

Bioethics: a bridge to the future?

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In 1927, the German philosopher and educator Fritz Jahr published an article entitled *Bio-Ethics: A Review of the Ethical Relations of Humans to Animals and Plants*. In it he proposed the extension of moral regard to all living beings and emphasized the continuity and interdependence of human life with other forms of life. He articulated a 'bioethical imperative', basing ethics on the recognition of this interdependence and making humans responsible for preserving life in its diversity. His idea of bioethics takes a global and ecological perspective on biological science. Biology and medical science, he argues, require supplementation by ethical thought to ensure that they serve life, rather than undermining it or being hostile to it.

In 1970, the American biochemist Van Rensselaer Potter revived the term 'bioethics' and again identified it with a global concern for the integration of biology and ethics. He proposed bioethics as a 'bridge to the future', linking science to an ethic of life that would promote health globally. Potter understood ecology and environmental ethics to be central to the mission of bioethics. While no Luddite, he was deeply aware of the ways in which science and scientific progress threatened the environment and the quality of human life, and even human survival. Potter made a concept of sustainability central to bioethics, arguing for the incorporation of environmental ethics and the ethics of our relation to other animals into a global promotion of human health. Potter's 1988 text *Global Bioethics: Building on the Leopold Legacy* specifically linked human health to a respect for the land which sustains it.

In the four decades since the publication of Potter's *Bioethics: a bridge to the future* (1971), bioethics has become something more narrow and instrumentalist than the conceptual project envisioned by Jahr and Potter. Recent and contemporary bioethics focuses almost exclusively on problems raised by medical research and the use of new technologies in the clinic. UNESCO's own definition

of bioethics focuses on the ‘power’ and ‘progress’ of science and takes as paradigmatic problems for the field a narrow set of issues confined to the clinic and the lab: stem cell research, genetic testing, cloning. A survey of conference programmes and journal articles reveals the field’s focus on research ethics, concerns about property rights in relation to genetic material, the use of new reproductive technologies, or end of life issues raised by the use of exotic life-saving technologies. Funding opportunities for research in bioethics are equally narrowly focused on the ethics of research and the deployment of new technologies of medical intervention. The focus on consent in research or the manipulation of genetic data often seems to imply, as Onora O’Neil remarked in her 2008 address to the International Association of Bioethics, that contemporary bioethics is more concerned with liability and property than ethics.

Certainly, contemporary bioethics does not exhibit the broad concern with the conditions of life that was reflected in the work of Jahr and Potter. While Jahr and Potter were committed to reinventing the infrastructures of life to better promote global health, contemporary bioethics seems content to accept current economic, social or environmental arrangements and practices and to operate instrumentally within them. For example, the emerging obesity epidemic is approached as a matter of ‘health promotion’ with the idea that the task is to change individual behaviour. Almost absent in bioethics is any critique of the global food industry and the connection between the practices of agribusiness and the degradation of human health. Similarly, though data are readily available revealing the link

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between gender equity and the education of women, on the one hand, and community health on the other, the subjection of women is hardly a central focus of mainstream bioethics. Indeed, it is often argued that gender equity is a ‘separate issue’ and not properly included in rights related to health. Discussions in bioethics of scarce resources or healthcare costs rarely undertake a critical analysis of current economic structures and policies as they impede practices that would promote health. Bioethics seems, for the most part, to accept the current disposition of wealth and power and to operate within it, rather than seeing a lack of a political voice or social inequity as inimical to health around the globe.

This lack of a critical concept of power and a critical approach to capital and wealth leads bioethics to rely regularly on some form of cost-benefit analysis as a basis for ethical decision-making. Decisions about what counts as just coverage or access often turn on calculations of cost-effectiveness that are not well informed by an articulate idea of the conditions of human health and well-being. This leads to false choices and a merely reactive posture. Recent critiques of the cost of care for the elderly in the US have often cited the competing need to invest in prenatal care or the care of young children, as if this competition between young and old were a given, rather than an artifact of capital and the power of other economic interests. Approaches to obesity and related diseases regularly focus on medical intervention in the individual body, rather than the structural changes required to promote healthy eating.

Rather than accepting the *status quo* and reacting to proximate problems, Jahr and Potter understood bioethics to be a project of reimagining our global human future to promote human health and the interdependencies that sustain all life. Given the global degradation of the environment, the global explosion in obesity and other non-infectious diseases, the health risks to labour, and the rapid increase in social and economic inequity around the globe, it is imperative that bioethics recapture its original mandate as a 'bridge to the future'.



Three problems that have begun recently to claim more attention in bioethics prescribe a programme of action for the next twenty years. Firstly, the link between the subjection of women and the degradation of women's health has been clearly demonstrated, as has the positive effect on community health of investing in women's autonomy and health. When women in India receive less food and less care than their male relatives, their health suffers. When women in Saudi Arabia are prevented from engaging in physical activity, they suffer spiking levels of obesity and obesity-related disease. When women in the US are denied easy access to birth control and the full range of reproductive services, they suffer unwanted pregnancies and degraded reproductive health. On the other hand, investments in women's education and the promotion of women's economic independence regularly improve their health and that of their community. The Bioethics Section of UNESCO and bioethics generally need to practise the 'gender mainstreaming' prescribed by UNESCO's Division for Gender Equality. Gender equity is not a women's issue but a human issue, and promoting it is essential to human health and well-being around the globe.

Secondly, bioethics needs to make food central to its thinking. As infectious diseases decline, obesity-related diseases are spiking globally. Given the aggressive practices of agribusiness in marketing and controlling access to food, it is unlikely that isolated policies limiting sugar or fat will have much effect. Moreover, the practices of agribusiness threaten health through the reliance on chemical inputs and the extensive use of antibiotics in animal farming. The extension of agribusiness also results in the displacement of indigenous farmers and the undermining of local food economies, correlated with a variety of effects inimical to health, from the spiking suicide rates among Indian farmers to the explosion of dental caries in Indonesia to the massive urban migrations that create a host of new health emergencies. Bioethics should make central to its project a rethinking of how we produce, distribute and consume food: how and what we eat determines health.

Finally, a focus on food also raises the broader issue of environmental integrity and its relation to health. As the French philosopher Luce Irigaray has remarked, we are fast creating through our 'scientific progress'¹ a world that is inimical to our health. Not only is the security and wholesomeness of food threatened by the 'science' of agribusiness and its use of chemical inputs or antibiotics, but the availability of clean air and water is also at risk from science and progress. The air in the newly industrialized cities of China has become so dangerous that children are no longer allowed to play outside. Communities around the world find their water supplies at risk through the practices of global energy corporations or agribusiness. Bioethics needs to make central to its research a recognition of the dependence of life and human health on the integrity of the earth, its air, water and land.

By returning to the forward-thinking, future-oriented ideas of Jahr and Potter, bioethics would move beyond its narrow concerns with liability in research, the ownership of genetic material or the deployment of exotic technologies. By making gender and social equity, food and environmental integrity central to its research programme, it would address urgent matters that affect everyone globally. Rather than focusing on a narrow set of issues raised by 'progress in science' that affect only a limited and privileged segment of the global population, it could advance the structural and institutional changes that are essential to sustain human health. Then, bioethics might become a 'bridge to the future'.



1 See, for example, L. Irigaray, 1993, *Your Health in Je, Tu, Nous: Toward a culture of difference*. New York, Routledge.

UNESCO Chairs in Bioethics and their future task

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As part of its new strategic focus, UNESCO is trying to create think tanks at universities and research centres whose aim is to build connections between science and research on the one hand and civil society on the other, notably the link between research and the management of public affairs. The idea is to use the intellectual potential in UNESCO member countries both for the benefit of these countries and for the whole of the international community. The foundation of centres of excellence and the pursuit of innovation in the respective regions is one of UNESCO's strategic objectives.

In 1992, UNESCO set up the UNESCO Chairs programme, based on an Act passed at the 26th General Conference of UNESCO in 1991.¹ The Universities and research institutions that cooperate with non-profit organisations and foundations, in addition to the public and private sectors, are the most important participants in the programme. The aim is to enable university communities to collaborate with UNESCO to achieve the programme's overall objectives. The effectiveness of this cooperation is assessed at regional, national and international level. The aim of these activities is to support projects that seek to establish new educational programmes, to integrate new ideas within research, and to encourage cultural diversity by means of exchanges between academics, scientists and students.

I think that one of the 'think tank' tasks of the UNESCO Chairs in Bioethics is to clarify the fundamental terms and methodologies of bioethics. For example, when we look for answers to various definitions of bioethics, we are confronted with different views on its content, numerous methodologies and outcomes. Daniel Callahan, one of the most significant figures in bioethics and long-

1 UNESCO, 1991, Records of the General Conference, Twenty-sixth session, Paris, 15 October-7 November, p.33.