UNIT 2   BIOETHICS

Contents

2.0   OBJECTIVES

Students will

- Understand that ethical inquiry uses a set of concepts and skills aimed at analyzing challenging situations and making decisions about the best course of action;

- Distinguish ethical questions from scientific and legal questions and from questions of personal preference, custom, or habit;

- Apply important ethical considerations, such as respect for persons, minimizing harms while maximizing benefits, and fairness, in analysing bioethical problems; and

- Recognize that while there can usually be several answers or approaches to an ethical question, it is important to present a strong, well-reasoned argument for one's position.

- Ethics seeks to determine what a person should do, or the best course of action, and provides reasons why. It also helps people decide how to behave and treat one another, and what kinds of communities would be good to live in.

2.1   INTRODUCTION

Ethics is the activity of deciding what one should do, as an individual and a member of a community. Members of a democratic society must offer each other reasons that show why one way of dealing with a problem is better than another. Ethics is the activity of offering reasons to support a decision about what one should do. Bioethics is a subfield of ethics that explores ethical questions related to the life sciences. Bioethical analysis helps people make decisions about their behavior and about policy questions that governments, organizations, and communities must face when they consider how best to use new biomedical knowledge and innovations.

Since the 1970s, the field of bioethics has grown considerably. While it is true that bioethics today includes medical ethics issues, its originality lies in the fact that it goes much further than the various professional codes of ethics concerned. It entails reflection on societal changes and even on global balances brought about by scientific and technological developments. To the already difficult question posed by life sciences – How far can we go? – other queries must be added concerning the relationship between ethics, science and freedom.

The word 'bioethics' is the intersection of ethical issues and life sciences. In tandem, the investigations of biology, scientific technology and ethical issues combine to form a new science called 'bioethics'. For this multidisciplinary science, Van Rensselaer Potter in 1971 coined the term 'bioethics' stating that it is 'biology combined with diverse humanistic knowledge forging a science that sets a system of medical and environmental priorities for acceptable survival.'

Bioethics is considered useful in promoting critical thinking. It allows greater accessibility to the content through connectivity rather than stand-alone units. It engages the content and process of real-life situations (present and future) where decisions have real consequences, seldom with risk-free outcomes. Finally, it promotes a focusing framework that places the biology in a fully integrated form. Faced with new ethical challenges emerging as a result of technological developments in modern medicine, bioethics seeks ways in which people in societies can work together under the provision of medical care and research. The field is supposed to provide an insight into the issues of moral community, and into how society understands political authority and its appropriate exercise. Bioethics also involves social philosophy because the basic concepts of health care (concepts like 'health' and 'disease') are socially constructed categories.

Finally, bioethics connection to social philosophy is cemented by the fact that central questions in clinical medicine – questions concerning the allocation of resources, for instance – are those of social philosophy and ethics. Thomas Kuhn has tried to sketch a different, deeper and richer conception of bioethics that can emerge from a historical analysis. The moral world of medicine sketched here is one of continual debate, of reformers and reactionaries, of revolutions and reactions, of progress and regress. It is a world that philosophers have played a pivotal role in shaping, and that they can shape best if they understand the historical contexts in which their ideas have proven influential and successful. Bioethics is a multidisciplinary field which emerged to address the normative ethical issues in medical practice, research and policy. However, it can be stipulated that bioethics is distinct from traditional 'medical ethics' which was primarily concerned with the conduct of physicians. The emergence of bioethics, as distinct from traditional medical ethics, was due in part to medical advances and the realization of the important roles of non-physicians in the ethical choices present in medicine. The ethics of the guild was no longer adequate to address the ethical questions involved in medical practice and research. For example, industrialized and developing countries which pursue globalization and privatization of their economies can view the contemporary questions concerning managed care as one instance of controversy about the authority of health care resources and patient care. However, these questions raise, in turn, more fundamental questions about how medicine and health are understood within a society.

Bioethics is a complex and potentially revealing subject for empirical investigation. Discussions of bioethics can sometimes make it seem as if there was no ethical reflection before the emergence of the field. As a social movement, bioethics developed in the mid-twentieth century as a critical discourse, a response to felt inhumanities in the system of health care and biomedical research. As a response to specific abuses, bioethics has remained practice oriented; society expects bioethics to solve or at least ameliorate visible problems. But Callahan asserts that bioethics is 'less wayward and more establishmentarian', and finds that four developments were important: the opening up of once-closed professions to public scrutiny, which happened strikingly with medicine; a fresh burst of liberal individualism, putting autonomy at the top of the moral mountain; the brilliant array of technological developments in biomedicine, ranging from the pill and safe abortions to control the beginning of life to dialysis and organ transplantation to hold off the end of life; and the renewed interest within philosophy and theology in normative ethics, pushing to one side the positivism and cultural relativism that seemed for a time in the 1940s and 1950s to have spelled the end of ethics as a useful venture.

Check Your Progress I

Note: Use the space provided for your answer.

1)   What are the advantages of Bioethics?

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2)   Explain some contributions made by Bioethics to medicine.

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2.2   MORAL PLURALISM

While the emergence of medical knowledge and technology was essential for the development of bioethics, it does not by itself explain the emergence of the field. To understand other elements that contributed to the field's emergence, it is important to recall that traditional medical ethics had relied on two sources of moral guidance. One was the tradition of professional physician's ethics, the other was the teachings of the theological ethics. Furthermore, there have been extensive theological reflections on ethics and medicine in many religious traditions. In the past there has been no shortage of ethical reflections regarding medicine. This being the case, one might ask why there was a need to develop

this new area of ethical reflection that has been named bioethics. Why not rely on the various traditions of medical ethics that already existed?

The claim is that traditional medical ethics is really 'physician ethics' and that bioethics emerged as a result of the recognition that there are other people besides physicians who are involved in medical decision making. This means that the field of bioethics emerged as a response to social dimensions of medicine and health care. Why were these sources no longer able to guide medicine once it reached its modern scientific phase? To understand why neither of these sources is sufficient for contemporary medicine, one must take into account the phenomenon of 'moral pluralism', according to which people not only hold different moral values, views on topics (e.g. abortion), but work out different moral frameworks and with different moral methodologies.

As it has been mentioned traditional medical ethics had been focused on physician ethics. The development of scientific medicine gave patients so-called choices and options concerning courses of treatments to be pursued or refused. If a physician and patient share the same moral value and way of thinking, such choices may not be all that problematic. However, when patients and physicians hold different views, the understanding of medical ethics must not be seen as reflecting the judgment of the physician alone. Determining what is in the patient's best interest cannot be done solely by the physician. The physician may speak in the medically best interests of the patient, but not necessarily the overall best interests of the patient. To make judgment concerning the patient's best interests, the patient needs to be involved. Furthermore, in secular societies there are likely to be different religious views that shape people's judgments about what is morally appropriate. This is why procedures like informed consent have come to play such a central role in both clinical and research ethics, such procedures allow people to exercise judgment about what is in their best interest.

2.3 SOCIAL DIMENSIONS

Bioethics has emerged as a result of several developments and complexity in medicine and society; two in particular stand out. First, the development of medical knowledge and technology created 'choices' in medical care. Second, the moral pluralism and multi-culturalism in societies led to the existence of different moral voices and views. This, in turn, meant that there would be differing views on appropriate medical care. Bioethics arose as a way to help people from different moral views navigate these choices and cooperate together. The field provides a window into the social and cultural settings of medical practices and as such provides a way to understand a society. It can help a society or culture examine basic questions of health, disease, sickness and death. It can also enlighten the way a society thinks about moral authority and how it is exercised. There are other reasons beyond those that emerge when one considers the development of bioethics as a research field, to conceive bioethics as a form of social philosophy. One such additional reason is the nature of medicine itself. That is why physicians and health care workers apply scientific and medical knowledge that has been discovered in the laboratory. There is little, if any, acknowledgement that science, especially medical science, is not value-free. Medical science is embedded in values of the society or culture. The scientific norms of medicine, such as health and disease, are often influenced by the social

and moral values involved in their specification. If medicine is a social construction, then bioethics should be thought of as a form of social philosophy.

The term 'social construction' has multiple meanings and should be used with caution; philosopher Ian Hacking has pointed out that the term suffers from over use and is incoherent. Given the ambiguity and confusion surrounding the term, one might ask what value it will have for understanding medicine. The term 'social construction' is helpful because it recognizes that the practice and goals of medicine are contextualized and specified by the society's values. The specification of meaning of key medical concepts like 'health' disease, and 'standard of care' is socially influenced by many instances. While there are universal elements in medicine, such as healing and health, there are many local elements involved in specification of universals. It is in this sense that one can speak of medicine as social construction. How one can understand and practice medicine will depend largely on what one assumes about the nature of medicine and the nature of knowledge. There is a common perception that medicine is applied science and that philosophy of medicine is about models of explanations.

However, to think of medicine as a science, or as a scientific one, needs the articulation of the assumptions that one holds about the different models of science. Medical knowledge is scientific in that it is statistically based, empirical, verifiable and generalized. A scientific model alone, however, does not capture our experience or expectations about medical practice, for such a model does not appreciate sufficiently how medicine acts as a social structure and set of practices within a given society. The relationship between the values of a society and its medical practices can be discerned by examining how the concepts of medicine such as the concept of disease, are specified in that society.

2.4 CORE AND OTHER ETHICAL CONSIDERATIONS RESPECT FOR PERSONS

Respect for persons means not treating someone as a means to an end or goal. For example, even if one person's organs could help five people live, it would be an ethical violation of respect for persons to kill that one person and distribute the organs to save the five who need them. Respect for persons is also often a matter of not interfering with a person's ability to make and carry out decisions. In some cases, it is also a matter of enabling a person to make choices or supporting them in the choices they make. Respect means more than just listening to another person; it means hearing and attempting to understand what other people are trying to say. It also means not belittling or making fun of thoughts or feelings or perspectives that other people hold.

2.5 MINIMIZING HARMS WHILE MAXIMIZING BENEFITS

This core ethical consideration focuses on trying to promote positive consequences by balancing harms (or burdens) and benefits. In doing so, one must consider which actions would do the least harm and provide the most benefit. This emphasis is central to the ethical approach known as *utilitarianism*. The root word in utilitarianism is *utility*, which refers to the positive uses (benefits or utilities) that will come about as a consequence of choosing one path over another. Harms

and benefits come in a variety of types, including physical, emotional, economic, and social, to name a few. Utilitarians consider all types of harms and benefits in their ethical deliberations. "First of all, do no harm" is a familiar expression of minimizing harms when practicing medicine. Even if physicians cannot help a patient directly, they should try to avoid actions that cause harm. "Do no harm" is sometimes referred to as *non maleficence*. A closely related concept, *beneficence* ("Do good"), stresses acting in the best interest of others and being of benefit to them**.**

Check Your Progress II

Note: Use the space provided for your answer

1) Explain the phenomenon of 'moral pluralism'

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2) Explain the term 'social construction'

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3) What is utilitarianism?

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2.6   LET US SUM UP

Talking about bioethics in today's world seems an illusion… a fairy tale or at least, a matter that is drawn up from the imaginaries of the different disciplines or knowledge. A theoretical and practical reality imposed every day that should be nurtured as a discipline or set of knowledge related to life and health but at the same time, as a series of rules and ethical commitments of citizens which lead to the control and supervision of human behavior. From them, personal autonomy and human rights such as life are not injured by anyone who inhabits this planet.

The concept of quality of life can never be a measure to judge and compare the value of life in anyway. This comparison could bring errors ignoring the values lies on which human life is based upon. Because of this very reason, judging and ranking the value of life becomes an utopian idea. This attempt to compare the value of life would eventually discriminate people who have lost intellectual ability, people who are considered to be useless or people who seem to not have ability to enjoy their lives. It is pretty obvious that when people make ethical decisions guided by the utility and pleasure or when the meaning of life cannot be found in painful situations, or consider life as meaningless and full of suffering, or people when do not contribute to society they would consider the ending life as justifiable.

2.7 KEY WORDS

Social construction : The term 'social construction' has multiple meanings and should be used with caution; philosopher Ian Hacking has pointed out that the term suffers from overuse and is incoherent. The term 'social construction' is helpful because it recognizes that the practice and goals of medicine are contextualized and specified by the society's values.

Moral pluralism : The phenomenon of 'moral pluralism', according to which people not only hold different moral values, views on topics (e.g. abortion), but work out different moral frameworks and with different moral methodologies.

Global ethics : "Global ethics," a discipline representing a link between biology, ecology, medicine and human values in order to attain the survival of both human beings and other animal species.

2.8 FURTHER READINGS AND REFERENCES

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