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Ethics for Rhetoric, the Rhetoric of Ethics, and Rhetorical Ethics in Health and Medicine

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Should, and could, the rhetoric of health and medicine (RHM) develop a professional disciplinary code of ethics? In this commentary, I argue that RHM has special need for a code of ethics, but that we encounter unique barriers to codification. These barriers arise not because we are not ethical, but because we are distinctively ethical. By analyzing the rhetoric of the professional disciplinary code of ethics as a genre, it becomes evident that codes have the potential to restrict a humanities field's ethical discourse to the domain of academic research and to limit its participation in the domains of health and medicine. Subsequently, I levy that certain generic conventions of the code of ethics do not adequately meet our needs as a health humanities field. I raise, instead, the possibility of an alternative statement of ethics that better mediates the health and humanities divide. Towards the feasibility of this prospect, I begin to theorize the notion of a "rhetorical ethics": a conceptualization of RHM as a distinctive and legitimate approach to ethical discourse in health and medicine.

KEYWORDS: code of ethics, medical ethics, bioethics, genre

As the field of rhetoric of health and medicine (RHM) matures and expands, there is a growing need to address our tacitly known rhetorical problem: that, when introducing ourselves to constituents with whom our work is concerned, the very "idea of rhetoric" in health and medicine is often met

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with confusion and, even, resistance.[1] This reputation, Judy Segal (2005) admits, is "not entirely unearned" (p. 5). Rhetoric, we know, emerges from a complex epistemic history.[2] In its contemporary quotidian usage, rhetoric is thought to be present where expertise and moral principles are absent. Rhetoric has come to mean "speech at odds with reality" (Segal, 2015, p. 915), "mere words over substance," and "rank falsehoods" (Ceccarelli, 2017, para. 5). The Platonic Socrates specifically contrasted "rhetoric" to "medicine": rhetoric was a "sham art," while medicine was a just, beneficent, science.[3,4] Today, scholars of rhetoric must continuously make the case for the viability and value of its ways of knowing and doing—especially in health and medicine. So, in a milieu in which "the code of ethics" is the *de facto* and "nearly obligatory" (Metcalf, 2018, p. 1) means by which professional disciplines establish and announce their modes of inquiry and their ethics, the question arises: "Should Rhetoric of Health and Medicine develop a professional disciplinary code of ethics?"

The possibility of a code of ethics for RHM has been raised repeatedly of late; these conversations indicate collectively felt exigencies for the formulation of authoritative ethics discourse in our field. In this commentary, I will review these discussions and put forward a provocation: our field has a particular need to create a code of ethics; however, RHM, and disciplinary ethics codes, have certain features that create barriers to our codification. These barriers arise not because RHM is not ethical, but because, I theorize, we are ethical in distinctive ways—ways that spill out of, query into, and expand the generic conventions and presumptions of the professional

[1] The phrase "the idea of rhetoric of health and medicine" is borrowed from Dilip Parameshwar Gaonkar's "The Idea of Rhetoric in the Rhetoric of Science," published originally in 1993 and popularized in *Rhetorical Hermeneutics: Invention and Interpretation in the Age of Science* in 1997.

[2] I do not use the term "epistemic" here to invoke Robert L. Scott's assertion, in 1967, that "rhetoric is epistemic." Scott's conceptualization of epistemic rhetoric has been thought to come at the expense of rhetoric as an ontological endeavor, praxis, or "technical" undertaking—a subordination of certain ways of knowing and doing at the expense of others (for further discussion, see Harpine, 2004). Instead, I use the term "epistemic" here in the most limited sense to pertain to the status of rhetoric as propaedeutic to understanding. In short, I am referring to rhetoric in its capacity as a "field of inquiry" (Melonçon & Scott, 2018, p. 3). There may, and indeed are, many ways of *making* inquiry—as was demonstrated persuasively by Jordynn Jack, Kristen Arola, Kevin Browne, Robin Reames, Thomas Rickert, and Nathaniel Rivers at the panel, "Making Inquiry," at the 2018 Rhetoric Society of America Conference.

[3] For a discussion of Plato's attitude towards rhetoric, see Adam Roth's (2017) "Embodied Discourse: Revisiting Plato's Stance on the Connection(s) between Rhetoric and Medicine."

[4] The terms "art" and "science" are used in the Robin Waterfield translation of Plato's *Gorgias* (1994).

disciplinary code of ethics. Through rhetorical analysis, I will show that codes of ethics tend to restrict the scope of a humanities field's ethical discourse to the concerns, subjects, and activities of academic research, and inhibit the possibility of meaningful participation in the matters of health and medicine. In this way, the default approach to ethical discourse does not fit the characteristics or serve the goals of our interdisciplinary health humanities field.

By attending to the generic features of codes of ethics that create barriers to RHM's codification, it becomes possible to consider alternative ways of formulating ethical discourse as a field. To this end, I raise the possibility of a statement of "rhetorical ethics"[5] that articulates rhetorical approaches to ethics in health and medicine. Such a statement disrupts the expectation that humanities disciplines regulate their own ethics, but refrain from contributing formal ethical discourse in health and medical realms. Far from the radical moral relativism and methodological "thinness" (Gaonkar, 1997) sometimes ascribed to us, rhetorical inquiry provides a valuable "place to stand" (Segal, 1988, p. 97). We stand not only in the spaces of academic research and knowledge production, but also in the diverse spaces of health and medicine, and we often aim, through our inquiry, to have, or be useful towards, material outcomes. I contend that, through the normal work of rhetorical inquiry, RHM expands the scope of ethical understanding and concern beyond the capacities of health and medicine's existing ethical discourses. Following Gary S. Belkin and Allan M. Brandt's (2001) invitation to bring more voices to the table on ethical discourse in medicine, I argue that RHM can be conceptualized as a distinctive and legitimate approach to health and medical ethics that generatively contributes to longer-standing discourses and approaches.

Ethics for Rhetoric

In the past two years, the possibility of a disciplinary code of ethics for RHM has been raised at least three times in conference settings. In this section, I will chronicle these discussions and situate them within broader field-wide exigencies for codification. The first talk I review is my own: at the Medical Rhetoric Standing Group assembly in March 2017, I aimed to

[5] In the paper "Bioethics: Using its Historical and Social Context," Gary S. Belkin and Allan M. Brandt (2001) introduce the idea of "historical ethics"; my use of the phrase "rhetorical ethics" derives directly from this rhetorical construction. I will take this derivation up in greater detail later.

open two doors. First, I aimed to open the door to the possibility of codification for RHM, arguing that "it will be difficult for us to get a seat at the table" or to "have others knock on our door," without an "ethics-like code." At the same time, I opened the door to dialogue about the difficulty of codifying RHM based on our epistemic tendencies to inquire into rhetoric that is occurring—inclusive of ethical discourse. The two doors, I levied, should be opened together.

In September 2017, Ellen Barton delivered a keynote address at the RHM Symposium that posed seven sets of questions related to ethics, including "Do we need a professional code of ethics?" Barton's other questions drew attention to additional ethical challenges RHM scholars confront: she asked, "What is our ethical duty to marginalized people as research subjects and as scholarly colleagues?"; "How can we develop a community of practice for developing multidisciplinary ethics that go beyond institutional norms?"; "What does an ethical methodology look like?"; and "How do we balance our work and our responsibility to stakeholders?"[6] Though Barton was unaware of my conference talk, she encouraged symposium participants to consider the possibility of "ethics in interaction"—a formulation of ethics that could guide and preface our commitments to stakeholders. However, her concluding provocation was in some tension with mine, as she argued that ethical commitments should be articulated "from a position of strength" rather than weakness.

Sarah Singer and Lisa Melonçon's panel at the 2018 Rhetoric Society of America conference set out to explore the "possibilities and the drawbacks of crafting guidelines to assist researchers in ethical decision making before, during, and after rhetorical studies." Panelists Lauren Cagle, Jordynn Jack, Jennifer Malkowski, and Sara West each explored a different way in which research ethics are enriched by rhetorical inquiry. Melonçon's paper inquired into the considerations that would need to be made "to establish norms around situational ethics in community research," while Malkowski's paper broached the possibility of developing an ethics code.

A few key characteristics can be gathered across these three conversations. First, that they are unpublished and discussion-based speaks to the

[6] See http://medicalrhetoric.com/symposium2017/schedule/session-descriptions/ethics/ for photographs of the audience discussion following this keynote. Panel discussants echoed similar concerns, asking further questions pertaining to duties, our adherence to classic principles in research ethics, and conflicts of interest in RHM scholarship.

caution being exercised as well as the somewhat provisional nature of the ideas shared. Second, the conversations do not quite meet or respond to one another—arising, instead, independently and organically. Third, there is considerable overlap across the conversations in terms of the reasons for codification provided. It is evident that key exigencies, conversations, and conditions are driving members of our field to think and speak about codification. Some of these factors will be briefly reviewed here.

The most overt promise of a code of ethics for a professional discipline is the centralization and generation of ethical inquiry, as well as the standardization and guidance of ethical conduct. The function meets a need that has preceded RHM's institutional emergence. Writing in 1998, Judy Segal, Anthony Paré, Doug Brent, and Douglas Vipond attended to the "crossing" of rhetorical studies into public spheres, local worlds, and private lives—and the attendant ethical concerns generated by this crossing. The "traveling rhetorician" (p. 71), they commented, encroaches on "territory" that "feels dangerous to us all: it feels colonial, intrusive" (p. 73). Early community values were put forward: "Concentrate on problems that the practitioners recognize as significant within their own frame of reference"; "Gain knowledge slowly and respectfully, ideally with the cooperation of the members of the community"; "Join their conversations"; and more (p. 85–88). But since this early contribution, Sara L. McKinnon, Jenell Johnson, Robert Asen, Karma R. Chávez, and Robert Glenn Howard (2016) have observed that discussions about ethics in relation to rhetorical methodology have been, for the most part, absent (p. 560–561). McKinnon et al. argued that rhetoricians need to start "taking ethics seriously" and that doing so should prompt us "to reflect on and account for the process of what we do when we collect and analyze textual and field data and the politics inherent in that process" (p. 560).

The ethical dimensions of methodology have been central to contemporary discussions around a code of ethics. The reason is clear. As our field advances, scholars (for example, Keränen, 2015; Melonçon & Scott, 2018; Condit, 2018) have observed that more of us are embarking on more, and more kinds, of research situations that present novel ethical dilemmas and questions. We have, for instance, increased our ethnographic, archival, observational, participatory, and interview-based research activities; we engage with greater numbers and varieties of constituents; we embark on more research collaborations and partnerships with extra-disciplinary experts; we have ventured from the qualitative to the quantitative; we find

ourselves in a wider range of research sites; we have broadened our venues of publication and intervention; and we have even expanded our mandate, hoping, increasingly, to achieve more, and more diverse, material outcomes. The diversity and agility in the analytics, methodologies, and practices of our research is a well-established characteristic of RHM consistent with core theoretical principles. Regarded as our "methodological mutability" (Melonçon & Scott, 2018) and our "characteristic" need for "intentionally underspecified procedure[s]" (Segal, 2005, p. 11), RHM scholars have increasingly acknowledged that methodological flexibility and diversity facilitates research that is ethically responsive to the contingencies of situation (e.g. Angeli, 2018; Edwell, 2018; Pigozzi, 2018; Opel, 2018).

However, even as—and potentially because—we have advanced this principle of methodological adaptability, scholars have begun to raise questions about "best practices" for ethically employing our diverse array of methods. It can, simply put, be difficult to anticipate and theorize ethical protocols when all methodological actions are considered viable. Recently heightened concern for ethical considerations in research methodologies is palpable across the range of rhetorical inquiry embodied in the collection *Methodologies for the Rhetoric of Health & Medicine* (2018), in which several chapters attend to particular aspects of research ethics (see for example, Bivens, 2018; Happe, 2018; Opel, 2018; Pigozzi, 2018). Several panels at RSA 2018 also explored research ethics, including Miles Young et al.'s panel, "Speaking for and with Others Ethically: Perils and Possibilities of Researching Precarious Populations"; Jared Colton et al.'s "Reinventing Virtue Ethics of Contemporary Rhetoric"; and, Sarah Singer and Melonçon et al.'s panel, "Rhetorical Research Methods and Ethical Quandaries: A Roundtable Discussion." The upcoming RSA Institute (2019) involves a featured workshop hosted by Jenell Johnson and Robin Jensen which focuses on and responds to the political and methodological questions associated with archival research in RHM.

Increased research activity gives rise to another driver for codification: as our relationships with partners and subjects in research grow in number and quality, scholars of RHM see a stronger need to articulate our ethical commitments to others. This need complements a growing trend in RHM towards more meaningful social action in scholarship. To name but a few examples, scholars in RHM have advocated for a "humane-and-biosensitive" vision (Condit, 2018); for engaged scholarship (Herndl, 2017;

Walker, 2017; Cagle, 2017; Parks, 2017; Druschke, 2014); for "responsiveness to sociopolitical and socioeconomic strain" (Teston, 2018); for "sustainable scholarship" (Hartelius, 2009); and for "becoming 'forces of change'" (Cagle, 2017). We have been challenged speak more directly with those with whom our work is concerned (Ceccarelli, 2013); to "go public" (Mailloux, 2006); and to be a "transdisciplinary field of practice and intellectual concern" (Bender & Wellberry, 1990, p. 25). At the 2017 panel sponsored by the Medical Rhetoric Standing Group, I referred to these kinds of discourses as "modes of conduct"—drawing attention to how they relate closely to "codes of conduct" and "codes of ethics" in their affirmative readiness for articulating shared ethical commitments. Evidently, there is a strong desire to voice and establish communal ethical values and commitments in RHM. However, while these social values frequently emerge in the literature, these and other diverse commitments have yet to be openly deliberated and collectively, consensually developed into formal ethical commitments that our diverse publics can access and expect us to fulfill.

Adding to the grounds for codification, scholars (Frankel, 1989; Metcalf, 2018) have observed that codes do not only regulate the ethical conduct of researchers in a field; codes also, and especially, regulate the public perception of a field's ethics. Codes provide disciplines with the generic means by which to explain the epistemic and ethical commitments that distinguish them as a mode of inquiry. These ethical commitments are thought, by some, to derive from, and be "fused" with, epistemic features, so that epistemic features become "epistemic virtues" (Daston & Galison, 2007, p. 204; see also Josephides, 2015). Codes, then, provide a rare generic opportunity to explain how disciplines conduct inquiry, and how they are ethical, at once.

RHM scholars have special need to articulate our epistemic virtues. One enduring misconception that precedes us is that rhetoric is a "handmaiden" to science (Barton, 2018); without a moral compass of its own, rhetoric can only appropriate the tools of persuasion for the ends of others. This misconception operates alongside another: in an age when the "science wars" have been trumped by the "war on science," there is a concern that rhetoricians, as humanities and social science scholars, are preoccupied by the unproductive enterprise of critique in the deconstructionist tradition and a threat to STEM (Science, Technology, Engineering, and Medicine) field institutions and experts. As Leah Ceccarelli (2017) explains, rhetoricians

may be perceived—and at times, have been caught up in—"the 'science wars' between postmodern deconstructionists and natural scientists" and subsequently "viewed with distrust by defenders of science" (para. 14). Between these two misconceptions, rhetoric's integrity, value, usefulness, and applications in the realms of health and medicine are often cast into doubt. It has become pressing that we as a discipline address both misconceptions simultaneously.

These misconceptions are understandable. Rhetoric's intellectual history is borne, in part, out of the classical sophistic approach to rhetoric, which was contemporaneously and has since been cast as ethically relativistic. However, rhetoric, in both classical and contemporary traditions, has dialectically engaged with critiques of and accommodated the moral concerns of such troubling meanings of rhetoric into theory (Perelman, 1982), particularly as RSTEM developed into a field of inquiry (Harris, 1997). The sophistic tradition has been "refigured" (Jarratt, 1991) as a critical precursor to social constructivism; rhetoric's rapprochement of *technê* and *epistêmê* make us well-positioned to participate in the "post-critical" turn of scholarship today (Herndl, 2017); the Protagorean insistence on the "many-sidedness" of rhetoric comports with the critical development in feminist philosophy of science of "multiple ontologies" (Mol, 2002); and constructions of the "rhetorical realm" as distinct from the realm of certain premises and dialectic support the sensibilities motivating Science and Technology Studies (STS) and feminist STS scholarship today. Rhetoric has, furthermore, made the case that it is an indispensable analytic for the identification of threats to truth (Zarefsky, 2008), particularly in a "post-truth" age (Ceccarelli, 2011). Rhetoric has, in short, been a vital discourse and object of critique. Rhetorical theory has mutually advanced with, and today advocates, the epistemic virtues of contingency, partiality, multiplicity, uncertainty, humility, and social action.

However, the fields of rhetoric and RHM have not yet managed to communicate these accommodations and advancements in rhetorical theory accessibly or broadly. Many publics today do not know—and cannot be expected to know—how rhetoricians know and act, and whether they are ethical. Publics today understandably need better explanation of how RHM operates in the domains of health and medicine. A code of provides us with the occasion to theorize and coordinate such an explanation.

A type of ethical code might be viable, as well as exigent, for RHM. As a genre, the "code of ethics" has changed since its instantiations in

high-profile, legally ratified, multinational declaration about medical research.[7] Codes are increasingly understood to be more flexible in form and more humble in purpose; "aggregated" rather than developed (Baker, 2005, p. 34); historically contingent and revisable rather than fixed (Fleuhr-Lobban, 2002); processes rather than products (Glenn, 2005); and providing resources more than rules (American Anthropological Association, 2002). In the case of RHM, the groundwork for an ethical code is already beneath us, as we already adhere to layered infrastructures of ethics. We may be members, for instance, of the American Association of University Professors (2009), the National Communication Association (1999), the Society for Technical Communication (1998), or the Modern Language Association (1991), all of which offer ethical statements. We are all, of course, obliged to national laws and institutional regulations about human subjects and other aspects of research.[8] A code is further viable due to the evolution and formation of our field of inquiry, such as widespread institutional growth and the development of our field's own journal. Today, RHM scholars are left to identify our ethical commitments one grant application, book introduction, peer-reviewed article, syllabus, and research relationship at a time. It would be difficult to assess just how much this challenge prevents us from disciplinary advancement.

For all of these reasons, I reissue the provocation (2017) that it will be difficult for RHM to "get a seat at the table" and to "have others knock on our door" unless we develop an "ethics-like code." If scholars agree that codification is needed and possible—the question transforms from whether into how. Ellen Barton (2017) argues that scholars should articulate their ethical commitments for interactions with others "from a position of strength" rather than a position of weakness. As I understand it, Barton refers, here, to the tendency among rhetoricians to introduce RHM to interlocutors in medicine by first negating widespread and pejorative understandings of rhetoric (see, for instance, Segal, 2015; Ceccarelli, 2017). My view is in some tension with Barton's because I believe that cross-disciplinary and public understandings of rhetoric and RHM will be enriched if we address historical conceptions of our field's identity. Barton and I agree on

[7] Since, for instance, the Nuremburg Code (1947), the Declaration of Helsinki (1964), and the Belmont Report (1978).

[8] See Dawn S. Opel (2018) for a more thorough discussion of regulations and legislation for research ethics.

the more important proposition, however, that RHM should formalize its ethical commitments clearly and affirmatively. In the next section, I will argue that it is vital that we consider exigencies and barriers to codification simultaneously—and that barriers need not be understood as weaknesses.

The Rhetoric of Ethics

There is value in openly exploring barriers to codification. I use the term "barriers" to refer to tensions or incompatibilities that would make codification difficult or undesirable for RHM. The position I am taking is, of course, contestable: in a moment when RHM is eager to establish trust and our value for others, open hesitation on the matter of ethics may seem counterproductive. However, I argue that barriers should be openly reckoned with, rather than simplified or diminished—and that we can achieve a deeper and more meaningful discussion and articulation of our ethics, when we do.

As rhetoricians, a cornerstone of what we do is inquire into the operations, limitations, and possibilities of the rhetoric that is occurring, especially in those arenas in which rhetoric is assumed not to be present. Codes of ethics are no exception. Discussion about the possibility of codification should begin by inquiring into the rhetoric of codes of ethics. As is always the case with rhetorical inquiry, to attend to the rhetoric of codes of ethics is not necessarily to undermine them; it is to better understand their features, actions, limitations, and possibilities. Through my analysis, I identify several barriers. While there may be many kinds of barriers, the barriers I identify here are not a matter of RHM's rejection of common ethical principles. Instead, they are matters of fit and genre.

Professional disciplinary codes of ethics are a generic object; correspondingly, they engage in particular kinds of social action. However, the scholarly literature on codes of does not engage in generic or rhetorical analysis. The literature is notably sparse, and what scholarship does exist tends to enumerate the various characteristics of codes of ethics in a functionalist spirit—resembling, but not achieving, rhetorical analysis (Oz, 1993; Baker, 1999; Frankel, 1989; Gaumnitz & Lere, 2002; Glenn, 2005; Kaptein & Wempe, 1998; Metcalf, 2018). Rhetoricians, however, are well positioned to analyze the code of ethics as a genre and as a rhetoric. While this commentary cannot accommodate the full and due systematic inquiry into the rhetoric of codes of ethics, it can accommodate a preliminary rhetorical

review of some prominent ethics codes across the humanities, social sciences, and medicine.

In my analysis, I find that professional disciplinary codes of ethics engage in certain conventions that do not accommodate key characteristics and goals of RHM. I find, first, that core conventions of disciplinary codes of ethics accommodate and support the ethical discourses of disciplines more than they do of inter-disciplines—and, specifically, of RHM's particular approach to interdisciplinarity. I find, secondly, that codes conventionally maintain a division between disciplines of academic research and disciplines of practice.

I attend, initially, to the ways in which codes tend to be predicated on particular features endemic to disciplines rather than interdisciplinary fields. Codes come up, especially, against RHM's distinctive approach to interdisciplinarity. First, it is immediately clear that codes rely on a field having unproblematic disciplinary membership. In general, codes are viable when members of a discipline take themselves to be members of that discipline, so that members may identify with and be expected to follow the code of ethics. However, RHM is thought to be a multi- and interdisciplinary "field of inquiry" rather than a discipline (Melonçon & Scott, 2018). One of the "confounding" features of our interdisciplinarity is that scholars across disciplines are "taken to be doing" RHM—that is, without themselves knowing they are doing it (Segal, 2005b). Given our high degree of distributed membership and our tendency to classify scholarship and scholars as "RHM" when those scholars may not do so themselves, we immediately run into the risk of compromising the tenacity and the integrity of our code by suggesting that RHM-oriented scholarly conduct is compliant with a code.

Second, I find that codes of ethics tend to articulate in-depth principles tied to a discipline's characteristic research methodologies but that they are less equipped to manage the multiple methodologies endemic to interdisciplinary fields. For example, the American Anthropological Association code (2009) speaks specifically and thoroughly to best ethical practices for ethnographic and community-based research (see also the codes of the Archeological Institute of America, 1997 and the National Communication Association, 1999). That the Oral History Association (2009) developed a code of ethics suggests there is a tension between how much meaningful ethical guidance can be provided and the range of methodologies that the a discipline's field-wide code can cover. However, given RHM's

"methodological mutability"—that is, our tendency to combine rhetorical inquiry with other approaches as the situation requires (Melonçon & Scott, 2018)—it is unclear whether RHM can codify specific and meaningful ethical guidance in light of our potentially infinite variety of methodological approaches (Barton, 2017; Singer & Melonçon, 2018).

Third, and relatedly, disciplinary codes of ethics tend, in the academic context, to tie ethics discourse to human subject research.[9] Although some rhetoricians of health and medicine conduct human subject research, our interdisciplinary field is concerned with rhetorical activity in and across an array of entities, human and non-human—including texts, institutions, policies, and domains of inquiry. The materiality of our research also varies in its forms and forums. As our activities vary, so might our ethical commitments. Disciplinary codes of ethics have struggled with the problem of designing ethical commitments that apply across all of a discipline's characteristic activities. For example, following a field-wide debate, the American Bioethics Association determined its code should pertain strictly to healthcare ethics consultations rather than all activities (Tarzian, Wocial, & The ASBH Clinical Ethics Consultation Affairs Committee, 2015). Similarly, in the 1998 code of ethics revision process, the American Anthropological Association (AAA) ceased the practice of distinguishing the ethical commitments it makes across kinds of research and stakeholders (Fluehr-Lobban, 2002, p. 20). However, the tenets of the AAA's emergent code, such as the stipulations to engage in "reciprocity" with research subject communities and to "do no harm" to those communities, focus on particular research subjects and communities and overlook others (Butt, 2002). Thus, it is unclear whether a code of ethics for RHM could be expansive enough to capture the rich array of ethical commitments RHM scholars need to make across types of research, or whether the genre itself would direct RHM towards greater homogenization of our diverse activities.

Finally, disciplinary codes of ethics tend, it seems, to be divided broadly into codes of academic research and codes of practice. This distinction is especially clear in the design of codes of ethics for humanities and social sciences disciplines on the one hand, and, on the other hand, medical codes of ethics. Codes of ethics in the humanities and social sciences are treated

[9] The professional disciplinary code's concern for the human subject is borne out of the historical origins of the code of ethics as a response to notable instances of misconduct in human subject research (see footnote 7).

as distinct from those in medicine in significant ways. It would be useful to better understand the contexts of how and why such distinctions were codified, but even prior to conducting such a study, it can be noted the two types of codes differ. They diverge, first, in their articulation of relevant subjects. Codes of ethics in the humanities and social sciences tend to be concerned with research subjects and their communities. However, codes of ethics in medicine, such as the American Medical Association Code of Medical Ethics (2001) and the World Medical Association International Code of Medical Ethics (2006), concern patients, healthcare professionals, and the institution of "medicine" itself. Second, they diverge in the practices they regulate. While codes of ethics in the humanities and social sciences are primarily concerned to regulate professional research practices, codes of ethics in medicine are primarily concerned to regulate healthcare and medical practice. However, RHM straddles the boundaries of these domains—standing squarely in the interdisciplinary space of the "health humanities" and "medical humanities." Whether "useful" or "applied," we aim to be *in* health and medicine. RHM may not be satisfied to participate in the reproduction of code of ethics discourse that perpetuates a bifurcation of the humanities and social sciences from health and medicine, and research from practice.

In the preceding analysis, I have considered the code of ethics as a genre and have argued that this genre is best suited to meet the needs of disciplines that have less complicated disciplinary membership, that engage in more defined methodological and research activities, and that do not straddle the boundaries between the humanities and social sciences and the realms of health and medicine in the scope of their concerns. Considering the generic barriers to RHM's codification can help us re-think some of the conventions of disciplinary codes, including their tendency to restrict the scope of ethics to the domains of academic research.

By demonstrating the generic barriers to RHM's codification, we are presented with an opportunity to re-think some of the conventions of disciplinary code discourse. Correspondingly, to produce a code of ethics that is designed primarily for a particular type of research may preserve or raise the glass ceiling of integrated interdisciplinarity across long bifurcated realms. The incompatibilities and conclusions I identify belong not only to RHM; because they are a function of the features of the code of ethics genre, these incompatibilities may extend to other health humanities fields not discussed here.

Rhetorical Ethics

The generic barriers discussed above prompt several questions. We may ask, "Can RHM adapt the genre of the code of ethics to disrupt ill-fitting generic conventions and better accommodate our distinctive features and goals?" and "To what extent can such a statement usefully provide guidance to our ethics?" In the spirit of problematizing traditional distinctions between humanities and medical ethics, I want to foreground a different but related question: "Can RHM be a voice that guides and informs ethics discourse in health and medicine?"

I invite speculation about the possibility of an alternative statement of ethics for RHM that accommodates our wide range of methodologies, research activities, subjects, practices, members, and that best supports our goals. Further scholarly deliberation will be required to explore the various dimensions of such a prospect. For the remainder of this essay, I will focus on one aspect of the possibility of an alternative statement of ethics: the question of whether RHM's code could cross the boundary that separates the academic, research-oriented code of ethics from the practice-oriented code in medicine. I ask whether RHM might envision itself as a legitimate approach to ethical discourse that generates discourse and guidance on the moral questions and concerns of health and medicine—a rhetorical ethics.

Toward this end, I explore the preliminary question of how RHM relates to existing discourses of ethics in health and medicine. Due to space limitations, I focus, specifically, on analyzing how RHM relates to bioethics—the field that is regarded as the authoritative voice of medical ethics (Belkin & Brandt, 2001). From here, I will review a few examples of RHM scholarship and ask whether RHM has an approach to ethical discourse in health and medicine that is distinct from, and that can add to, the existing and rich approaches afforded by bioethics.

While bioethics is similar to RHM in that it is also a humanities field concerned with health, bioethics discourse has managed to successfully naturalize itself within the domain of medicine. Bioethics has become the dominant and default approach to ethics discourse, and it is entrenched within medico-legal infrastructures. Although bioethics is in some ways an interdisciplinary and "expansive" (Johnson, 2016) field containing diverse schools, and although bioethics has expanded increasingly "beyond the assertion of critical principles" towards the work of "assessing concretely the obstacles that may inhibit our ability to realize them" (Belkin &

Brandt, 2001, p. 10), it is also a discipline with characteristic ways of reasoning and thinking through ethics.[10]

Increasingly, other fields have embarked on the project of the diversification and expansion of bioethics. Scholars of feminist bioethics have intervened that bioethics reasoning is often abstracted from relational networks and questions of care (e.g., Scully, Baldwin-Ragaven & Fitzpatrick, 2010). Writing from anthropology and medicine, Arthur Kleinman (1999) observes that bioethics tends to universalize ethical experience; the anthropologist, he argues, can advocate greater attention to the diversity of moral experience across local worlds. Paul Farmer (2004), also writing in anthropology and medicine, finds that bioethics inquiry is limited in its ability to attend to problems of "neglect" in healthcare globally. Sociologists (e.g., Corrigan, 2000; Mulder, Rance, Suarez, & Condori, 2000) and non-bioethics schools of philosophy (e.g., Herrera, 2010) have also brought more diverse disciplinary analytics to bear on bioethics.

Some of the most critical progress made towards greater diversity in medical ethics discourse has been made by historians. In the essay, "Bioethics: Using Its Historical and Social Context," Allan M. Belkin and Gary S. Brandt (2001) ask, "How many legitimate ways are there to experience and respond to medicine as a realm of moral decision making?" (p. 2). Through historical analysis, Belkin and Brandt demonstrate that the present shape of bioethics—with its "abstracted terms, concepts, and formulations" (p. 8); its preference for particular problems and concerns; its gravitation towards axiomatic reasoning; and its traditional actors, norms, and structures—has emerged in response to historical and cultural contingencies. By illuminating the historical context from which bioethics develops, Belkin and Brandt conclude that it becomes reasonable to suggest that "new circumstances require new ethics" (p. 9). They invite a more "complex dialogue" in medical ethics, calling upon more disciplines to "reveal consensual social and moral values in a diverse culture" (p. 8)—and to make ethics more responsive to contemporary ethical concerns and "empiric questions about the present" (p. 8). To this end, they raise the possibility of "historical ethics"—the use of historical inquiry to enrich ethical understanding and practice.

[10] In other words, bioethics has, as rhetoric scholars have long observed, a rhetoric (e.g., Lyne, 2001; Hyde, 2001; Keränen, 2001).

The term "historical ethics" represents a crucial rhetorical development. Whereas other scholars identified above have explored the potential for other disciplinary approaches to medical ethics, the term "historical ethics" names its approach and, in so doing, puts history in parallel construction to bioethics, elevating the legitimacy of the approach. Further, by offering a term in addition to an analysis, the historical approach to bioethics can more easily be translated across disciplinary divides, making it more possible for historical ethical discourse to be considered in medicine. However, although humanities and social science fields, such as history, have become recognized increasingly as generative and supplemental to ethical discourse and inquiry, it should be noted that their discourses are still not widely consulted by diverse publics and experts in health and medicine; bioethics continues to be the dominant approach. This lack of uptake leads me to speculate that further rhetorical advancements are needed to help usher humanities and social science disciplines across the bioethics divide. I suggest that RHM scholars heed, and contribute to, calls for greater diversity in medical ethics discourse by pivoting away from the professional disciplinary code of ethics and towards the alternative rhetorical approach to ethics in health and medicine—a "rhetorical ethics."

This brings us to the question, "What would a rhetorical ethics look like, and how might it advance ethical discourse in health and medicine?" We might begin to answer this question by conducting a bibliographic inventory of the ethical contributions RHM has already made in the domains of health and medicine. Accordingly, we could schematically propose that rhetorical contributions to ethics be divided into two broader categories: 1) those that directly contribute to existing ethical discourse, and 2) those that contribute to ethics discourse and practice in health and in medicine, without specific reference to existing ethical discourse.

RHM has rhetorically inquired into the operations, limits and possibilities of ethical discourse in health and medicine, as it is, in a way that enriches ethical questions and understanding. We contribute in and on the terms of bioethics but also offer a rhetorical approach that expands understanding or has implications for practice on some level. This mode of contribution is typified by many scholars writing in the *Methodologies for the Rhetoric of Health & Medicine* collection (Melonçon & Scott, 2018). For instance, Kristen Marie Bivens complements existing ethical discourse regarding consent by advocating rhetorical listening for attunement to "microwithdrawals of consent," arguing rhetorical literacy can be used to

achieve a more meaningful ethical standard. Laura Maria Pigozzi further expands the notion of "informed consent" in bioethics literature by conceptualizing it as a socio-culturally situated act of persuasion, challenging the standard consent process for members of an immigrant Latinx community.[11] Scholars contributing in this tradition bring rhetorical considerations to bear on ethical discourse along its existing, legitimized circuits, meeting Sara McKinnon et al.'s (2016) call to take ethics seriously and Jenell Johnson's (2016) call to contribute to bioethics discourse. These scholars advocate more meaningful achievement of ethical conduct within the parameters of existing ethical discourse, or they inflect existing discourse with new meaning.

Rhetoric becomes, in these cases, something like the "technologies of humility" advocated by Sheila Jasanoff (2007). This speculative concept refers to mechanisms that provide researchers and policy-makers with a means for "accommodating the partiality of scientific knowledge and for acting under the inevitable uncertainty it holds" (para. 1). Similarly, rhetoric provides bioethics with a means for querying into the operations and effects of its discourse, affording new understandings and possibilities. In so doing, RHM scholars work in partnership with bioethics, while offering the strengths and possibilities of rhetorical inquiry.

We contribute to ethical discourse in health and medicine, secondly, by using rhetorical inquiry to identify and establish ethical concerns without specific reference to longer-standing and authoritative ethical discourses. This schematic category of RHM scholarship is characterized by the conspicuous absence or significant adaptation of the traditional parameters, actors, infrastructures, norms, questions, problems, and reasoning characteristic of existing discourses. Still, this scholarship can be understood to be raising ethical concerns and asking ethical questions. In the absence of existing discourse, such scholarship is not "undisciplined." Instead, it is distinctively rhetorical: by asking rhetorical questions in health and medicine, RHM is attuned to ethical problems, questions, approaches, and through-ways.

[11] Beyond this collection, many other examples come to mind. For early examples, see Martha Solomon (1985) and Barbara F. Sharf and Richard L. Street Jr. (1997). For more contemporary examples, see, John Lyne (2001); Michael J. Hyde (2001); Lisa Keränen (2015); Karla Holloway (2011); Jenell Johnson (2016); Lori Beth De Hertogh (2018); Laura Gonzales and Rachel Bloom-Pojar (2018); S. Scott Graham et al. (2018).

In this way, RHM expands the scope of ethical concern in health and medicine.

Consider, for example, the work of Judy Segal in collaboration with the "New View Campaign" (2015; 2018). This work established the rhetorical and material harm caused by the discourse used to legitimize and advance the female sexual-enhancement drug, "flibanserin," and the emergent disease category of "female sexual dysfunction." Segal demonstrated that feminist discourse was appropriated to appeal to women and to pressure the FDA to approve the medication in spite of important issues with its efficacy and safety. Years ago, I commented to Segal that she and the New View Campaign must have been disappointed when—following their multi-media interventions—the FDA approved the drug. Segal countered that, though the drug had been approved, it had been successfully defeated in the "rhetorical realm" (Perelman, 1980): the drug failed to be the blockbuster it was meant to be, in large part due to the critiques generated and circulated by the New View and taken up by popular media. This case demonstrates that today's ethical concerns can sometimes be rhetorical, concerning beliefs and persuasions as they sprawl across complex material networks. Rhetoric may be uniquely well-positioned to constitute new ethical problems that arise through persuasive action across a range of bodies in the realm of discourse—and to intervene.

In another case, Colleen Derkatch (2018) demonstrates that the language of wellness is continually "self-generating." That is, the complex discourses of wellness function as material structuring forces that can make and keep patients continually in a state of "unwellness." The implications of this scholarship for ethics discourse are twofold. First, RHM may be better positioned than bioethics to attend to subjects that fall outside the biomedical bureaucracy, such as the "incipient patient" (Segal, 2005, p. 20) and broader publics. Second, Derkatch's scholarship reinforces the importance of generating ethical discourse outside the parameters of biomedicine, medical ethics, and bioethics—and to better attend to the moral questions in the more culturally and ontologically diverse contexts of "health."

Some final insights about RHM approaches to ethics are offered by Kimberly Emmons (2010) in *Black Dogs, Blue Words: Depression in the Age of Self Care*. In this study, Emmons' rhetorical analysis makes it possible to discover the ways that depression diagnosis and identification begins not in the physician's office, but in the patient's personal encounters with and negotiations of the disease discourse. Correspondingly, it is possible to

cultivate, through what Emmons calls the "rhetorical care of the self"—a means for attending to the rhetorical processes at work on us as we are interpellated into a diagnosis. Emmons' study operates outside of clinical, legal, or policy-related settings, and it does not intervene in the actions of medical experts, pharmaceutical companies, or governing bodies. Emmons intervenes, instead, at the level of the patient in her personal experience negotiating meanings and identities. Emmons, joined today by a growing thread of Mental Health Rhetoric Research (MHRR),[12] shows that ethical problems can be profoundly personal encounters involving complex and distributed agency, and therefore ethical agency can be cultivated at the level of the individual.

Efforts to broaden ethical discourse in medicine have been widespread, but more work needs to be done. The disciplinary code of ethics has typically installed and perpetuated divisions that keep humanities and social sciences disciplines traditionally associated with research rather than with practice in the domains of health and medicine. For this reason, I argue that scholars of RHM explore alternative means for producing ethical discourse. There are, I contend, preliminary grounds for the prospect of a "rhetorical ethics" as a legitimate and generative approach to ethics in health and medicine. In a milieu in which bioethics has become the dominant and legally entrenched form of medical ethics, I argue that rhetorical ethics can serve as a useful "technology of humility" (Jasanoff) that facilitates deeper inquiry to existing ethical discourse, and that it can go where bioethics and the law cannot so easily go. Ethical problems can be constituted in the rhetorical realm—the realm of persuasion and discourse—whether these problems take root across sprawling networks of actors, institutions, processes and objects, or whether they take root in personal encounters with diagnoses and medical language. Moving forward, I invite RHM scholars to further inquire into the prospect of disrupting generic conventions and disciplinary expectations through a statement of ethics that brings rhetoric and health and medicine to more generative proximity.

[12] See J. Fred Reynolds' (2018) essay "A Short History of Mental Health Research Rhetoric" for further discussion.

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References

American Anthropological Association. (2012). Principles of professional responsibility. Retrieved from http://ethics.americananthro.org/statement/ethics

American Association of University Professors. (1990). *Policy documents and reports* (11th ed.). Washington, DC: AAUP.

Angeli, Elizabeth L. (2018). Assemblage mapping: A research methodology for rhetoricians of health and medicine. In Lisa Melonçon & J. Blake Scott (Eds.), *Methodologies for the rhetoric of health & medicine* (pp. 235–260). New York: Routledge.

Angelmar, Reinhard, Angelmar, Sarah, & Kane, Liz. (2007). Building strong condition brands, *Journal of Medical Marketing*, *7*(4), 341–351.

Archeological Institute of America. (1997, Dec. 29). Code of ethics. Retrieved from https://www.archaeological.org/news/advocacy/130

Baker, Robert. (1999). Codes of ethics: Some history. *Perspectives on the Professions, 19*(1). Retrieved from: http://ethics.iit.edu/perspective/v19n1%20perspective.pdf

Baker, Robert. (2005). A draft model aggregated code of ethics for bioethicists. *The American Journal of Bioethics*, *5*(5), 33–41.

Baldwinson, Raquel. (2017). *"Applied," "useful," and "involved": Toward opportunities for deliberative rhetoricians*. Medical Rhetoric Standing Group Panel at the

Conference on College Composition and Communication Convention, Portland, OR.

Barton, Ellen. (2001). Design in observational research on the discourse of medicine: Toward disciplined interdisciplinarity. *Journal of Business and Technical Communication*, *15*(3), 309–332.

Barton, Ellen. (2017, Sept. 15). *Ambitions, audience, access, anxieties, analysis: Impact*. Keynote presentation at the Rhetoric of Health & Medicine Symposium, Cincinnati, OH.

Belkin, Gary S., & Brandt, Allan M. (2001). Bioethics: Using its historical and social context. *International Anesthesiology Clinics*, *39*(3), 1–11.

Bender, John, & Wellbery, David E. (1990). *The Ends of rhetoric: History, theory, practice*. Stanford, CA: Stanford University Press.

Bivens, Kristin Marie. (2018). Rhetorically listening for microwithdrawals of consent. In Lisa Melonçon & J. Blake Scott (Eds.), *Methodologies for the rhetoric of health & medicine* (pp. 138–156). New York: Routledge.

Butt, Leslie. (2002). The suffering stranger: Medical anthropology and international morality. *Medical Anthropology*, *21*(1), 1–24.

Cagle, Lauren E. (2017). Becoming "forces of change": Making a case for engaged rhetoric of science, technology, engineering, and medicine. *Poroi*, *12*(2). doi: 10.13008/2151-2957.1260

Ceccarelli, Leah. (2011). Manufactured scientific controversy: Science, rhetoric, and public debate. *Rhetoric and Public Affairs*, *14*(2), 195–228.

Ceccarelli, Leah. (2013). To whom do we speak? The audiences for scholarship on the rhetoric of science and technology. *Poroi*, *9*(1). doi: 10.13008/2151-2957.1151

Ceccarelli, Leah (2017, April 25). Defending science: How the art of rhetoric can help. *The Conversation*. Retrieved from https://theconversation.com/defending-science-how-the-art-of-rhetoric-can-help-68210

Colton, Jared, Holmes, Steve, & Shirley, Beth. (2018, June 3). *Reinventing virtue ethics for contemporary rhetoric*. Presentation at the Rhetoric Society of America Conference, Minneapolis, MN.

Condit, Celeste M. (2018). Rhetoricians on human re-making and the projects of genomics. *Rhetoric of Health & Medicine*, *1*(1), 19–36.

Corrigan Oonagh. (2000). Empty ethics: The problem with informed consent. *Society of Health & Illness*, *25*(7), 768–792.

Daston, Lorraine, & Galison, Peter. (2007). *Objectivity*. New York: Zone Books.

De Hertogh, Lori Beth. (2018). Feminist digital research methodology for rhetoricians of health and medicine. *Journal of Business and Technical Communication*, *32*(4), 480–503.

Derkatch, Colleen. (2018). The self-generating language of wellness and natural health. *Rhetoric of Health & Medicine*, *1*(1–2), 132–160.

Druschke, Caroline. (2014). With whom do we speak? Building transdisciplinary collaborations in rhetoric of science. *Poroi* *10*(1). doi: 10.13008/2151-2957.1175

Edwell, Jennifer. (2018). Medical interiors: Materiality and spatiality in medical rhetoric research methods. In Lisa Melonçon & J. Blake Scott (Eds.), *Methodologies for the rhetoric of health & medicine* (pp. 157–194). New York: Routledge.

Emmons, Kimberly K. (2010). *Black dogs and blue words: Depression and gender in the age of self-care*. New Brunswick, NJ: Rutgers University Press.

Farmer, Paul. (2004). Rethinking medical ethics: A view from below. *Developing World Bioethics, 4*(1), 17–41.

Fluehr-Lobban, Carolyn. (2002). A century of ethics and professional anthropology. *Anthropology News*, *43*(3), 20.

Frankel, Mark S. (1989). "Professional codes: Why, how, and with what impact?" *Journal of Business Ethics, 8*(2–3), 109–15.

Gaonkar, Dilip Parameshwar. (1997). The idea of rhetoric in the rhetoric of science. In Alan G. Gross & William M. Keith (Eds.), *Rhetorical hermeneutics: Invention and interpretation in the age of science* (pp. 25–88). Albany: State University of New York Press.

Gaumnitz, Bruce R., & Lere, John C. (2002). Contents of codes of ethics of professional business organizations in the United States. *Journal of Business Ethics, 35*(1), 35–49.

Glenn, Linda MacDonald. (2004). A classification scheme for codes of business ethics." *Journal of Business Ethics, 49*(4), 329–35.

Glenn, Linda MacDonald. (2005). Lessons from other codes: Is it the journey or the destination? *The American Journal of Bioethics*, *5*(5), 59–60.

Graham, S. Scott, Kessler, Molly M., Kim, Sang-Yeon Ahn, Seokhoon, & Card, Daniel. (2018). Assessing perspectivalism in patient participation: An evaluation of FDA patient and consumer representative programs. *Rhetoric of Health & Medicine*, *1*(1–2), 58–89.

Gonzales, Laura, & Bloom-Pojar, Rachel. (2018). A dialogue with medical interpreters about rhetoric, language, and culture. *Rhetoric of Health & Medicine*, *1*(1–2), 193–212.

Happe, Kelly. E. (2018). Health communication methodology and race. In Lisa Melonçon & J. Blake Scott (Eds.), *Methodologies for the rhetoric of health & medicine* (pp. 79–95). New York: Routledge.

Harpine, William D. (2004). What do you mean, rhetoric is epistemic? *Philosophy & Rhetoric*, *37*(4), 335–352.

Hartelius, E. Johanna. (2009). Review essay: Sustainable scholarship and the rhetoric of medicine. *Quarterly Journal of Speech*, *95*(4), 457–470.

Harris, Randy Allen. (1997). Introduction. In Randy Allen Harris (Ed.), *Landmark essays in the rhetoric of science: Case studies* (pp. xi–xxii). New York: Routledge.

Herndl, Carl G. (2017). Introduction to the symposium on engaged rhetoric of science, technology, engineering and medicine. *Poroi*, *12*(2). doi: 10.13008/2151-2957.1259

Herrera, Christopher. (2010). Commentary: Ethics and the rhetorical context of human research. *International Journal of Epidemiology, 39*(1), 12–16.

Holloway, Karla. (2011). *Private bodies/public texts: Race, gender, and a cultural bioethics*. Durham, NC: Duke University Press.

Hyde, Michael J. (2001). Defining "human dignity" in the debate over (im)morality of physician-assisted suicide. *Journal of Medical Humanities*, *22*(1), 69–82.

Jack, Jordynn, Arola, Kristin, Browne, Kevin, Reames, Robin, Rickert, Thomas, & Rivers, Nathaniel. (2018). *Making Inquiry*. Roundtable presentation at the Rhetoric Society of America Conference, Minneapolis, MN.

Jarratt, Susan C. (1991.). *Rereading the sophists: Classical rhetoric refigured.* Carbondale: Southern Illinois University Press.

Jasanoff, Sheila. (2007). Technologies of humility. *Nature*, *450*(7166), 33.

Jensen, Robin E. (2016). *Infertility: Tracing the history of a transformative term*. University Park: Pennsylvania State University Press.

Johnson, Jenell. (2016). Bioethics as a way of life: The radical bioethos of Van Rensselaer Potter. *Literature and Medicine*, *34*(1), 7–24.

Josephides, Lisette. (Ed.) (2015). *Knowledge and ethics in anthropology: Obligations and requirements*. London: Bloomsbury.

Kaptein, Muel, & Wempe, Johan. (1998). Twelve Gordian knots when developing an organizational code of ethics." *Journal of Business Ethics*, *17*(8), 853–69.

Keränen, Lisa. (2001). The Hippocratic Oath as epideictic rhetoric: Reanimating medicine's past for its future. *Journal of Medical Humanities*, *22*(1), 55–68.

Keränen, Lisa. (2015). Biopolitics, contagion, and digital health production: Pathways for the rhetoric of health and medicine. *Communication Quarterly*, *63*(5), 504–509.

Kleinman, Arthur. (1999). Moral experience and ethical reflection: Can ethnography reconcile them? A quandary for "the new bioethics." *Daedalus*, *128*(4), 69–97.

Kopelson, Karen. (2009). Writing patients' wrongs: The rhetoric and reality of information age medicine. *JAC, 29*(1–2), 353–404.

Lingard, Lorelei, Espin, Sherry, Whyte, Sarah, Regehr, Glenn, Baker, G. Ross, Reznick, Richard, Bohnen, John, Orser, Beverly, Doran, Diane, & Grober, Ellen. (2004). Communication failures in the operating room: An observational classification of recurrent types and effects. *Quality and Safety in Health Care, 13*(5), 330–334.

Lyne, John. (2001). Contours of intervention: How rhetoric matters to biomedicine. *Journal of Medical Humanities*, *22*(1), 3–13.

Mailloux, Steven. (2006). Thinking in public with rhetoric. *Philosophy & Rhetoric*, *39*(2), 140–146.

McKinnon, Sara L., Johnson, Jenell, Asen, Robert, Chávez, Karma R., & Howard, Robert Glenn. (2016). Rhetoric and ethics revisited: What happens

when rhetorical scholars go into the field. *Cultural Studies ↔ Critical Methodologies*, *16*(6), 560–570.

Metcalf, Jacob. (2018). Ethics codes: History, context, and challenges. Council for Big Data, Ethics, and Society. Retrieved from https://bdes.datasociety.net/council-output/ethics-codes-history-context-and-challenges/

Melonçon, Lisa, & Scott, J. Blake, (Eds.). (2018). *Methodologies for the rhetoric of health & medicine*. New York: Routledge.

Modern Language Association. (1992). Statement of professional ethics. *Profession*, *92*, 75–78.

Mol, Annemarie. (2002). *The body multiple: Ontology in medical practice*. Durham, NC: Duke University Press.

Mulder, Silvia Salinas, Rance, Susanna, Suárez, Mónica Serrate, & Condori, Mery Castro. (2000), Unethical ethics? Reflections on intercultural research practices. *Reproductive Health Matters*, *8*(15), 104–112.

National Communication Association. (1999, Nov). A code of professional ethics for the communication scholar/teacher. Retrieved from https://www.natcom.org/sites/default/files/pages/1999_Public_Statements_A_Code_of_Professional_Ethics_for_%20the_Communication_Scholar_Teacher_November.pdf

Opel, Dawn S. (2018). Ethical research in "health 2.0": Considerations for scholars of medical rhetoric. In Lisa Melonçon & J. Blake Scott (Eds.), *Methodologies for the rhetoric of health & medicine* (pp. 176–194). New York: Routledge.

Oral History Association. (2009). Statement of ethics. Retrieved from http://www.oralhistory.org/oha-statement-on-ethics/

Oz, Effy. (1993). Ethical standards for computer professionals: A comparative analysis of four major codes. *Journal of Business Ethics*, *12*(9), 709–726.

Parks, Sara B. (2017). Creative engagement: Community management roles for RSTEM praxis. *Poroi*, *12*(2). doi: 10.13008/2151-2957.1256

Parry, Vince. (2003). The art of branding a condition. *Medical Marketing & Media*, *38*(5), 43–49.

Perelman, Chaïm. (1982). *The realm of rhetoric*. Notre Dame, IN.: University of Notre Dame Press.

Pigozzi, Laura Maria. (2018). Negotiating informed consent: *Bueno aconsejar, mejor remediar* (it is good to give advice, but it is better to solve the problem). In Lisa Melonçon & J. Blake Scott (Eds.), *Methodologies for the rhetoric of health & medicine* (pp. 195–213). New York: Routledge.

Plato. (1994). *Gorgias*. Trans. Robin Waterfield. New York: Oxford University Press.

Reames, Robin (Ed.). (2017). *Logos without rhetoric: The arts of language before Plato*. Columbia: University of South Carolina Press.

Reynolds, J. Fred. (2018). A short history of mental health rhetoric research (MHRR). *Rhetoric of Health & Medicine*, *1*(1–2), 1–18.

Roth, Adam D. (2017). Embodied discourse: Revisiting Plato's stance on the connection(s) between rhetoric and medicine. *Akropolis: Journal of Hellenic Studies*, *1*, 55–71.

Scott, J. Blake, & Melonçon, Lisa. (2018). Manifesting methodologies for the rhetoric of health & medicine. In Lisa Melonçon & J. Blake Scott (Eds.), *Methodologies for the rhetoric of health & medicine* (pp. 1–23). New York: Routledge.

Scott, Robert L. (1967). On viewing rhetoric as epistemic. *Communication Studies*, *18*(1), 9–17.

Scully, Jackie Leach, Baldwin-Ragaven, Laurel E., & Fitzpatrick Petya. (Eds.) (2010). *Feminist bioethics: At the center, on the margins*. Baltimore, MD: Johns Hopkins University Press.

Segal, Judy Z. (1988). Reading medical prose as rhetoric: A study in the rhetoric of science (unpublished doctoral dissertation). Vancouver: University of British Columbia.

Segal, Judy Z. (2005a). *Health and the rhetoric of medicine*. Carbondale: Southern Illinois University Press.

Segal, Judy Z. (2005b). Interdisciplinarity and bibliography in rhetoric of health and medicine. *Technical Communication Quarterly*, *14*(3), 311–318.

Segal, Judy Z. (2015). The rhetoric of female sexual dysfunction: Faux feminism and the FDA. *Canadian Medical Association Journal*, *187*(12), 915–916.

Segal, Judy Z. (2018). Sex, drugs, and rhetoric: The case of flibanserin for "female sexual dysfunction". *Social Studies of Science*, *48*(4), 1–24.

Segal, Judy Z., Pare, Anthony, Brent, Doug, & Vipond, Douglas. (1998). The researcher as missionary: Problems with rhetoric and reform in the disciplines. *College Composition and Communication*, *50*(1), 71–90.

Sharf, Barbara F., & Street Jr., Richard L. (1997). The patient as a central construct: Shifting the emphasis. *Health Communication*, *9*(1), 1–11.

Singer, Sarah, Melonçon, Lisa, Cagle, Lauren, Jack, Jordynn, Malkowski, Jennifer A., & West, Sara. (2018). *Rhetorical research methods and ethical quandaries: A roundtable discussion*. Roundtable presentation at the Rhetoric Society of America Conference, Minneapolis, MN.

Society for Technical Communication. (1998). Ethical principles. Retrieved from https://www.stc.org/about-stc/ethical-principles/

Soloman, Martha. (1985). The rhetoric of dehumanization: An analysis of medical reports of the Tuskegee syphilis project. *Western Journal of Speech Communication*, *49*(4), 233–247.

Tarzian, Anita J., Wocial, Lucia D., & The ASBH Clinical Ethics Consultation Affairs Committee. (2015). A Code of Ethics for Health Care Ethics Consultants: Journey to the Present and Implications for the Field. *The American Journal of Bioethics*, *15*(5), 38–51.

Teston, Christa. (2018). *Activism in rhetoric of health & medicine scholarship*. Presentation at the Rhetoric Society of America Conference, Minneapolis, MN.

Walker, Kenneth. (2017). Rhetorical principles on uncertainty for transdisciplinary engagement and improved climate risk communication. *Poroi*, *12*(2). doi: 10.13008/2151-2957.1258

World Medical Association. (2006, Oct.) International Code of Medical Ethics. Retrieved from https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/

Young, Miles, Sutherland, Bridget, Enck, Suzanne, & Demo, Anne. (2018). *Speaking for and with others ethically: Perils and possibilities in researching precarious populations*. Presentation at the Rhetoric Society of America Conference, Minneapolis, MN.

Zarefsky, David. (2008). Knowledge claims in rhetorical criticism. *Journal of Communication*, *58*(4), 629–640.