

Quo vadis bioethics

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Predicting the future is always risky and rarely correct. As individual and collective preferences in attitudes and culture do change, so will priorities in values and visions. The actual and the future role of bioethics, clinical ethics, and the ethos of the health professions does not depend on the clarity of analysis and the scope of recommendations by professional bioethicists, rather on the priorities in attitudes and cultures - general and professional -, which give applied ethics recognition and implementation. It might very well be that a more secular or a more religious, a more liberal and individualistic, or a more conservative community culture will develop, - globally or in certain societies or communities, and that clashes of cultures will increase and become more violent than rational. If and when clashes develop, then specific issues and challenges for bioethics will occur. One professional challenge will be, to analyse trends and to find ethical solutions or moral options for new issues based on traditional attitudes and values; the other challenge will be to protect traditional values against fashion fads in morals. German philosopher Hegel once held that human and civil right would be developed along the course of history, while Swiss humanist Jacob Burkhardt argued that humanity more often than not needs to be protected against the revolutions and fashions of history, - both were right and both were wrong; history has a two-sided face.

As far as globalization is concerned, the globe definitely will be smaller and communication and mutual influence in fact will increase tremendously, but that does not mean that we will get one global moral vision or one global culture. Cultures or communities might reaffirm dormant visions and values in response to predominant and still expanding cultures, such as individualism and secular humanism. On the other hand, traditions, which had been isolated in certain remote areas, will find new followers in cyberspace communities or other networks of global communication, such as certain traditions in spiritual healing, herbal medicine or other alternatives to modern, science-based medical treatment.

There are certain trends, based on developments in economy and information technology, which seem to play a role in shaping future issues and perspectives in bioethics and which have not yet fully recognized in the bioethical literature: (a) economization of health care - corporatism, and (b) health care information and advice on the internet - e-health.

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Medical Corporatism: Efficient systems of health care and disease management represent the corporate model of business; they need to follow general rules of success and survival, depending on internal and external factors, and specific client-provider and provider-provider interaction. So far, medical ethics has primarily focussed on physician-patient interaction as an interaction between two individuals, as it was the case in the 'old days'. In order to be realistic and effective, bioethics has to start with corporate world in which services are provided, indeed, and study the interrelations and the principles and values (moral and economical) guiding those relations. But only when bioethical issues are framed more precisely as issues of institutional governance, quality promotion, and business ethics, will they be able to successfully understand and influence the real world of medical research, health promotion, and disease management. A shift of focus, not of vision is required, a shift in prioritizing principles and virtues, not in changing principles and virtues.

E-health: Already today, more people go to the internet for health care advice every day than go to doctors and hospitals. This trend will continue, given the fascination, growing accessibility, and easy availability of the internet. An emancipatorical dream of deprofessionalization of vast parts of previously privileged knowledge might come true, supported by a growing understanding of causes for health risk by lifestyle, genetics, and environment. Control of the internet is difficult; it is the positive aspect of this medium that political and professional dictators are quite powerless in exercising control; informational and business prospects for e-health providers are limitless. While business opportunities are much greater, so is the temptation of fraud, deception and misinformation. Bioethical analysis of issues to e-health is basically non-existent today; e-health cyberspace territory is ethically underexplored, undersurfed and underserviced.

While parameters of cultural trends and scientific knowledge do change and will influence focus and role of bioethics in the future, moral priorities and visions should not change and firmly be the same as they were over the last milleniums: care for our masters, the sick, the poor, the undereducated, the underprivileged.