



LETTER TO THE EDITOR

RUBENS, CORSETS AND TAXONOMIES: A RESPONSE TO MEEK LANGE, ROGERS AND DODDS

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In 'Vulnerability in Research Ethics: A way forward, Margaret Meek Lange, Wendy Rogers and Susan Dodds (hereafter 'the authors') provide an interesting and valuable contribution to the conceptualization of vulnerability. However, I would like to take a deeper look at their proposal. The authors' analysis 'rests on [1]) developing a typology of sources of vulnerability and [2]) showing how distinct sources generate distinct obligations on the part of the researcher.'¹ In their article they criticize the treatment of vulnerability offered by codes and research ethics documents. They describe and accept my criticisms of the subpopulation approach to vulnerability and my analysis of vulnerability based on layers,² but they suggest going beyond it.³ I acknowledge the usefulness of identifying obligations as a second step in the analysis of vulnerability. However, I maintain that a) we do not need a taxonomy to classify vulnerabilities, b) the authors do not provide an adequate or successful taxonomy, and c) they are unable to link their taxonomy to specific obligations. Hence I propose avoiding an approach that requires taxonomies, and suggest instead using some characteristics of layers that can be related to relevant duties of researchers.

The authors characterize different sources of vulnerability in terms of three overlapping categories:⁴ inherent, situational or pathogenic. They contend that inherent vulnerability 'include[s] our corporeality, our neediness, our dependence on others and our affective and social natures. . . . The extent to which inherent sources produce risk of harm or wrongs depends on age, health, gender and disability as well as *the person's capacities for resilience, coping and the social supports she may have*. Situational sources of vulnerability are context specific and include the personal, social, political, economic or environmental

situation of a person or social group. *Situational sources of vulnerability may be intermittent and short-term or enduring. . . . Pathogenic sources of vulnerability are a subtype of situational sources that arise from dysfunctional social or personal relationships*. These relationships are often characterized by prejudice, abuse, neglect or disrespect or from political situations characterized by injustice persecution or political violence.'⁵ The proposed taxonomy comprises these three sources of vulnerability.

Why are taxonomies important? Taxonomies are introduced in order to understand or explain different phenomena. They have their origin in the biological sciences and have been used in other sciences and contexts successfully. Taxonomies classify sets of objects or entities and can be considered 'successful' when they provide clear criteria to differentiate one set from the other.⁶ When taxonomies do this, they bring in conceptual clarity and have a reassuring effect because they make people feel reality can be organized or put in order. The problem is that frequently, reality is so complex that it defies orderly classification. Let me illustrate this with an analogy. Reality, I believe, tends to be like a Rubens' woman, a Baroque figure proud of the majesty of her voluptuous body; no matter what corset she wears – through the strings and fabric that try to keep her body 'contained' – there will still be flesh out of order, falling out of the stiff and unsuccessful corset! And this is the case when we try to classify layers of vulnerabilities.⁷

Let me explain three ways in which the inherent complexity of vulnerability subverts the taxonomy proposed by the authors. Firstly, there is not a clear-cut taxonomy that situates each layer of vulnerability in a different

¹ M. Meek Lange, W. Rogers & S. Dodds. Vulnerability in Research Ethics: A way forward. *Bioethics* 2013; 27(6): 333–340, 333.

² F. Luna. Elucidating the Concept of Vulnerability. Layers not Labels. *Int J Fem Approaches Bioethics* 2009; 2(1).

³ Meek Lange, Rogers & Dodds *op.cit.* note 1, pp. 334–335.

⁴ This is done in a previous article: W. Rogers, C. Mackenzie & S. Dodds. Why bioethics needs a concept of vulnerability? *Int J Fem Approaches Bioethics* 2012; 5(2): 11–38.

⁵ Meek Lange, Rogers & Dodds *op.cit.* note 1, p. 336. My emphasis.

⁶ Diccionario de la Real Academia Española <http://lema.rae.es/drae/?val=taxonom%C3%ADa> [Accessed 6 January 2014].

⁷ Kipnis also provided a taxonomy. First he offered six criteria and later he had to introduce another one. This also shows that taxonomies may not provide the best strategy. K Kipnis. Vulnerability in Research Subjects: An Analytical Approach. In *The Variables of Moral Capacity*. Thomasma DC and Weisstub DN, editors. Dordrecht: Kluwer Academic Publishers; 2004. pp. 217–231.

category. As the authors themselves acknowledge, categories may overlap. This makes it quite difficult, if not meaningless, to use the taxonomy. For example, it is difficult to differentiate between inherent and situational sources of vulnerability because the authors favor a relational approach to autonomy.⁸ This is certainly an interesting concept of autonomy, but it is problematic for this taxonomy as the boundaries between inherent and situational sources are blurred. Let us leave aside difficult cases of relational autonomy and focus instead on easier ones such as a physical layer. Consider the case of elderly people. We can distinguish multiple layers of vulnerability: emotional, economic, physical, communicational, cognitive, etc.⁹ The physical layer is characterized by instability and fragility. If we seek to classify physical instability or fragility as an inherent source, it might be argued that this is not correct. The physical layer of vulnerability will probably be instantiated when the person walks down the street and sidewalks are uneven, dirty or broken. But if this is the case, we are not facing an inherent source of vulnerability anymore. It is the environment, the social and personal situation that triggers vulnerability. If the old person goes for a stroll and there is an adequate infrastructure with ramps or if he or she has a caring companion or helper, he or she will not fall. Hence, it is not so much the inherent source but rather the situational one that is relevant and may end up being the source of vulnerability. This constitutes a switch from inherent to situational vulnerability. Such ambiguity can easily thwart the clarification that a taxonomy is supposed to provide.

Secondly, although the concept of a 'pathogenic source' of vulnerability is an interesting one, it is not at the same level as the other categories the authors propose. Pathogenic is a subtype of the situational category, thus it does not have the same status as the other two. Hence, we are not presented with a neat taxonomy.¹⁰

Additionally, the concept of 'pathogenic source' can be better conceptualized as 'having a cascade effect'. For example, in rare diseases, a late diagnosis may bring out a layer of vulnerability with a cascade effect. Without diagnosis the illness may evolve in disabilities, it may be impossible to have treatment, reproductive decisions may occur in ignorance, etc. . . . Hence, it is not only abusive relations that may trigger these negative consequences. This proposal avoids the biological connotation of 'pathogenic', it is conceptually broader, and clearly

illustrates the devastating consequences that some layers of vulnerability may involve.

Thirdly, it is not clear that only the situational sources can be intermittent or enduring as the authors suggest. Inherent sources of vulnerability can persist during a period of time, especially if they include the 'person's capacities for resilience, coping and the social supports she may have.'

Taxonomies presuppose the existence of a clear order, but this is not truly achieved. The authors may argue they do not want or need strict or clear distinctions. But if this is so, why insist on a taxonomy that would imply clear and orderly classifications? Layers are better attuned to the dynamic nature of vulnerabilities. They construct vulnerability in a non-essentialist way. A situation may render a person or group vulnerable, but this need not be a permanent or essential feature. This dynamic nature of the concept of vulnerability is better captured by a layered approach than by the taxonomy the authors propose.

Finally, the authors claim that distinct sources generate distinct obligations on the part of researchers. However, it is not at all clear how duties are related to the sources of vulnerability. After presenting their taxonomy the authors say: 'A first set of duties provides a *nuanced understanding of the harms* that researchers should avoid in relation to the different sources of vulnerability. Researchers, in the design and conduct of research, have a *duty to avoid exacerbating occurrent vulnerabilities and/or making dispositional vulnerability occurrent.*'¹¹ 'First of all researchers have a *duty to avoid or minimize risks* specifically attributable to the trial intervention. . . . Next, it is important for research participation not to generate or exacerbate participants' dependency on others . . .'¹² That is, to avoid generating *pathogenic vulnerabilities*;¹³ and the final set of duties: '*. . . the promotion of agency and autonomy* for its own sake'.¹⁴

The problem is that the specified duties are not related to each of the sources (inherent, situational or pathogenic). They seem to be related either to all sources in general, or specifically to one of them (pathogenic). Sources of vulnerability do not generate distinct obligations on the part of researchers, as claimed.

Finally, although the authors do identify duties, what is doing the normative work are other distinctions: avoiding harm or minimizing risks, promoting autonomy and agency, avoidance of dependency and exploitation. Some of these duties are subsumed under the claim 'avoid generating pathogenic vulnerability'.

Thus, to establish duties, the proposed taxonomy is unnecessary. The layers approach seems more useful. For

⁸ See S. Sherwin. A Relational Approach to Autonomy in Health Care. In *The Politics of Women's Health: Exploring Agency and Autonomy*. Sherwin S, editor. Philadelphia: Temple University Press; 1998. pp. 19–47.

⁹ F. Luna. Vulnerability, an interesting concept for public health. The case of older persons. *Public Health Ethics* 2014; 7(2): 180–194.

¹⁰ This is not a knock-down argument, nonetheless it shows an odd asymmetry.

¹¹ Meek Lange, Rogers & Dodds, *op.cit.* note 1, p. 336. My emphasis.

¹² *Ibid*: 336–337. My emphasis.

¹³ *Ibid*: 337.

¹⁴ *Ibidem*. My emphasis.

example, we can assess the different harms or risks that may be involved in different layers, and we can identify particular states of layers (occurrent and dispositional) in order to establish obligations. In addition, the cascade effect may set a priority for minimizing or avoiding those layers of vulnerabilities.¹⁵ In sum, I contend that the introduction of the proposed taxonomy does not ‘make progress towards naming and classifying layers’ nor do the authors ‘show how distinct sources generate distinct obligations. . . .’ Nevertheless, I acknowledge again the very interesting proposal the authors present.

¹⁵ Luna, *op. cit.* note 9.

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