

## **Bioethics and society: a view from South Africa**

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Transition from the traditional concept of medical ethics to modern bioethics is taking place slowly in South Africa. However, both the peaceful political transition in South Africa and the health challenges facing this society offer important insights for the contributions that a broadened and more comprehensive bioethics discourse could make to improving health nationally and globally.

It was only in the 1980s that some medical schools in South Africa began developing modern bioethics education programs. Initially these were dependent on enthusiastic physicians with heavy professional responsibilities who received minimal financial and institutional support. Now some full-time bioethics posts have been created and institutional support is growing.

Although bioethics activities remain in a fledging state the new bioethics is having an impact on our society.<sup>1</sup> In addition to growth and expansion of undergraduate education, postgraduate courses, degrees and diplomas are on offer and are increasingly being pursued by mid-career health care professionals. Almost all major medical conferences now feature bioethics debates. At the level of institutions there is an expansion of work in research ethics and some use of bioethics skills to formulate health policy. National committees have been active in formulating guidelines and the new Health Act legislates for a National Health Research Ethics Council that will register and accredit all research ethics committees in the country. The formation of an Ethics Institute has fostered empirical studies of professional ethics and stimulated public interest in professional and business ethics.<sup>2</sup> There has also been constructive interaction between bioethicists and human rights advocates who share values regarding human dignity.

In the USA, where the political ideology emphasizes personal freedom and choice above all other values, the focus of both bioethics and human rights has been highly individualistic. Within bioethics, autonomy has been emphasized and human rights work has focused

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on civil and political rights. This approach is of great importance, but it has neglected health care as a right of all citizens, reduced community solidarity and eclipsed ethical issues that need to be addressed in dealing with public health.

Within South Africa the apartheid legacy of wide disparities in access to health care and the HIV pandemic remind us of the need to extend our perspective beyond individual health to include the health of whole populations.<sup>3 4</sup> Similarly the wealth and health gap across the world should be a stimulus to a discourse on ethics that goes beyond the doctor-patient relationship to include the ethics of institutions and health care systems that serve the communities in which individuals and medical practice are socially embedded. The responsibility of physicians here must be viewed more broadly to include concern for equitable access to health care, for improved public health and for the allocation of scarce resources in ways that promote the common good.

This expanded responsibility requires a shift in mindset away from strong individualism towards respect for individuality that is combined with a sense of duty, community and civic citizenship. Essential steps will include, firstly, acknowledging the need for a more comprehensive perspective; secondly, pursuing scholarly work to define and justify new agendas; thirdly, developing the political will to undertake ambitious projects (for example, seeking ways of reducing poverty and dependency); and, finally, placing high value on the longer term economic and social justice required for sustainable improvement in population health.

This extended focus raises the challenge of defining how to strike a balance between the rights (and needs) of individuals and the common good of societies. While the focus on individual rights is vital and necessary for the well-being of individual persons, such a focus is not sufficient for the achievement of improved public health. The dilemmas regarding public health ethics will be greatest for those societies that are intolerant of any infringement of individual liberties in the name of the common good. The challenge for societies more oriented towards the common good will be to avoid excessive infringements of individual rights in the pursuit of public health goals. Realistically a middle ground will have to be forged, because the choice is not between polar extremes but rather about achieving an optimal balance between competing goods.<sup>5</sup>

The growth of interest in bioethics and global health has been stimulated by debates on the ethics of medical research in developing countries.<sup>6</sup> To some extent this is the result of growing interest in

developing countries since the HIV/AIDS pandemic. It also reflects renewed and encouraging concern about the nature of the relationship between researchers and their subjects. It is increasingly apparent that the ethical dilemmas faced in conducting collaborative international research can only be addressed satisfactorily if research ethics is seen as intimately linked to health care, to human health globally, and to the promotion of social and economic processes that could begin reversing wide global disparities in health.<sup>7</sup>

Health care is neither a pure science nor a social service. It is a unique activity that draws on many sources of knowledge and understanding for its success. Major advances in science and technology in the past half century have led to the domination of science and technology in health care activities. Health care is an area of human endeavor in which transdisciplinary work is essential. It is therefore gratifying that in recent decades much effort has been devoted to trying to bring the humanities and social sciences into the domains of medical education and practice. Transdisciplinary studies and the operationalisation of new insights offer the potential for averting human health tragedies on a vast scale, and for restructuring social relations within and between nations in ways that could promote sustained development and peaceful co-existence.

It has recently been proposed that an impetus for improvements in global health, well-being and meaningful development could be provided through an enhanced transdisciplinary approach - global health ethics - that broadens the ethics discourse beyond the micro level of interpersonal relationships to the level of institutions, international relations and the global environment. Several shared foundational values will need to be widely promoted and transformational approaches implemented.<sup>8</sup> Although no value can stand alone, the most important value to promote across boundaries is solidarity. Solidarity arises from empathy, without which it is easy to ignore distant indignities, violations of human rights, inequities, deprivation of freedom, undemocratic regimes, and disrespect for the environment. If those who are privileged could develop a global consciousness, empathy for those whose lives are so severely deprived and a spirit of solidarity with fellow-humans worldwide, new approaches to improving global health could be possible. The challenge for bioethics is to pursue this 21<sup>st</sup> century challenge.

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