

## **Bioethics as a social necessity.**

### **Subject, structure and problematic field of bioethics**

#### **The birth of bioethics**

Bioethics is a relatively new word coined by a biochemist, Van Rensselaer Potter, in 1970 in an endeavour to draw attention to the fact that the rapid advances in science had proceeded without due attention being paid to values. For some time the word referred to the attempt to link scientific facts and values in the area of environmental concerns. Nowadays it has taken on a more general meaning which includes medical, or more generally, health care ethics. Though there are examples of reflection on ethics in medicine through the ages the subject of bioethics has mushroomed into sub-discipline of ethics in the past decades. This growth was stimulated both by abuses of human beings in the course of medical research, especially during the Second World War, and by the emergence of medical technologies which have challenged various widely held public values.

Potter conceived this new discipline, bioethics, as a 'bridge' between 'facts' and 'values'. During the second half of the twentieth century, he said that biological sciences had been increasing their knowledge and technical power continuously, but reflection about the values at stake has not progressed in the same proportion. Potter said that he coined the word bioethics using two Greek words, *bíos*, life, representing the facts of life and life sciences, and *éthos*, morals, referring to values and duties.

One profession dealing with life during centuries and millennia, especially with human life, has been medicine. But today there are many sciences and professions working in this field. Therefore, bioethics should not be confused with medical ethics, which is only one of its branches. The field of bioethics is as wide as the facts of life, and its study is divided in many branches, each one with its

specificity: Ecological or environmental bioethics, Medical bioethics, Clinical bioethics

The idea of Potter, and in general of bioethics, is that not all that is technically possible is morally right, and that some control of our intervention in nature and the environment, on animals and on human beings, is needed. The future of life and of humankind is at stake.

Bioethics is the first attempt of thinking ‘globally’ in ethics. In fact, one of the books written by Potter is titled Global Bioethics (1988). Throughout its history, ethics has not had a global dimension. The widest criterion introduced in ethics was the Kantian principle of ‘universality’: ‘Act only according to that maxim whereby you can at the same time will that it should become a universal law’. But the German philosopher Immanuel Kant (1724-1804) probably understood ‘universal’ in a very narrow way, as comprising only all the actual human beings. On the contrary, the idea of ‘globalization’ includes not only all actual human beings, but also future generations (called ‘virtual’ human beings), all other living organisms, and also nature, the environment.

Global bioethics includes, therefore:

- i All actual human beings
- ii Future human beings
- iii All living organisms and the environment

### **Health and disease as values**

Health and disease, like life and death, are not bare facts, but also embody values. Usually health and life are valued and disease and death disvalued. It is also true that values can determine what counts as health itself. Many physicians, especially in the West, think that health and disease can only be understood as bare facts. Diseases, they say, are due to the alteration of some tissues or parts of the

human body, which can be determined scientifically. Therefore they conclude that disease is a scientific fact, the same as the usual facts in physics or in chemistry.

We think of health as positive as a good and disease as negative, as an evil. Nowadays it is usual to identify health with wellbeing. This is the core idea of the definition of health stated by the World Health Organization. People think today that they are ill when they feel some lack of wellbeing, even without any biological alteration. Because of this new conception of health values are important in the concepts of health and disease.

### **Principles of bioethics**

Physicians and other health care professionals have to make health care decisions. Many of the facts they consider have values built into them, for example that a given condition causes suffering or threatens a patient's life or detracts from their wellbeing in some other way. Our duties are always the promotion and implementation of values. The duty of promoting values is the origin of norms. When these norms are wide and general, they are called principles. The UNESCO Universal Declaration on Bioethics and Human Rights identifies fifteen bioethical principles:

- i Human dignity and human rights
- ii Benefit and harm
- iii Autonomy and individual responsibility
- iv Consent
- v Persons without the capacity to consent
- vi Respect for human vulnerability and personal integrity
- vii Privacy and confidentiality
- viii Equality, justice and equity
- ix Non-discrimination and non-stigmatization
- x Respect for cultural diversity and pluralism
- xi Solidarity and cooperation
- xii Social responsibility and health

xiii Sharing of benefits

xiv Protecting future generations

xv Protection of the environment, the biosphere and biodiversity

Many of these principles have not been respected through history. For instance, physicians have traditionally applied their own values and neglected those of patients in making clinical decisions. Doctors as experts have considered that they know best what is good for their patients as fathers know what is best for their children. This historical approach has been called ‘paternalism’ and is now seen as inadequate.

Paternalism is a behaviour that might be taken as morally when societies are homogeneous from the point of view of values. This was the case in the past, and might be thought so today in many parts of the world. People in traditional societies shared the same values. When physicians, therefore, made medical decisions taking into account only their own values, they could suppose they were respecting also the values of their patients. But this situation has changed drastically during the last centuries.

One of the reasons for this change has been the continuous mobility of people and the mix of different values, beliefs, and traditions in modern societies. There may yet be some societies where physicians can assume that patients share their values but they would be very few.

Doctors must therefore take patients’ values into account. This is the origin of the doctrine of ‘informed consent’, which counters the traditional paternalism of the medical profession. The moral principles here involved are the following of the previous list: i, iii, iv, vi, vii, and x.

Professionals must respect the values of patients. But in some cases the values of patients cannot be honoured by physicians, because they are in conflict with other bioethical principles. One very important duty of health care professionals is expressed by the traditional saying: ‘do no harm’.

Medical interventions are risky, with important side effects, and many times they hurt people. The balance between benefits and risks is essential in order to determine when medical procedures are harmful or not. A limit to the autonomy of patients is set by the moral principles listed with the numbers ii, ix, and xv.

Another limit to the values of patients is fairness in the access to health care and the distribution of resources. The growing technological development of medicine is increasing the price of health care to such an extent that most individuals are incapable of paying their own bills. This has opened another set of moral problems, all of them related to justice, the right to have health care, and the fair distribution of scarce resources. The moral principles to deal with these problems are the following: viii, ix, x, xi, xii, xiv and xv.

Our moral duty is not only not to harm others, but to help and benefit them. This is especially important for health care professionals since their goal is to do the best for people in need. This has always been the main principle of medical ethics but today what is beneficial for patients and what is not cannot be determined only by health care professionals; it is also, and primarily, determined by patients. Ignoring this situation leads to paternalism. To act in the best possible non-paternalistic way: this is the new interpretation of the moral principles listed with the numbers ii, v, and xiii

### **Medical professionalism**

Professionalism refers to the conduct, aims, or qualities that characterize or mark a profession or a professional person. The project 'Medical Professionalism in the New Millennium: A Physician Charter' defines professionalism as the basis of medicine's contract with society. 'It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health. The principles and responsibilities of medical professionalism must be clearly understood by both the profession and society. Essential to this contract is public

trust in physicians, which depends on the integrity of both individual physicians and the whole profession'. (Annals of Internal Medicine 2002; see <http://www.annals.org/cgi/content/full/136/3/243>) Professionalism is, therefore, directly related with ethics. Its ethical expression is called Professional Ethics. Some of its formulations are the Codes of Professional Ethics.

Throughout the history of medicine, many changes have occurred in medical ethics. The influence of paternalism has decreased, to the same extent as respect for autonomy has increased. There have also been important changes related to access to health care services and the distribution of scarce resources.

But there is one thing that has remained unchanged in professional ethics all over its history, which is the moral duty of professionals not only not to do harm but to do the best for their patients. This is a primary goal of professional codes of conduct which each professional is obliged to observe.

Professionals must strive for excellence. They have in their hands the most valued things people have: life and health, and their duty is to do the best for them.