

Three issues that will be with us for a long time: health education, balancing autonomy and paternalisms, and justice in health care.

Xiaomei Zhai *

I want to address three issues which will be with us for the foreseeable future and which will pose a challenge to the bioethics community and to humankind in general, independently of traditions and cultures in a globalized world and similar to what they had been in the past: (1) lifestyle related health risk; (2) balancing the expert's / physician's responsibility (paternalism) with the patient's / patient's free choice (autonomy); (3) social justice translated into the fields of health promotion/health education and disease management.

(1) While it is difficult to predict the future, it is easy to predict that there will be fellow-humans in need of hospital or medical care, treatment, and advice in the near and distant future. We will need experts in traditional fields of disease management such as caring for the acutely or chronically sick and the frail. But we will need new experts in rapidly developing fields of health education and promotion based on a better understanding of genetic properties, environment or lifestyle, which pose different risks to different people. Chinese traditions in culture and medicine over the centuries has always emphasized the prevention of disease and symptoms associated with old age; we should make health education and promotion among ordinary citizens a global priority, for the benefit of everyone, for better health and for reducing costs unfortunately associated with treating avoidable disorders and diseases. The fight against obesity, diabetes, drug dependency, and sexually or otherwise transmitted diseases is best fought on the fronts of education and information, not in the wards of hospitals. While we are capable to treat classical diseases better than ever, we are seeing more and more lifestyle-related diseases. Interestingly, lifestyle-related health care risk is associated in the majority of cases is associated with free choice, but rarely are individuals aware that they themselves are the cause of their poor health and of lost opportunities in life's happiness and in personal success.

* Xiaomei Zhai (Chinese) is a Ph.D in Philosophy of Medicine/Ethics and was Associate Professor at Capital University of Medical Sciences; she is Executive Director of Research Center of Bioethics, Chinese Academy of Medical Sciences, Peking Union Medical College, Associate Professor and Director of the Department of Social Sciences and Humanities at Peking Union Medical College and Senior Research Professor at the Institute of Science, Technology and Society at Tsinghua University.

(2) There is a global trend to replace traditional models of paternalism by physicians with new models of autonomy of patients to choose among options for treatment, including refusing treatment. As 'doctors do know best' might apply to technical standards in professional medicine, it does not apply to values, expectations and beliefs, goals in life and concepts of quality of life of people in more and more diverse societies. Therefore it is good, to allow people to make choices of their own. But with making choices comes the responsibility to live with those choices and the consequences they will or might have. A total shift from paternalism towards autonomy would relieve physicians from traditional responsibility for the well being of their patients. Such a shift would be medically and morally wrong. Also, it is not wanted by people, who are sick and seek the care of good physicians. Some people never in their normal were in positions to make free choices without taking their superiors, their family, or other obligations into account. As bioethicists, in particular when working in medical and clinical ethics, we have to find a balance between professional paternalism of virtuous experts and individual autonomy as a civil and human right. Thus, we will have to be very specific in applying theories and bioethical principles to real people. As bioethicists, we need to care for the people primarily, not for theories, principles, and models. As far as I see, the prudent and moral balance between professional responsibility and lay responsibility is an issue not only virulent to societies and professional cultures in transition from traditional community-and-expert based responsibility models towards individualistic and free-choice based models, such as might be the case in China. It is also an issue in modern individualistic societies, where a loss of moral responsibility for 'the other', the partner, the family, the neighborhood, and the stranger might have occurred and has been described. While we cannot change fashionable attitudes and cultural developments, we have an obligation to reduce the harm to the most vulnerables by those trends. In the future, we still need physicians with virtues, not just medical technicians. This will be an ongoing challenge.

(3) Finally, there will be an issue with us, which had been with humankind for millenniums and unfortunately will not easily go away: social justice, - in particular: justice in caring for health. Issues in macro-allocation of funds among rich and poor nations will need to be addressed more in detail and in earnest. But also the micro-allocation of funds between treating the sick and preventing the healthy to stay healthy as long and as much possible

is yet to be determined. Because medical knowledge has increased so much in regard to preventing premature aging and disease, it seems to me to be an issue of social justice to promote health education and to teach at every level of the educational system and in the media about health risk and good health maintenance.