasonably interprets his quality of life to be low and has strong evidence that he would want life support to be withdrawn. The family requests that Frankie withdraw life support, but Frankie is hesitant. He calls Joe, a clinical ethicist, who advises him that withdrawal is permissible—and indeed mandatory in this case—offering several reasons why. Joe

further advises Frankie that, if Frankie remains conflicted, he might defer care to another doctor that would be willing to withdraw life support.

It is frequently suggested that doctors like Frankie act wrongly if they refuse to withdraw life support or to transfer care to another physician despite the consultant's advice—perhaps citing a supposed absolute prohibition on withdrawing care and claiming that referring to another doctor would be wrong because they would be complicit in evil action.⁵⁰ But suppose Frankie remains unconvinced by Joe's rationale, but simply thinks that there is a hospital rule that he must listen to Joe. (Suppose there is no such hospital rule). If so, Frankie's transferring care would seem permissible even though it was an act of deference. We clearly would prefer that he transfer care out of this mistaken belief rather than that he remain steadfast in sustaining the patient's life support. So, sometimes *deference* seems permissible.⁵¹

Going further, we might take it as a mark of epistemic humility if Frankie *deferred* not to comply with some policy, but because he acknowledged that Joe, as an expert who had given careful consideration over years, had steadfast considerations and significant reasons against the course that Frankie deemed right.⁵² This suggests that sometimes deferring to experts even when one disagrees can be *right-making*.⁵³

V. Moral Expertise, Institutions, and Democracy

Some support for the claim that ethical expertise conflicts with democracy is like that for its purported conflict with autonomy, and it fails for analogous reasons. For instance, David Archard claims that deferring to expertise is incompatible with democracy because, in doing so, citizens “abdicate their responsibilities to deliberate on all matters requiring legislation and the formulation of policy, ... [thereby] subvert[ing] the acquisition and strengthening of those traits, and consequently enervat[ing] democracy.”⁵⁴ This appears to be an overly demanding conception of democratic virtue, akin to the overly demanding notions of ethical epistemic virtue and autonomy considered above. We do not expect citizens to deliberate on all policy matters. This is impractical both because of the sheer number of decisions and because of the policy expertise required.⁵⁵

Hence, setting those concerns aside, the chief concern about the possible conflict of ethical expertise with democracy is that the practice of ethics expertise in democracies amounts to epistocracy—a *rule* by experts. Notably, many seem to have this worry even in cases where the expert's role is merely in a private institution in liberal democracies. Most ethics consultants are not government employees, but some critics take the practice of ethics consultation to be anti-democratic.⁵⁶ However, bioethicists often serve in governmental roles as well, *e.g.*, on several Presidential Commissions on bioethical issues, at the United Kingdom's National Institute for Care Excellence (NICE),⁵⁷ on the Ethics Working Group of the Clinton Health Care Task Force,⁵⁸ and in healthcare policy reform teams in the executive branch.⁵⁹ Given that liberal societies generally allow latitude to private institutions, the role of bioethicists in government decision-making seems to be at least as big a risk of epistocracy as that of private institutions hiring consultants to advise their doctors. Yet, while private institutions in liberal societies may have obligations to support

the democracy,⁶⁰ these are generally weaker than those of the government itself. So, *ceteris paribus*, risks to liberal democracy from bioethics consultants in private institutions should be weaker than those in governmental institutions.

I do not have space to consider every potential role of ethics experts in private institutions or governmental ones. Instead, I focus on the paradigmatic cases of roles in governmental institutions, such as those above, and the paradigmatic roles of ethics consultants in private institutions, such as those in Consulting Doctor. We could always imagine some dictatorial role where ethics experts were made *actual* philosopher-kings, but as this is not actually the case, defending the paradigmatic cases goes a fair way to defending standard contemporary practice.

I agree with most democratic theorists that epistocracy is incompatible with democracy. However, I think two points suggest that paradigmatic roles like those above are not epistocratic. First, much of what ethicists are doing in many of these roles is providing rationales to executives and legislatures, who then make further decisions. This is analogous to advising in CGGA and Conflicted Doctor, where Frank and Frankie are advised and then make decisions. But it would be puzzling to suggest that Frank's decision-making power had been compromised in CGGA. And if so, it is unclear why ethics advice in government undermines the decision-making power of the other officials, whose role no one in the debate objects to. In turn, the governmental officials (and, *e.g.*, the doctors receiving advice from ethics consultants) retain their powers and their democratic roles; no expert has usurped rule *through an advising role*—any more than a President's political team usurps power through advising. Hence, advising seems unlikely to pose epistocratic risk. Indeed, to the extent that the analogy here has been overlooked, it may be that the authoritarian elitist conception of moral expertise in democracy is largely parasitic on the intellectual elitist conception of the epistemology of moral expertise.

Of course, not all governmental roles are merely advisory. Sometimes executive branch members craft and implement policy. But, second, it is unclear why someone who is appointed to government office because of ethics expertise would be more of an epistocratic threat than those appointed to office because of some other type of expertise. Many judges are appointed for legal expertise, and executive branch members are appointed for their distinctive expertise in economic policy, military policy, and healthcare policy. Contemporary theorists have argued that such expertise is critical to these roles.⁶¹

Note further that many democratic theorists argue that a division of labor with a judiciary and with an executive bureaucracy *enables, rather than undermines*, democratic legitimacy by ensuring that political rights and equality are not infringed by majorities.⁶² So, if those positions can be democratically legitimate, then why cannot the same sources of legitimacy apply to the roles of ethicists? The arguments for such legitimacy vary and include appeals to protection of rights that are fundamental to democracy,⁶³ to causal control by the citizens⁶⁴ (*e.g.*, by protest or by electoral control of those with appointment powers), and to incorporating deliberative democratic values into their decisions.⁶⁵ I cannot settle which account of legitimacy for unelected officials is best here, and it is likely that different roles may depend on different sources of legitimacy. But it is unclear why ethicists' roles

in government cannot be justified by appeal to these sources in a way that entails any more epistocracy than monetary policy appointments. Moreover, bioethicists skeptical of ethics expertise in government have simply ignored these potentially analogous cases of legitimate, unelected experts. In short, epistocratic concerns about ethics expertise that are not parasitic on the intellectualist conception may be parasitic on conceptions of democracy that implausibly think that bankers, public health experts, and the like are *rulers* invading democracy—a conception that may sadly have become common in the COVID era.

Of course, for all I have said, those in positions of power might be given power that outstrips their expertise, or may not actually be experts—even though thought to be. Public health experts *might have* usurped power during COVID—though most reasonable people deny this. The point is that neither ethics experts nor public health experts by nature are epistocratic.

Relatedly, nothing I have said suggests that our actual institutions for identifying moral experts are reliable; indeed, for all I have said, people may come to those positions through processes that do not reliably track the features of expertise I have identified. Indeed, if my account above is correct, such expertise is very likely to be found in places that institutions typically overlook because of the diversity of its sources. But this is also not specific to moral expertise. Biased processes favoring people of privilege, for example, pervade various ways of filling institutional roles, including those of physicians, judges, lawyers, governmental representatives, and the judiciary. Moreover, the way to address this is not to deny the epistemology of expertise, but to amend our institutions so that they actually track such expertise with some humility. This is also not particular to ethics expertise; diversifying many types of institutions by reducing biases that lead them to mistaken assessment of individuals' abilities improves the institutions in question. But that is to take up an urgent practical challenge for our institutions rather than to deny that such expertise exists.

Some may be skeptical that this is possible. I cannot here consider all questions about how to eliminate biases, but one worry, noted in the Introduction, is important because it is *particular* to ethics expertise as opposed to other virtues: that, even if there are moral experts, they cannot be identified. As noted above, some argue that having the *correct* moral theory and its implications is a condition of expertise. In turn, they argue that identifying that theory is necessary to identify which experts to trust. In turn, they claim that without themselves being experts, those receiving testimony from experts are unable to reliably identify experts. And so, some might argue, expertise is practically irrelevant—even if it exists. Yet, first, experts also consult each other: bioethicists consult each other, lawyers consult each other, *etc.* So, the argument may be overstated even on its own terms. But, second, and more importantly, we have seen that expertise does not depend on having knowledge of the correct moral theory, and so a crucial premise of the argument is simply mistaken.

Some might respond that, even if knowledge of the correct theory is not required, knowledge of apt rationales is—even in many of the cases I have relied on.⁶⁶ They may, in turn, argue that without being able to assess the rationales of the experts, those receiving testimony from experts will not be able to identify experts reliably. But this claim also seems mistaken because now the testimony-receiver need only have reliable justification for thinking that

the testifier is disposed to give good rationales. However, justification for the view that the expert is reliable can be held in virtue of various other facts about them—including their track record of prior assessments and the strength of the rationales provided in those. Compare other cases of testimony; when a legal expert gives testimony about some portion of the law that I have some awareness of (even if not that of the expert), I may be able to follow the rationales and to determine that the expert's verdicts are reliable (albeit my access to them may be slower and more limited, with less understanding than the expert). So too in morality. Indeed, in SGA, Fred's reason for turning to Susan was that he thinks she is good at this sort of advice. He may well think that for these very sorts of reasons—having assessed her judgments and rationales in the past and found them informative, reliable, epistemically helpful, and the like.

V. Conclusion

I have sketched an anti-elitist conception of ethics expertise in bioethics as continuous with an anti-elitist conception of ethics expertise in common moral practice. Over-focus on moral theory and bioethics specifically distorts our conception of ethics expertise. Such a distortion supports the perceptions that such expertise must necessarily depend on expertise in moral theory and that it conflicts with autonomy and democracy. An anti-elitist conception, drawing on the range of sources of moral justification and the variety of ways of having expert access to it, undercuts these concerns and reminds us that ethics experts need not be professional specialists— though professional specialists can be ethics experts.

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Biography

William R. Smith, MD, PhD, is a psychiatry resident in the University of Pennsylvania's Department of Psychiatry. His research focuses on ethical issues in psychiatric classification and resource distribution. His work has recently appeared in *JAMA*, *Psychiatric Services*, the *Journal of Medical Ethics*, the *Journal of Medicine and Philosophy*, and the *Oxford Handbook of Research Ethics*. He completed a Fellowship in Department of Bioethics at the National Institutes of Health (2007-2009) and holds a MD from Emory University and a PhD (Philosophy) from the University of Notre Dame.

References

1. See Shalit R. (1997). When we were Philosopher Kings. *New Republic*, 216(17), 24–28, [PubMed: 11660448] and Satel S. (2010). The limits of bioethics. *Policy Review*, 159. <https://www.hoover.org/research/limits-bioethics>.
2. Or at least many of them. Obviously, most fields may have some bombastic people.

3. See, e.g., Dolgin E. (2014). The Ethics Squad: Bioethicists are Setting Up Consultancies for Research--But Some Scientists Question Whether they are Needed. *Nature*, 514, 418–420. [PubMed: 25341770]
4. I will use ‘moral expertise’ and ‘ethical expertise’ interchangeably. (Contra see Rasmussen LM (2011). An Ethics Expertise for Clinical Ethics Consultation. *The Journal of Law, Medicine & Ethics*, 39(4), 649–661, and Iltis AS and Sheehan M. (2016). Expertise, Ethics Expertise, and Clinical Ethics Consultation: Achieving Terminological Clarity. *Journal of Medicine and Philosophy*, 41(4), 416–433). [PubMed: 27256848] Likewise, I will not use terms of art like “limited expertise,” “semi-expertise,” or “full-blooded expertise.” See Archard D. (2011). Why Moral Philosophers are not and Should not be Moral Experts. *Bioethics*, 25(3), 119–127, [PubMed: 19659852] and Gesang B. (2010). Are Moral Philosophers Moral Experts? *Bioethics* 24(4), 153–159, [PubMed: 20394108] and McGrath S. (2019). *Moral Knowledge*. Oxford, UK: Oxford University Press, p. 74–75, respectively. I take my use to be consistent with standard English, and I fear that introducing such terms of art risks confusion by inviting intuitions that paradigmatic cases of expertise are somehow weaker, non-standard forms of expertise. In particular, among other problems, I suspect that these terms of art muddy intuitions about the relevant cases, frequently inviting elision between claims about whether there is expertise at play in some case and further claims about what that expertise may entail in some case—such as facts about the appropriate actions that someone receiving testimony from some expert should take. In contrast, I think the intuitions about cases involving concepts understood in standard English terms support my argument that the standard concept of ethical expertise is anti-elitist.
5. Satel. op. cit., note 1.
6. In contrast to bioethicists, moral epistemologists increasingly seem to embrace moral expertise—though earlier epistemologists were skeptical. Potentially, bioethicists may have been overly influenced by the earlier epistemologists and have not yet realized the implications of the developments in the field. Wolff RP (1970). In *Defense of Anarchism*. New York, NY: Harper & Row is a locus classicus of early skepticism. McGrath, op. cit., note 4, Section 3.3, reviews other skeptics. For recent acknowledgement of such expertise, see, e.g., Driver J. (2013). *Moral Expertise: Judgment, Practice, and Analysis*. *Social Philosophy and Policy*, 30(1–2), 280–296, p. 286. and Hills A. (2019). *Moral Expertise*. In Zimmerman, Jones and Timmons (Eds.), *The Routledge Handbook of Moral Epistemology*. New York, NY: Routledge, 469–481, p. 471–472.
7. David Archard and Michael Cholbi, respectively, have defended these views. See Archard, op. cit., note 4 and Cholbi M. (2007). *Moral Expertise and the Credentials Problem*. *Ethical Theory and Moral Practice*, 10(4), 323–334 and Cholbi M. (2018). *Why Moral Expertise Needs Moral Theory*. In Watson and Guidry-Grimes (Eds.), *Moral Expertise: New Essays from Theoretical and Clinical Bioethics*. Cham: Springer International Publishing, 71–86.
8. Cf. Gesang, op. cit., note 4.
9. Cf. McGrath’s term ‘egalitarianism’ suggests similar concerns. See McGrath, op. cit., note 4, pp. 80–88. That same term also reasonably applies to concerns about autonomy and democracy.
10. I do this not because of a background commitment to a ‘bottom-up’ (rather than ‘top-down’) approach to moral epistemology. Instead, I think that which ‘direction’ to start with depends on the epistemic and dialectical question at hand. In this case, starting at the ‘bottom’ helps reveal the distortions behind the elitist picture of expertise.
11. For critical discussion of epistocracy, see Estlund D. (2009). *Democratic authority*. Princeton, NJ: Princeton University Press. For defense of epistocracy, see Brennan J. (2016). *Against democracy*. Princeton, NJ: Princeton University Press. For popular writing concerned about ethics expertise in bioethics as epistocratic, see Satel. op. cit., note 1. For such concerns in the academic literature, see Archard, op. cit., note 4.
12. In part for linguistic ease, I will assume cognitivism about practical (as well as specifically moral) normativity. This might seem controversial because non-cognitivism might seem to undermine the possibility of ethical expertise—if one thinks that expertise requires that there is ethical knowledge. However, contemporary non-cognitivists are generally committed to salvaging any normative features of ethical discourse and practice that cognitivists can, so if my arguments are apt, they will need ways of paraphrasing my cognitivist-friendly language. For discussion, see McGrath, op. cit., note 4, pp. 78–82.

13. Note that this allows a role for *know-how* in expertise—even if that *know-how* cannot be reduced to propositional knowledge, which will play a predominant role in what follows. However, in contrast to some views where knowledge how is predominant in moral epistemology, the cases that I point to below suggest that propositional knowledge (or some other epistemic status playing a similar role) will be necessary for *testifying* because propositional content must be transmitted. Thus, the potential role of *know-how* in expertise does not undercut my arguments below that focus on propositional knowledge.
14. Cf. Goldman AI (2018). Expertise. *Topoi*, 37(1), 3–10. Some believe that a motivational component—roughly, that an expert's advice be defeasibly motivationally efficacious for their own actions (and perhaps for other dispositions, such as blame of those who flout morality's norms)—is critical to *moral* expertise. Cf. Cholbi (2018), *op. cit.*, note 7. I am unsure that the arguments for this are convincing, but even if they are, one could add this as a further condition to the account above without any consequence in the following. While some might think that understanding a putative expert's motivations are challenging and thus that identifying moral experts is problematic because of this, I find this objection overstated. We defeasibly assess motivations in various contexts—including assigning blame and in the court of law. Thus, I see no principled reason that this should exclude identifying experts any further than the other purported challenges with identifying experts that I consider in Section 5 below.
15. I will frequently consider cases involving moral *obligation*, but the argument does not depend on this feature. The same points can be made about reasons, oughts, and other normative concepts.
16. Some point to expertise in, e.g., conflict resolution as critical to expertise in clinical ethics consultation. (Cf. Fiester A. (2012). The "Difficult" Patient Reconciled: An Expanded Moral Mandate for Clinical Ethics. *The American Journal of Bioethics* 12:2–7). [PubMed: 22548510] But I concur with Iltis and Sheehan (*op. cit.*, note 4, p. 429 et passim) that this does not seem to be moral expertise (though it may be some other expertise critical to ethics consultation).
17. See, e.g., Simmons AJ. (2005). The Duty to Obey and Our Natural Moral Duties. In Wellman and Simmons (Eds.), *Is there a duty to obey the law?* Cambridge, UK: Cambridge University Press.
18. Though, if they do not speak directly to an advisee, perhaps they are not 'advisors.'
19. Such principles have long been influential in bioethics, particularly in early formulations of Beauchamp and Childress's principlism. See DeGrazia. (2003). Common Morality, Coherence, and the Principles of Biomedical Ethics. *Kennedy Institute of Ethics Journal*, 13, 219–230. [PubMed: 14577458]
20. And further, on my view, because moral justification appeals to intuitions. See Section III.
21. In Jonathan Dancy's helpful terms, experts point to favoring/disfavoring considerations, but also to enabling/disabling and intensifying/attenuating ones. Dancy J. (2004). *Ethics Without Principles*. Oxford, UK: Oxford University Press, Ch. 2–3. Accepting this does not entail adopting his particularism.
22. Cases can bring out familiar considerations just as familiar principles can.
23. For discussions, see Kamm FM. (2008). *Intricate Ethics: Rights, Responsibilities, and Permissible Harm*. Oxford, UK: Oxford University Press, Ch. 4, Simmons AJ. (2001). *Justification and legitimacy: Essays on rights and obligations*. Cambridge, UK: Cambridge University Press, Ch. 10, and Smith WR and Audi R. (2021). Religious Accommodation in Bioethics and the Practice of Medicine. *Journal of Medicine and Philosophy*, 46(2), 188–218, respectively. [PubMed: 33822131]
24. Notably, more complex principles often incorporate the considerations of the applicability and weight of simpler principles. For our purposes here, we need not take a stand on whether all issues about weight and application are resolved in terms of more basic principles (though I am doubtful of this).
25. Even if we assume that they are good friends and that, therefore, giving guidance on non-professional matters would be appropriate.
26. Cf. Cholbi's appeal to comprehensive families of theories, such as Kantianism and utilitarianism. Cholbi (2018), *op. cit.*, note 7, p. 71.
27. Cholbi (2018), *op. cit.*, note 7, p. 77.

28. Cholbi (2018), *op. cit.*, note 7, p. 81. Cholbi hedges by appealing to “theories (or theory-like considerations).” If the mid-level and other considerations count as “theory-like,” this is true, but does not support MTN for the reasons above.
29. Foundationalists advocating this view tend to criticize reliance on intuitions (which I appeal to below) as potentially biased and often take appealing to theory as corrective. Yet, the fact that some intuitions justify does not imply that all intuitions do, and some agents may have access to better intuitions (in part because they are not biased). Further, if biases need correction, it is not obvious why theory should be the *only* means. For further criticism of this view, which he calls “old-fashioned foundationalism” (and which few now hold it), see DePaul MR. (2006a). *Balance and Refinement: Beyond Coherence Methods of Moral Inquiry*. London, UK: Routledge.
30. Gesang, *op. cit.*, note 4, pp. 154–158. Note that, contra Gesang, the second view he suggests actually need not be coherentist. For example, weak foundationalists can hold that distinct sources provide some justification but that this justification is not sufficient for warranted belief. Cf. van Roojen M. (2014). *Moral Intuitionism, Experiments, and Skeptical Arguments*. In Booth and Rowbottom (Eds.), *Intuitions*. Oxford, UK: Oxford University Press, pp. 148–164, and DePaul (2006a). *op. cit.*, note 29.
31. Cf. Cholbi (2018), *op. cit.*, note 7, p. 71. For important implications of this view, see Section V below. The foundationalists that Gesang appeals to may also hold this view because it is unclear how mistaken theories could be corrective to biased intuitions. See note 29 on such foundationalists.
32. Cf. Dreier. (2011). In defense of consequentializing. In Timmons (Ed.), *Oxford Studies in Normative Ethics, Volume 1*. Oxford, UK: Oxford University Press, pp. 97–119.
33. The notion of intuitions I rely on here is detailed in, e.g., Audi R. (2004). *The Good in the Right: A Theory of Intuition and Intrinsic Value*. Princeton, NJ: Princeton University Press and Audi R. (2015). *Intuition and Its Place in Ethics*. *Journal of the American Philosophical Association*, 1(1), 57–77, and briefly discussed in the bioethics literature in Smith and Audi, *op. cit.* note 23, esp. pp. 191–193. Alternative views of intuitions that could easily adopt the account I pose here with minimal paraphrasing are provided in, among other places, Stratton-Lake. (2016). *Intuition, self-evidence, and understanding*. In Shafer-Landau (Ed.), *Oxford Studies in Metaethics, Volume 11*, Oxford, UK: Oxford University Press, p. 28–44, Huemer M. (2008). *Revisionary Intuitionism*. *Social Philosophy and Policy*, 25(1), 368–392, and DePaul M. (2006b). *Intuitions in Moral Inquiry*. In Copp (Ed.), *Oxford Handbook of Ethical Theory*. Oxford, UK: Oxford University Press, pp. 595–623. Several other accounts as well as reflection on this revival can be found in Stratton-Lake P. (Ed). *Ethical Intuitionism: Re-Evaluations*. Oxford, UK: Oxford University Press and Hernandez JG (2011). *The New Intuitionism*. London, UK: Continuum.
34. See Audi R. (2004) *op. cit.* note 33, Audi. (2015), *op. cit.*, note 33, and Smith and Audi, *op. cit.*, note 23, pp. 191–193.
35. On domination, see Pettit P. (2012). *On the People’s Terms: A Republican Theory and Model of Democracy*. Cambridge, UK: Cambridge University Press.
36. As I appeal to expertise in law, medicine, risk-benefit calculation, and sociology, some might suggest that I confuse moral expertise proper with morally-relevant descriptive expertise. (For the appeal to this distinction to support MTN, see Archard, *op. cit.*, note 4, p. 121 and Cholbi (2018), *op. cit.*, note 7, p. 76.) But I am claiming genuine difference in normative expertise—difference in expertise about moral reasons, moral obligations, and the like—that is enabled by a difference in descriptive backgrounds. Given the widely shared presumption that the normative is grounded in the non-normative, it should not be surprising that normative expertise is enabled by expertise about non-normative differences.
37. Singer P. (1972). *Moral Experts*. *Analysis*, 32(4), 115–117, points to these virtues. But, in other work, he adopted the stronger view criticized in note 29 above. See DePaul (2006a), *op. cit.*, note 29, for discussion.
38. For some responses, see Audi (2004), *op. cit.* note 33, Audi (2015), *op. cit.* note 33, Huemer, *op. cit.* note 33, DePaul (2006a), *op. cit.*, note 29, DePaul (2000b), *op. cit.*, note 33, and Stratton-Lake P. Introduction. In Stratton-Lake P. (Ed.) *Ethical Intuitionism: Re-Evaluations*. Oxford, UK: Oxford University Press, pp. 1–28, which provides helpful survey of both the variety of objections, their history, and potential responses. Some of these issues are considered briefly in Smith and Audi, *op. cit.*, note 23.

39. See Smith and Audi, *op. cit.* note 23, p. 191, where it is noted that ethical intuitionism confusingly refers both to this view in moral epistemology and to a form of pluralism in substantive, normative theory.
40. For intuitions in reliabilism and virtue epistemology, see, e.g., Sosa E. (2007). *A virtue epistemology: Apt belief and reflective knowledge*, volume I (Vol. 1): Oxford, UK: Oxford University Press. For intuitions in moral coherentism, see, e.g., Sturgeon NL (2002). *Ethical Intuitionism and Ethical Naturalism*. In Stratton-Lake (Ed.), *Ethical Intuitionism: Re-Evaluations*. Oxford, UK: Oxford University Press, pp. 184–211. However, coherentists may wish to paraphrase my point about non-inferential justification into one about unconscious inference that provides justification. For non-cognitivism, see Gibbard, who writes: “Expressivism too ... needs intuitions. Normative knowledge rests in the end on intuitions; on this, expressivists can agree with non-naturalists. To think such a thing, however, we don’t have to believe in non-natural properties. ... Intuition figures in thinking what to do, and *oughts* in conclusions of what to do. Neither requires a mysterious metaphysic or mysterious psychic powers” (p. 228). See Gibbard A. (2002). *Knowing what to Do, Seeing What to Do*. In Stratton-Lake (Ed.), *Ethical Intuitionism: Re-Evaluations*. Oxford, UK: Oxford University Press, pp. 212–228. Notably, here, Gibbard appeals to a non-cognitivist equivalent of the sort of regress-stopping role that intuitions can play that I suggest may be a source of their increasing acceptance in the main text.
41. Cf. Cross B. (2016). *Moral philosophy, moral expertise, and the argument from disagreement*. *Bioethics*, 30(3), 188–194, p. 188. [PubMed: 26104240]
42. Cf. Archard, *op. cit.*, note 4, pp. 126–127.
43. While testimony is a typical way, it is not the only one. For example, one could observe behavior that suggests this is the other’s view. See McGrath. *op. cit.*, note 4, pp. 68–69.
44. See Callahan LF (2019). *Moral Testimony*. In Fricker, Graham, Henderson and Pedersen (Eds.), *The Routledge Handbook of Social Epistemology*. New York, NY: Routledge, pp. 123–134, pp. 124–125. Cf. Hills A. (2009). *Moral Testimony and Moral Epistemology*. *Ethics*, 120(1), 94–127.
45. Assuming there were no extenuating circumstances, such as urgency, that might preclude providing a rationale or reflecting on it.
46. Of course, if Fred adopted an overarching habit of stopping his own ethical reflection and just asking Susan to tell him what to do generally, that would be different. But here the problem is not an act of deference alone, but an overarching activity of neglecting ethical reflection. Moreover, providing guidance in this overarching way is not the role of expert or advisee as depicted in the cases we considered.
47. Contra Wolff (*op. cit.*, note 6), moral epistemologists now largely agree that such a deficiency is compatible with the existence of and reliance on expertise in principle. Some moral epistemologists continue to sense that there is something asymmetric about the moral or epistemic status of those receiving testimony from moral experts and have attempted to provide different accounts of this asymmetry. For example, on one view, the need to rely on moral experts betrays the absence of epistemic virtue (e.g., moral understanding). Cf. Hills. *op. cit.*, note 44. Others doubt the various purported asymmetries. For review of this literature, see Callahan. *op. cit.*, note 44. NB: Various types of asymmetries between moral expertise and some other types of expertise are consistent with the official positions defended here. Determining specifics would depend on what asymmetry is defended. One critical case worth mentioning is a view on which the need to give a rationale in the cases of moral testimony—critical to many of the cases that I have considered—is asymmetrical with non-moral cases, which purportedly do not require such rationales. For example, McGrath S. *op. cit.*, note 4, pp. 74–75, points to a disanalogy between the degree of deference given to physics experts on advanced physics and that to moral experts on morality, suggesting that this reveals that some deficit arises in deference on moral matters. Cf. Cholbi (2007), *op. cit.*, note 7 and Cholbi (2018), *op. cit.*, note 7. Yet, first, such asymmetry would not be sufficient to defend any of the views I criticize here. Second, I do not find such a view plausible as a view about *moral expertise per se* because advice in cases of other types of practical normativity seems analogous. For instance, there are legal experts, but if one goes to a lawyer, the lawyer is expected to provide their rationale for their advice. Similarly, there are medical experts, but when patients come to me, they reasonably expect a rationale for why I make certain recommendations—as I do for my physicians and those of my family members. (Obviously, there are exceptions as when an emergent condition implies that taking the time to provide rationale

would risk a life). Indeed, providing such rationale is a core component of informed consent. Similarly, if a friend came to me about career advice and I merely said “Take the first job—not the second” without explanation, this would be puzzling. One exception might be if my friend had outlined all the competing considerations already, and asked “What do you think?” I might reasonably say: “I think you’ve summed it up well; I find the weight of reasons for the first job greater than that for the second.” Here I would be just stating a judgment and acknowledging that the rationales for the reasons were already provided by my friend. But ethics experts could do that as well. Third, I suspect, but cannot here fully defend the claim, that the seeming disanalogy with cases like McGrath’s turns instead on varying degrees of the *complexity of background knowledge* relevant to various cases. Compare cases where someone testifies about the results of simple mathematical operations, such as addition. These are not moral, but physics-like in that they involve descriptive sciences. Yet, deference may be puzzling in some such cases; for instance, I might not defer to a mathematician if we are splitting a dinner bill and I disagree with them following a simple mathematical calculation about the tip. (Cf. Christensen’s “check case.” Christensen D. (2007). *Epistemology of Disagreement: The Good News*. *The Philosophical Review*, 116(2), 187–217. This and similar cases are commonly discussed in the literature on the epistemology of disagreement, on which, see Christensen D. and Lackey J. (2013). *The Epistemology of Disagreement: New Essays*. Oxford, UK: Oxford University Press). Perhaps it is a distinctive feature of practical normativity that the only very complicated issues that might arise about practical normativity depend on descriptive issues, such as what the law says about something or what human rights violations are actually occurring in some part of the world, rather than on the basic normative ones, such as what the law ought to say about something given certain other descriptive matters or how we ought to respond to such violations. Perhaps, in turn, deference, in the technical sense, is only only appropriate on the descriptive matters. But there may be room for skepticism here as well; many basic normative questions, such as about how to weigh competing considerations, are often quite complex in some cases.

48. Perhaps such fixation coheres with, supports, or is supported by the motivations to reject the analogy between adult moral learning and childhood moral learning noted in Section 1.
49. Archard, *op. cit.*, note 4, p. 126. Note that this principle could be read to suggest merely that we should all generally try to achieve epistemic virtue so that we do not need to rely on others generally. But if so, it is irrelevant to the dialectic. We can suppose that Fred and Frank had done so and still needed epistemic guidance.
50. For discussion of conscientious objection in liberal democracy that offers some accommodation, but requires such transfer, see Smith and Audi. *op. cit.*, note 23.
51. Note that Frankie may not be acting rightly *for the right reason*. Accepting that, the point is that we prefer a rule that permits acting rightly *for the wrong reason* if the alternative is acting wrongly for the right reason. That suggests that we prefer deference when an agent cannot access the right justification—at least sometimes.
52. Or perhaps he does so after consulting many people who share Joe’s view and rationale.
53. Though this need not be decisive in every such case. Nor need it be the only right-making consideration; for instance, it could be that this feature is only right-making when those with whom one disagrees are able to point to other right-making considerations for the action. Here comparisons to the steadfast-conciliatory debates on the epistemology of disagreement are notable—though those are about beliefs that the agent should adopt rather than about actions that the agent should take. On that debate, see Christensen. *op. cit.*, note 47, and Christensen and Lackey. *op. cit.*, note 47.
54. Archard, *op. cit.*, note 4, p. 127.
55. This point has long been noted in defense of representative (rather than direct, participatory) democracy.
56. Cf. e.g., Satel, *op. cit.*, note 1. Archard’s argument (*op. cit.*, note 4) seems to entail the same view—though he does not consider the distinction between roles in government and in consultancy.
57. NICE advises the National Health Service on, roughly, resource allocation issues. Some might point out that large swaths of NICE are not formally trained in bioethics, but functionally, they are playing this role and some ethicists appear to advise them. For discussion of ethical issues, suggesting that NICE has ethical expertise, see Rumbold B., et al. (2017). *Public Reasoning and Health-Care Priority Setting: The Case of NICE*. *Kennedy Inst Ethics J*, 27(1), 107–134, [PubMed]:

- 28366905] and Littlejohns P, et al. (2019). National Institute for Health and Care Excellence, social values and healthcare priority setting. *Journal of the Royal Society of Medicine*, 112(5), 173–179. [PubMed: 30939251]
58. See, e.g., Daniels N. (1994). The Articulation of Values and Principles Involved in Health Care Reform. *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 19(5), 425–433.
59. Cf. the role of Ezekiel Emanuel in developing the Affordable Care Act.
60. Cf. Smith and Audi, op. cit., note 23.
61. Richardson HS (2002). *Democratic Autonomy: Public Reasoning About the Ends of Policy*. Oxford, UK: Oxford University Press, p. 222.
62. Many of these arguments have long histories, on which see, e.g., Pettit P. (2013). Two Republican Traditions. In Niederberger and Schink (Eds.), *Republican Democracy: Liberty, Law and Politics*. Edinburgh, UK: Edinburgh University Press, pp. 169–204, and Ripstein A. (2010). Force and freedom. Cambridge, MA: Harvard University Press. For recent discussion, see, e.g., Pettit. op. cit., note 35, esp. Ch. 4, and Pettit P. (1997). *Republicanism: A Theory of Freedom and Government*. Oxford, UK: Oxford University Press, Ch. 6. And for recent discussion with special attention to bureaucracy, see Anderson E (2008). I—Expanding the Egalitarian Toolbox: Equality and Bureaucracy. *Aristotelian society Supplementary Volume* 82, pp. 139–160.
63. Cf. Anderson, E., op. cit., note 62.
64. Cf. Pettit. op. cit., note 35, Ch. 6.
65. Cf. Richardson. op. cit., note 61. Notably, many deliberative democrats now focus on how democratic systems composed of various institutions, associations, and other collectives and environments function together as a system in their contribution to democratic legitimacy, and the institutional roles of such officials appear to be an important case. For this ‘systems’ approach, see, e.g., Parkinson J. and Mansbridge J. (2012). *Deliberative Systems: Deliberative Democracy at the Large Scale*. Cambridge, UK: Cambridge University Press, but note that this idea arguably traces at least to Rawls and his students. See e.g., Rawls J. (2005). *Political Liberalism: Expanded Edition*. New York, NY: Columbia University Press, and Cohen J. (2009). *Philosophy, Politics, Democracy: Selected Essays*. Boston, MA: Harvard University Press, and Richardson. op. cit., note 61.
66. Cholbi Cf. (2018), op. cit., note 7 endorses the argument relying on knowing the correct moral theory. Cholbi (2007) op. cit., note 7, may instead only endorse the argument relying on giving rationales—though examples in that paper, e.g., on p. 332, suggest that he may implicitly assumed MTN even in the earlier article.