

Bioethics: a real help?

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The discipline of bioethics was created around 1970 and may be considered as a sub-discipline of medical ethics in particular and applied ethics in general. Although originally intended for a broader field (with also the study of the ethical implications of new insights in biology etc.), it mainly concentrated on human applications of new technologies in medicine. Although a limited field in the beginning, and still only covering about maximum a few thousands of experts in the world, I am convinced the influence of bioethics on our societies is tremendous. I give a few examples to illustrate this.

First of all, due to the success of principlism (Tom Beauchamp & James Childress, *Principles of Biomedical Ethics*. Fifth Edition, Oxford University Press, 2001, 1974) bio-ethics started to function as an instrument for medical decision making. This has led to many changes, also in medicine. The ethical orientation of the profession got linked more to the development of guidelines, than to the fundamental disposition of the caregiver to be totally devoted to his or her patient. Medicine became therefore a tool in the hands of the modern adoration of health, understood in a dominantly physical and esthetic meaning.

Another consequence of the success of principlism was and still is the one sided overestimation of the principle of autonomy. This principle – let this be clear from the beginning – is only one out of the four principles (besides beneficence, non maleficence, justice), but started to be applied exclusively on medical cases. I am aware that this was not the intention of the real principlists, but it “worked” simply like that. This has empowered strong tendencies for a legalization of the medical profession, but even more: a one sided interpretation of this principle has been the basis for crucial evolutions, e.g. the right to self determination as the basis for the Dutch and Belgian euthanasia laws, as the basis for the acceptance of sex selection for non medical reasons, as the basis for abortion as an autonomous right of the woman. In Belgium and Holland, this principle was interpreted even more radically as a right to self-disposal of body and life. This explains also why the Low Countries in Europe were the first to legalize euthanasia (Paul Schotsmans & Tom

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Meulenbergs, Euthanasia and Palliative Care in the Low Countries, Leuven, Peeters, 2005). The impact on our Western democracies is enormous: values like solidarity and trust are radically undervalued, and make place for a much higher hierarchical position in the value systems of freedom and individuality. While we see the impact of this evolution slowly getting really invasive in all fields of our societies, essentially medicine has suffered (in my opinion) tremendously under this anthropological shift.

And finally, bioethics interpreted as principlism has changed the perception of the medical profession, and by that way also changed the openness for a "caring" interpretation of the profession. Medicine offers now practical tools for a health market and enters in the logic of a utilitarian approach to health and life.

Exactly in the same context, however, I observe with great satisfaction some major changes in the recent development of bioethics itself. Indeed, bioethics slowly overcomes the dominant influence of principlism, and starts to become much more divergent and pluralist in approach. Some new tendencies really are getting a chance, e.g. narrative and hermeneutic ethics, care ethics, nursing ethics, normative ethics, etc. The recent world congress on bioethics in Sydney (November 2004) made in any case clear that these new developments to make bioethics much more diversified, are present. I was indeed impressed by the large interest of many bioethicists for the vulnerable people in our societies (refugees, aboriginals, etc.) and for a "just" allocation of resources for health care. To my pleasant surprise also, I saw many contributions about ethics consultation and about a re-interpretation of the "body" in a more dynamic and foundational meaning. I am therefore hopeful about the future of bioethics, evolving more in the direction of a fundamental reflection on medicine as taking care of sick and vulnerable people. The human character of our societies depends largely of our attitudes to the less privileged people in our societies. Medicine was always a symbolic example of a lifetime long devotion to the caring of the sick. Physicians oriented in this way human societies to equity and justice.

In my view, bioethics has to vitalize these approaches and it may be a re-assuring observation that new tendencies really take over the scene beside the more rational, market and business oriented style of the last decades. Also in that way, I am convinced that the intercontinental dialogue in bioethics is crucial: it should then however not be degraded to the "export" of Western thinking on developing countries, but just the reverse. Developing countries, vulnerable people, minorities have something to say to modern societies... they have an ethical claim upon us all. The ethical quality

of our societies may indeed be measured mainly by the real integration of our concern for the weak, the widows and the poor.