



**KAPITAŁ LUDZKI**  
NARODOWA STRATEGIA SPÓJNOŚCI

**UNIA EUROPEJSKA**  
EUROPEJSKI  
FUNDUSZ SPOŁECZNY



## **“What is Bioethics”**

presented by  
**George R. Brown MD, MPA**

**Prezentacja multimedialna współfinansowana przez  
Unię Europejską w ramach  
Europejskiego Funduszu Społecznego w projekcie pt.  
*„Innowacyjna dydaktyka bez ograniczeń - zintegrowany  
rozwój Politechniki Łódzkiej - zarządzanie Uczelnią,  
nowoczesna oferta edukacyjna i wzmacniania zdolności  
do zatrudniania osób niepełnosprawnych”***



Politechnika Łódzka

Politechnika Łódzka, ul. Żeromskiego 116, 90-924 Łódź, tel. (042) 631 28 83  
[www.kapitalludzki.p.lodz.pl](http://www.kapitalludzki.p.lodz.pl)



# Objectives

## □ What is bioethics?

- ✓ Students should be able to explain the difference between medical ethics and bioethics
- ✓ Students should be able to differentiate bioethics, law, culture, and religion
- ✓ Students should be able to explain the principles of bioethics and how to balance these principles in practice





## The birth of bioethics

- A. The coining of the word 'bioethics'
- B. Bioethics as bridge between facts and values
- C. Bioethics versus medical ethics
- D. The idea of Potter
- E. Bioethics as global ethics
- F. Health and disease as values





## The Birth of Bioethics

- ❑ Bioethics was preceded by medical ethics, which focused primarily on issues arising out of the physician–patient relationship. The ancient Hippocratic literature (which includes but is not limited to the Hippocratic Oath) enjoins doctors to use their knowledge and powers to benefit the sick, to heal and not to harm, to preserve life, and to keep in the strictest confidence information that ought not to be spread about (though precisely what must be kept confidential is not detailed).
- ❑ These basic values and principles remain an essential part of contemporary bioethics. However, after the Second World War it became clear that the old medical ethics was not sufficient to meet contemporary challenges.



# Bioethics Defined

In the Introduction to the 1995 revised edition of the *Encyclopedia of Bioethics*, Warren Thomas Reich, Editor in Chief, defined bioethics as “*the systematic study of the moral dimensions—including moral vision, decisions, conduct, and policies—of the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting.*”





# The Coining of the Term 'Bioethics'

- ❑ The word *bioethics* was coined in the early 1970s by biologists in order to encourage public and professional reflection on two topics of urgency:
  - ✓ 1) The responsibility to maintain the generative ecology of the planet, upon which life and human life depends; and
  - ✓ 2) The future implications of rapid advances in the life sciences with regard to potential modifications of a malleable human nature.



## Facts & 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.



# Advancement of Ethics Through the Ages

- 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.
- Medicine's successes the post-war years raised another issue: the value of preserving life.







# The Question I

- Respirators were originally invented for people who were expected to recover and be able to breathe on their own.
- Within a short period of time they began to be used on people in persistent vegetative states, forcing medical professionals to ask whether this was an appropriate use of technology.
- Should people who are permanently and irreversibly unconscious be kept alive indefinitely?



## Question II

- A similar issue resulted from the development of neonatal intensive care units (NICUs), which have saved the lives of many premature babies who would have died in earlier decades.
- Many of these babies go on to have normal, healthy lives, but many face a lifetime of severe disabilities and serious health complications.
- Thus, NICUs raise the question: Ought life to be preserved regardless of the nature or quality of that life?
- And if there are times when life should not be preserved, who should be authorized to make these decisions?



## Bioethics vs. Medical Ethics

- 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

- ✓ 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 as Global Ethics

- ✓ 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 Ethics

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.



## Health & Values (con)

- 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 Nondiscrimination and nonstigmatization
- 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





# Paternalism

- Paternalism is a behavior 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.



## Paternalism (con)

- 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

- Professionals must respect the values of patients. But in some cases the values of patients cannot be honored 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.



## Limit to Values

- 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.



## Moral Duty

- ✓ 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.



**KAPITAŁ LUDZKI**  
NARODOWA STRATEGIA SPÓJNOŚCI

**UNIA EUROPEJSKA**  
EUROPEJSKI  
FUNDUSZ SPOŁECZNY



## **„What is Bioethics”**

**Prezentacja multimedialna współfinansowana przez  
Unię Europejską w ramach  
Europejskiego Funduszu Społecznego w projekcie pt.  
*„Innowacyjna dydaktyka bez ograniczeń - zintegrowany  
rozwój Politechniki Łódzkiej - zarządzanie Uczelnią,  
nowoczesna oferta edukacyjna i wzmocnienia zdolności  
do zatrudniania osób niepełnosprawnych”***



Politechnika Łódzka

Politechnika Łódzka, ul. Żeromskiego 116, 90-924 Łódź, tel. (042) 631 28 83  
[www.kapitalludzki.p.lodz.pl](http://www.kapitalludzki.p.lodz.pl)