Principal theoretical aspects of philosophy in bioethics

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Abstract
Throughout history, mankind has attempted to place value and meaning to their lives. Based on several observations, man has created a philosophical view that explains its existence and the universe around him. This has had application in ethics and later in bioethics, which tries to unite science with not only human life, but also to all living things. Various facts and scientific and technological advances have contributed to the creation and development of bioethics. In practice, bioethics is based on philosophy and has generated numerous theoretical themes among which the following dominate today: utilitarianism, universalism, personalism and principalism (beneficence, justice, nonmaleficence and autonomy). The main claim of bioethics is the survival of mankind and the planet on which it lives.

Key words: philosophy, bioethics, beneficence, autonomy.

Introduction
The many-branched tree of bioethics has its strong roots in the fruitful field of philosophical reflection. Throughout time, man has tried to make sense of his behavior and his life. Socrates said in this regard “the issue is not trifle: the question is how we should live.”¹ Many views have emerged on this topic. Diverse interpretations, sometimes antagonistic and others more substantially similar, have contributed to the construction of the ideological framework on which the building of ethics has been raised.


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In the last century, a new movement regarding ethics has emerged, which seeks to unite the life sciences with various philosophical disciplines, among them ontology and ethics. We say life sciences because the old ethics stopped in human behavior, its genesis and consequences. Today, bioethics has been directed to the field of natural sciences, especially living nature, and has taken its reflections to the borders between life and death, between the individual and collective, between the person and the gaia of Lovelock.² This article is designed to identify the main theoretical approaches that philosophy has contributed to bioethics. First we present a simple description of the philosophical basis of ethics followed by a review of the genesis of bioethics. To conclude, we discuss a description of the main current philosophies that are the basis of bioethics. In this manner we will review the theoretical corpus that gives support to the practice of bioethics.
The philosophical basis of ethics
Many philosophical schools of thought apply to the plane of ethics, including eclecticism that draws from all philosophical themes and from them creates a new vision; historicism, which considers being as something temporary when it is not captured by reason, i.e., independent of the context and judgement; scientism that states that the only acceptable truth is that based on science, for nihilism human existence has no objective meaning, purpose or comprehensible truth.3

Listed below are other philosophical thoughts:1,4-6
a) Plato and ethics. For Plato (427-347 BC) philosophical thought revolves around the life worth living. For him, only a virtuous life is worth living, and he relates virtue with good as a way to achieve human excellence. The ultimate goal of every human action is good, and all good is conceived as an ultimate moral value and objective.
b) Aristotle vision. For Aristotle (384-322 BC), virtue is also the axis of a full life but, unlike Plato, not derived from a transcendent principle but the very nature of man. For him, the purpose of human activity is happiness.
c) Jesus. Points to unconditional love (agape) as the perfect link to human unity. Kindness is a reflection of inner being: “the good man, from the good treasure of his heart bringeth forth good things and an evil man out of the evil treasure bringeth forth evil things.”
d) Thomas Aquinas. Thomas Aquinas (1225-1274) suggests that the general order of things is expressed in natural law: “What is contrary to the order of reason is contrary to the nature of human beings as such and what is reasonable agrees with human nature as such. The good of the human being agrees with reason and human evil is outside the realm of the reasonable.
e) Pragmatism. For this philosophical thought (William James 1842-1910), good is what gives positive results and serve the interests of individuals, groups or societies. For some it is an appropriate option in bioethics committees because given the complexity of bioethical dilemmas, this vision protects the freedom to think, to believe, and to criticize because it does not fear the multiplicity of views. It focuses only on the practical implications of the decisions, regardless of the ideological debates on the merits of the decision.
f) Formal ethics. Whereas the various thoughts are concerned about content: what is moral? Kant (1724-1804) raises interest forms. There are certain formal characteristics of human acts that make them right or wrong. We must act in accordance with universally accepted standards that “act in such a way so that what you propose to do can be considered universal law for the human species.”
g) Utilitarianism. Good are those things that produce well-being or happiness. Utilitarianism can benefit a person, the family and/or the community. Utilitarianism is not selfishness but rather generosity because in any event it seeks the benefit for the greatest number of people (Jeremy Bentham 1748-1832; John Stuart Mill 1806-1873).
h) Marxism. The determining factor in the historical development of mankind is economic. Value is considered as that which allows you to build a classless society or that respects the stability of society without socioeconomic differences (K. Marx 1818-1883).

Table 1 shows briefly some of the most important schools of philosophy and their connection with ethics.

Genesis of bioethics
The beginning of bioethics is not well defined. Some authors use relevant historical facts as reference such as World War II, whereas others
include technological advances such as organ transplantation or the discovery of the human genome. Still, others stem from a political, social or religious vision.

Table 2 shows some important facts that may signal the first steps of bioethics.

An important historical event that prompted ethical analysis in the health field was the Nuremberg trial in 1945, which included actions against physicians who experimented with humans. Within the progress of this process the Universal Declaration of Human Rights was achieved in 1948.

In 1954, Fletcher published *Moral and Medicine*, writing for the first time that the religious vision is separated from ethical/medical conflicts. A clear example is the proposal for the use of oral contraceptives at a time in which for religious ethics it was inadmissible.7

In 1967, the beginning of heart transplantation by Barnard in South Africa was followed by
a boom in transplants worldwide and the rise in organ donation programs, events that prompted a new approach to death, life, science and ethics.\textsuperscript{8}

The Dutch oncologist Van Rensellaer Potter is credited with having developed the bioethics neologism and proposing the basis for this new discipline, which he called “the science of survival.” Potter argues that human existence is not guaranteed, rather it is threatened by disturbance of the ecosystem equilibrium and the progress of technology.\textsuperscript{9}

Hellegers is credited with spreading the term bioethics, with some tradeoffs in that proposed by Potter because for him it is not a new science but a branch of classical ethics. Hellegers founded the Kennedy Institute, which carries out bioethical studies regarding controversial issues such as genetic diseases, human experimentation, transplants of artificial and natural organs, behavioral control, abortion, the right to health and issues related with death.\textsuperscript{10}

In 1968 Callahan founded the Hastings Center in New York where he not only discusses issues related to medicine and ethics, but also biology and environment.\textsuperscript{8} In this sense, it is necessary to point out that Potter’s bioethics has a more global focus, whereas the vision of Hellegers and Callahan is more restricted to matters related to medical issues.

In this millennium, an amazing deed has taken place for science that surely will be fertile ground for bioethical debate. We refer to the deciphering of the genome of various living species and, in particular, the human genome, which will open discussions about life and human reproduction.

In this time when science seems limitless, bioethics is not acting as a “brake” on research but rather is pondered as a supreme value that should amalgamate the imaginative and creative consciousness of the scientist, with the desire for survival and progress to which humanity is entitled.

Principal philosophical thoughts in bioethics

All the theoretical fields mentioned are expressed in many forms in the field of bioethics today. Each has a solid foundation with ideology, discourse and well-structured paradigms that make them different among themselves. This explains why during discussions of hospital bioethics committees different interpretations on the subject are made when those persons who analyze this fact assume different philosophical positions.\textsuperscript{11}

Below are the theoretical schools that have the most influence in contemporary bioethical thinking:\textsuperscript{12,13}

a) The utilitarian bioethics. Its basic principle is “the greatest good for the greatest number of people.” The values of society supercede the values of the individual. Under this approach, ethical decisions have to do with “usefulness” reported for the person, institution or society. For its application, a careful calculation of the cost-benefit decisions and outcomes that would be obtained from their probable application are a prerequisite (Hum, Bentham, Mill).

A simple example of the application of utilitarian ethics is in the administration of the vaccine against influenza AH1N1 in Mexico which, during its first phase in December 2009, was performed for the medical, paramedical, and for armed forces personnel. The vaccines that arrived during the next few weeks were administered to high-risk groups and those vaccines that arrived in January 2010 were applied to the rest of the population. From this fact is concluded that the bioethical vision that supports the administrative decision is utilitarian because it desires to preserve social stability in the midst of a pandemic.

Another view associated with utilitarianism is its association with functionalism, which states, for example, that in order to be a person the capacity to have a conscience...
is required. A person is that human being who is capable of performing acts of reason. Therefore, an embryo or an anencephalic or a comatose individual are excluded. This conception of man, followed by a purely utilitarian reasoning, makes it possible to move towards positions that allow euthanasia and abortion, among others.

b) **The universalistic bioethics.** Decisions must consider the opinion of the majority of people involved in the ethical dilemma. To make “objective” the ethical judgments, “subjective opinions” of the majority of people participating in the ethical problem must be taken into account. Before the impossibility of reaching a universal ethic, the only possibility is the consensus and social contract. The consensus is the only source of authority because any other argument is weak.

Hospital bioethics committees are inspired by this vision. The stages which bioethical debate passes through include the participation of the greater number of people, especially the players in the bioethical dilemma (doctors, nurses, etc.) as well as the child’s family and representatives of society. Although during the discussion different bioethical positions may be held, the final recommendation becomes a form of consensus.

c) **The personalist bioethics.** The axis of the whole debate is the person and his/her quality of being worthy. Over the interest of other persons or institutions and societies is the ultimate well-being of the individual. Personalism conceives the individual as the unit that is formed when being immaterial (soul and spirit) and being material (body) and accepts its existence from the time of conception. From this perspective, personalism follows some principles that may serve as guidance in everyday medical care: respect for life, body, identity, dignity, autonomy, freedom, justice and human solidarity.

Under this view, every child, regardless of social position, assumes all the rights of children and may demand, regardless of their particular situation the best medical care, under the best conditions of well-being. The family, institutions and the State have an obligation to safeguard these rights that are inherent to their human quality.

d) **The bioethics principle.** This emerged in 1970 with the Belmont Report. Currently, there are four principles regarded as the theoretical core of this vision:

**The principle of beneficence**

Beneficence consists of always providing good to the health services user. The patient always expects that upon reaching a health facility, he/she will be taken care of in the best way possible, by the best personnel, using the best equipment and appropriate medications for their health needs and that on entering the health establishment, something good is always offered to him.

Beneficence does not discriminate and seeks to reach all patients, regardless of age, sex, or type of disease. Under this principle, a health facility should be seen by children as the “house of health,” not like the “house of terrors.” The important thing is to cure, and if this is not possible, to try to ease the pain. If this is impossible, we should at least console.

**The principle of autonomy**

Autonomy is the capacity to govern oneself. It is the ability to make decisions about what can happen with our own body. This principle had a significant emergence from the Nuremberg trials when the medical community realized how far a researcher can go when hidden behind the shield of science and is blinded by his own scientific desire. Autonomy emerges here as the voice of one who has not lost his right to be heard.
But, can a child autonomously decide on the treatment he will receive? The authors believe that every child, regardless of age, has the right to express his/her views on what is intended to be done with his body. Some will do it only with grimacing or crying, but those who can speak have the right to express their opinion and the right to be heard in a formal and involved manner by healthcare personnel.

Secondly, according to their intellectual development, children should be allowed to participate in their therapeutic and diagnostic decisions. In all cases, their parents or close relatives acquire legally the right to represent them in all decision-making, but they must provide the means so that all children receive age-appropriate information and can express their opinions. This is especially true for school-aged children and in a formal manner, as if they were adults for those >12 years of age.14

**The principle of nonmaleficence**

This principle expresses the obligation to not voluntarily cause damage. *Primum non nocere* (first do no harm): The statement is clear, however, it is faced with controversial decisions especially when applied to terminally ill patients, those whose life is in danger or when we know that the use of treatments and or procedures per se will cause some type of harm.

**The principle of justice**

This provides that everyone has the right to equal treatment regardless of the conditions of their lives, their health, their beliefs or economic status.

In pediatrics, the application of the principle of justice requires us to treat people as equals, as worthy of greater respect without making distinctions or differences between one or the other. Whether or not covered by a social health insurance plan, whether or not the child has parents or is a street child, or has a close family, is clean or dirty, parents have money or are poor, whether or not he is a delinquent—everyone is entitled to receive the same medical treatment, equal opportunity for hospitalization and receive the best treatments by the best physicians in the best hospital and under the best possible circumstances.

During this age of scientific and technological advances, not only have our lifestyles changed, they have also changed the environment and have had an impact on the biological systems surrounding man. These changes have also impacted the health field with an impressive transformation in the rates of morbidity and mortality as well as life expectancy. Current therapy has modified the traditional natural history of disease and has led to “unknown” situations in the health/disease process, which has opened the door to many ethical dilemmas.

Bioethics emerged at this time as the ethics required by current science because it is a proposal capable of establishing links between health, science and technology, always in favor of life.

In pediatric practice, it is crucial to recognize that, in addition to a broad scientific knowledge, the pediatrician must be aware of the deep insights of philosophical reflection. The pediatric professional should count on one hand with the experience that provides science and on the other hand with the wisdom that bioethics provides.

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