

UDK 1:612.181(~)

 <http://dx.doi.org/10.26739/2181-9505-2018-1-5>

**Berna Arda (Turkey, Ankara)**

## CONCEPT IN 21ST CENTURY: BIOETHICS

**Abstract.** Ethics, today, is one of the concepts that physicians need to know in daily lives while practicing medicine. As an effort to justify the human attitude and behaviour to being compatible with the basic values, this field can be regarded as an inquisitive and critical one, which is dedicated to answer the main questions such as "what is good?", "what is bad?" and "is there absolute good and bad?" Evidently, some concepts like birth and death cannot really be considered as solely medical ones. Furthermore, health has also its strict requirements of housing and food, which together has an unignorable effect among other scientific determinants. To recognize and hinge on the essential global bioethical issues in the 21st century; which mainly base on the problems relevant to poverty and population, will constitute the fundamental main aims of the article.

**Key words:** deontology, bioethics, medical ethica, global bioethics, Asian values, bioethics imperialism, global cooperation.

### *Introduction*

Today it is an obvious fact that the medical-health sciences have incredibly increased their knowledge content in short periods. While this broadens the knowledge mass excessively, which one must acquire, or which must be known in detail, it also creates significant gaps in the normative aspect of medicine. Particularly, while with the help of scientific and technological developments, the number of feasible things in daily medical applications is increasing, the norms, which are defined as traditionally comprehended and form the content of medical regulations remain inadequate. With regards to this, it is considered as necessary that the newly adopted medical applications should firstly undergo an extremely comprehensive ethical interrogation and evaluation since producing new rules matching that area would only be possible after such an intellectual discussions. Moreover, attaining the norms special to that area to follow such discussions will, at the same time, give a functional attribute to these norms. Similar concerns relating to being functional can be seen in the critical evaluation of existing rules. For example, the reactions in 1967 to Dr. Bernard's declaration that he achieved the heart transplantation successfully and the ones in 1997 to Ian Wilmut's proclaim that Dolly was a cloned sheep, both have several points in common [2017]. Initially, these common points rise the question that whether the justification of putting everything into effect would be technically possible. At this point, a foggy situation comes into existence as there is neither an universal agreement nor even any basic rule

can be obtained since these declarations represent "the pure ethics level". It can be said that, nobody really has a straightforward and vivid idea regarding the details of the phrase "invention", such as content, risks and possible implementations. This matter emphasize the need of a new field, to propose norm/rule to as a necessity of this new reality and it also can be discuss regarding the current medical legislation.

Relevant to relationship between ethics and law; the four phases have been decribed. The first phase, as an very early one, represents definition and the content of this new initiative/ tool/application. On one hand the discussions regarding the value problems continue day by day. On the other hand, the borders of the phrases such as "technically possible" and "ethically acceptable" become more clarified. The second phase, the "universal agreement" can be achieved by means of the general principles. However, still no relevant domestic legislation have been provided. The third phase, the domestic "soft" regulations can be arguably seen; but there are still neither any sanctions nor clear responsibilities. The fourth phase: domestic strict legislation, can be seen almost in every country. When only this inquiry is profoundly carried through, then it will be possible to reveal the cost and benefits of its prospective projections clearly. Therefore both medical world and generally humankind will decide how and under what conditions the subsequent attempts are to be realized. They will also determine the circumstances which are ethically "acceptable" or "reasonable". This decision process symbolizes the texts from the first or the simplest regulations to the ones representing the common conscience that is generally the scientific world or more generally humankind has come to an agreement on. At the beginning of this lecture, it would be useful to briefly describe the concepts of ethics, deontology, medical ethics and bioethics terms.

### ***Basic terms and concepts***

Medical Deontology is a normative field, which is introduced by Jeremy Bentham, an English philosopher and a lawyer. The term used in 1834, two years after Mr. Bentham's death, as the title of a book, which concerned with the distribution of obligations, duty, interest and prohibitions related to virtues. "Being a good doctor means doing good practice medicine" approach seems to be a basic approach of this concept and three types of duties physicians towards themselves and science, towards patients and towards society. Many European countries took this approach and implemented to their normative structure.

The term, medical ethics, was first used in the 19th Century. The practitioner, mostly the physician, has a central place in the tradition of medical ethics focusing on virtues, conduct or duties interpreted as professional ethics. It is easy to see that traditional medical ethics approach became problematic in 1950s- 60s. The main reasons were the critical attitudes towards profession, the growing power of medical science and technology and the social changes as a result of the rising awareness of the patients regarding their rights. Therefore a new and broader ethical discourse emerged, which was emphasizing some important facades like; inclusiveness; mostly based on a patient centered and multidisciplinary approach, reflection; using rational argument and moral deliberation, holistic approach; with a broader view of healthcare, human values; a field interested in the justification of medical attitudes and behaviours according the basic values [Ten, Have H: 2016.pp.315-326].

Bioethics, as an academic discipline, is interested in the appearing value problems of the all human activities, including biologic sciences and medicine. One crucial point to bear in mind is that the human beings do not occupy a a central role anymore as gradually an "eco-centered" approach is being preferred rather than an "ego-centered" one. Medical ethics, ethics of science, ethics in communication, administrative ethics, business ethics, environmental ethics...etc are the subparts of bioethics. The term "bioethics" introduced by van Rensselaer Potter(1911-2001) in 1970 and global bioethics in 1988 as a result of the emerging necessity to develop a new discipline in order to deal with the fundamental problems of humankind [Potter, V.R,1970/pp 297-306]. The prior problems of today have been introduced by Potter as, Population, Poverty, Peace, Pollution, Politics and Progress; summarized as 6Ps. All of these were illustrated as threats to the survival of the humanity. To cope with these problems it is necessary to combine life sciences and ethics. Global bioethics has two main characters; a worldwide scope and a comprehensive approach [Whitehouse, PJ.2003, pp.26-31].

As an academic field, ethics, has a lot of approaches like; duty ethics, deontological approach or Kantianism, utilitarianism, rights centered ethics or liberal individualism, virtue ethics, casuistry, narrative ethics, communitarianism, principlism which have different theoretical bases of analysis and evaluation. Instead of mentioning each of these, solely principlism will be focused on as a result of the preference of practicality in this speech. We need ethical principles to achieve private judgement from general rules through deductive operational process. To keep humanitarian features of medicine is just possible by means of keeping such principles. Ethical principles are generalized phrases used in ethical decision - making process. There is no single and absolute principle. Instead, there are basic rationals, which based on ordinary and common moral opinions. Beauchamp and Childress, two philosophers from United States, are the intoducers and pioners of principlism approach. The obviously most established ethical framework in the bioethical area is belongs them, based on their classic book "Principles of Biomedical Ethics" published in 1979. The general features of ethical principles are being common, not to have impose character, enabling the possibility to evaluation based on the context and cultural base and having no hierarchy between the principles regarding their priority and importance. According to Beauchamp and Childress, basic ethical principles in medicine are; nonmaleficence ("non nocere", "nihil nocere"), beneficence, justice and respect for autonomy [Beauchamp, L.1989. p.23]. "Respect for autonomy" principle is a rather a new one and is a crucial one in routine life of medicine. The only way to show respect to autonomy is to obtain informed consent of the patient. "Informed consent" has been respected as a representative of this concept in practice. If there were no such thing as 'consent', which depends on information, respect for autonomy could not be mentioned. In other words, if there were no traces of giving informed consent in medical practice regardless of the type, it would be defined as true ignorance of personal autonomy. The near history has many cases which reflects complete ignorance; in fact, blindness to autonomy. The Nazis' trials, Manchuria experiments..., have formed real examples of the brutal abuse of human beings. These have constituted "turning points", and their reflections can firstly be observed at the level of ethical discussions, and then in the very first law texts [Arda, B.2005. pp.335].

Even though we will not consider about the principles here in detail, they still can be evaluated as highly significant as they draw the borders of a general framework. As being an extremely simple and practical approach, principlism, is vested with aglobal character, which can be come across to in different countries and cultures [Sen, A.2017]. Hovewer I have some concerns relevant to principlism and to see how broadly accepted in the different regions of the world surprised me each time, but I would not mention here about critics of this framework.

**In the light of all the said factors, today, the main ethical topics in medicine today can be articulate as follows:**

Physician- patient relationship(informed consent, confidentiality..).

Human rights and medicine.

Ethical issues in the beginning of life (termination of pregnancy, IVF, prenatal diagnosis).

Ethical issues in the end of life( euthanasia, DNR orders..).

Gen-ethics, stem cell ethics, organ and tissue transplantation.

Research ethics- publication ethics.

Expanding agenda of global bioethics in 21st century.

At the beginning of the 21<sup>st</sup> century we look back to the earlier decades of the 20<sup>th</sup> as a time of gross examples of the collision between medicine and human rights: the Nazis' experiments on humans, the Tuskegee syphilis study, the Japanese tests on prisoners in Manchuria. AIDS among orphans in Romania, organ trafficking, the farming out of medical research to underdeveloped world also seen as more recent examples of neglect of human rights from the second half of the 20<sup>th</sup> century that may well carry the same sort of resonance for our descendants [Arda, B.2006. pp.333].

The world in the 21<sup>st</sup> century has important features that reflects the immensity of the problems there are. The common points are;

Worldwide scale; not geographically located in a spesific place.

Interconnectedness; often associated with other issues

Persistence; evolved over time, not easily disappear, have a systematic character

General scope; unbounded, for everyone

Need for global action; cannot be solved through separate bilateral action, one state/organization cannot effectively solve. Only global cooperation will succeed as ten Have emphasized [Ten, H. 2011, pp315-326].

At this point I would like to emphasize a current concept; "bio-ethical imperialism". This concept deserves formal debate, especially in the context of developing and underdeveloped countries. "Globalization of medical research" and "export of clinical trials to underdeveloped countries" by huge pharmaceutical industry are faces of today. These findings inevitably force to us to think about the content, boundaries, and tendencies of the biomedical research in the future [2005].

The concept suggest the dominancy of Western bioethics. When it is imposed on the non-Western communities, such imposition ethical imperialism as mentioned in academic literature.Asian values started to articulate in 1990s. Asia, where 60 % of the world population lives, is characterized by diversity and heterogeneity. East Asian (China, Malaysia, Singapore) political leaders articulated Asian values (orderly conduct, harmony and discipline) as substantially different from Western values, which mainly the individual liberty and rights. These leaders mostly rejected the universality of human

rights in favour of own regional differences. On the other hand, Amartya Sen, an Asian philosopher, criticize Asian values. He argues that democratic ideas, liberty and public participation in political decision-making are not exclusively Western notions, but are significant in all cultures and traditions, like science and technology. Specifying Asian values can easily disguise authoritarian paternalism. "So-called Asian values that are invoked to justify authoritarianism are not especially Asian in any significant sense" [Sen,A. 2017].The divergences between western and non-western values are really as deep as we think? On one hand to find samples of individual freedom and autonomy in ancient Asian writings is possible. On the other hand solidarity, interdependency, interpersonal networks are also regarded valuable in western culture. The both of them need to be compromise by developing an atmosphere of mutual understanding.

In the light of all these discussion we can see the following topics in the expanding agenda of global bioethics; biodiversity loss, biological and toxic weapons, braindrain and care drain, corruption, exploitation of vulnerable populations, food safety and security, humanitarian assistance and disaster relief, inequitable access to treatment and care, integrity, conflicts of interest, trafficking (organ, tissues, body parts, humans) ... .etc. A few examples will show us these problems how common in today's world and deeply connected with each other and emphasize the crucial need for global action to be reach solution.

Tissue tradein February 2012, Ukraine; a minibus loaded with human bones and tissues remains of the dead Ukrainians were destined for a factory in Germany, which process body parts for implantation. Factory belongs to RTI Biologics, a Florida based company. Bone, teeth and other parts..illegally recovered from morgues, sold on the international market. From Ukraine to USA via Germany tell us how common such these trafficking in the world.[Ekmkci, PE,Arda, B.2017].

Disaster ethics; Haiti case; Port-au-Prince, struck by a catastrophic earthquake in 12 January 2010. 220,000 people killed and 300,000 injured. Operation rooms were not functioning and equipment was defective or missing. Under these circumstances 4000 people had amputations, because of infected limb fractures [Schults,CH., Koing, KL.1996. pp.67-75].

Gene hunting; Tonga 2001; "3 centuries ago they came for sandalwood. Today the bastards are after our genes" Director of Tonga Human Rights Democracy Movement emphasized the transformation of trade concept. Tongapopulation is homogeneous-isolated, therefor very attractive for identifying genetic patterns of common diseases. Autogen, biotech company, had a deal with Ministry of Health, right to collect genetic materials and create a genetic database. Population had not been informed or consulted and this caused a public outcry. Genetically affected ones would have difficulties with employment, insurance, bank loans and even marriage [Orams,MB.2001,pp128-146].

Trovan case; The city of Kano in Nigeria, was struck by an epidemic meningitis in 1996.While thousands of children were treated in an ill-equipped hospital, Pfizer came in to test a new antibiotics drug Trovafloxacin. Trovan had never administered to kids orally before. Parents not aware that children were included in a clinical trial. No permission was asked to test the drug. Pfizer argued that IC could not be obtained from parents, because they were illiterate. 11 children died and 200 permanently disabled. In 2002 families sued Pfizer and USD 75 million compensation paid in 2011 [ Mattei,JF.2017].

Biopiracy; relevant to this title two samples are selected. One of them is about rice and the other is about cosmetics. Basmati rice cultivated for centuries in South Asia. Local farmers improved the quality of the rice by seed selection and breeding practices. In 1997 RiceTec Inc, granted a broad patent on Basmati rice lines and grains. This caused a public outcry. NGOs in India started a campaign, which led to the withdrawal of some patent claims in 2002 [Jamil, U.1998].

Shisedo, as an other sample on this topic, patented several formulas of herbs and spices to make anti ageing agents. These are based on the knowledge and practices of traditional farmers of Central Java in Indonesia. Due to protests and media campaigns, S. retracted some of the patents in 2002.

### ***As a result***

Bioethics, is an area one must consider when examining some open ended questions and problems or coming to a conclusion. Therefore, its principles should be considered as an essential necessity that law makers and adjudicators to fulfill in the normative organizations of official or private institutions such as honorary committees, discipline committees or ethics committees. Forasmuch, the decisions of such organizations and committees indispensably constitute the source of deontology. In conclusion, ethical judgements do not have legal certainty whatever institution they are made by as long as they are not turned into legal regulations. They are considered as proposals to enlighten occurrences. Such ethical views can provide guidance in similar cases when they are used as basis in court decisions. Especially in the medical field, the need for new forms is extremely clear. Therefore, it should always be remembered that ethical discussions influence deontology and deontological needs influence ethics, vice versa. Every normative activity is an effort to answer the question; "whether putting everything into effect which is sci-technically possible is justifiable or not" via to determine the borders between "technically possible" and "ethically acceptable". While this effort continues, all of us, who are working as physicians in different fields of medicine, have to know the local legislation related with our profession and be aware of our occupational legal limits, professional responsibilities and obligations. Not to forget our duty of care for our patients will also be helpful not to lose the humanitarian dimension of medicine.

### **Bibliography**

1. 'Accessed on 2nd March, 2017 'accessed on 2nd March', (2017) [www.history.com/this-day-in-history/first-human-heart-transplant](http://www.history.com/this-day-in-history/first-human-heart-transplant)
2. Bradbury J. (1997). 'First Dolly the sheep, now multiple monkeys Lancet' 349 (9053): pp705.
3. Capron AM. (1997). 'Inside the beltway again: A sheep of a different feather'. Kennedy Institute of Ethics Journal 7(2): pp171-179.
4. Franklin S: Dolly. (1997). 'A new form of transgenic breedwealth, Environmental Values', 6(4): pp.427-437
5. Ten Have H: 2016. 'From medical ethics to bioethics, in Global Bioethics An Introduction' 'Routledge, London, pp.12-20, 27, 45, 56, 116.
6. Potter V R: Bioethics. (1970). 'The science of survival. Perspectives in Biology and Medicine' 14: pp. 127-153.
7. Whitehouse PJ. (2003). 'The rebirth of bioethics: Extending the original formulations of Van Rensselaer Potter'. *The American Journal of Bioethics* 3(4):W26-W31.
8. Potter V.R. (1975). 'Humility with responsibility- A bioethic for oncologists: Presidential address. Cancer Research', pp. 2297-2306.

9. Beauchamp, L., Childress, J.F. (1989). 'Principles of Biomedical Ethics', Oxford, pp.3-17
10. Arda B. (2005). 'The law and ethics of medical research: International bioethics and human rights'. *British Medical Journal* 331: pp. 298, 30 July
11. Forsberg EM, Shelley-Egan C, Thorstensen E, Landeweerd L, Hofmann B. (2017). 'Evaluating Ethical Frameworks for the Assessment of Human Cognitive Enhancement Applications, Springer Briefs in Ethics', pp.32-34
12. Arda B, (2006). 'Trust is Not Enough: Bringing Human Rights to Medicine' *British Medical Journal*; 333:1076, 18 November
13. Ten Have H.(2011) 'Global bioethics and communitarianism'//*Theoretical Medicine and Bioethics* 32: pp.315-326.
14. Sen A. (2017). 'How to Judge Globalism: Global Links Have Spread Knowledge and Raised Average Living Standards. but the Present Version of Globalism Needlessly Harms the World's Poorest, American Prospect <https://www.questia.com/magazine/1G1-81889860/how-to-judge-globalism-global-links-have-spread-knowledge>)
15. Ekmekci PE, Arda B.(2017). 'Interculturalism and informed consent; respecting cultural differences without breaching human rights' (underreviewed article)
16. Accessed on May 30th, (2017). ' <http://www.dailymail.co.uk/news/article-2175006/Skin-bones-tissue-sale-How-dead-used-grisly-trade-human-body-parts.html>'
17. Schultz CH, Koenig KL, Noji EK.(1996). 'A Medical Disaster Response to Reduce Immediate Mortality after an Earthquake, *N Engl J Med* 334:438-444, 2010.Feb 5, pp.67-75
18. Mattei JF.(2017). 'Haiti or humanitarian ethics under question, 18 Jan 2016' <http://alternatives-humanitaires.org/en/2016>
19. Orams MB. (2001). 'From Whale Hunting to Whale Watching in Tonga: A Sustainable Future?' *J of Sustainable Tourism* 9(2): pp.128-146.
20. Burton B. (2002). 'Proposed genetic database on Tongans opposed. *British Medical Journal* pp.324,
21. Wise J 2001. 'Pfizer accused of testing new drug without ethical approval'. *British Medical Journal* 322(7280): p.194,
22. Malakof D. (2001). 'Human research Nigerian families sue Pfizer, testing the reach of U.S'. *law.Science* 293(5536): 174.
23. Jamil U.(1998). 'Biopiracy: The Patenting of Basmati by Ricetec Working Paper Series # 37', 'Commission on Environmental, Economic and Social Policy - South Asia And Sustainable Development Policy Institute'(SDPI).

## **Берна Арда (Турция, Анкара)**

### **Биоэтика важная концепция XXI века**

**Аннотация.** Этика является одной из концепций формирующая мораль, нравственные отношения. Однако, понятие "Биоэтика" связано с медицинской практикой. Учитывая отношение человека к основным ценностям и его поведению, сущность этой сферы можно определить, отвечая на вопрос "что хорошо" и "что плохо" и все ли хорошо и все ли плохо? На наш взгляд, некоторые понятия, например, рождение и смерть не могут быть чисто медицинскими понятиями. Кроме того, нужно учитывать и то, что здоровье человека связано и с жильём, с продовольствием и т.д. С этой точки зрения в данной статье анализируется развитие биоэтики с позиции сохранения человека как вида.

**Ключевые слова:** деонтология, биоэтика, глобальная биоэтика, Азиатские ценности, биоэтический империализм, продовольствие.

**Берна Арда (Туркия, Анқара)**

### **Биоэтика XXI аснинг муҳим концепцияси**

**Аннотация.** Этика ахлоқий муносабатларни шакллантирувчи концепциялардан бири ҳисобланади. Бироқ, "Биоэтика" тушунчаси тиббий амалиёт билан боғлиқ. Инсоннинг асосий қадриятларга муносабати ва ҳулқини ҳисобга олган ҳолда, бу соҳанинг моҳиятини "нима яхши" ва "нима ёмон"? саволларига ва ҳамма нарса яхшими ёки ҳамма нарса ёмонми каби саволларга танқидий жавоблар бериш орқали аниқлаш мумкин. Фикримизча, баъзи тушунчалар, хусусан туғилиш ва ўлиш соф тиббиёт тушунчалар бўла олмайди. Ундан ташқари, соғлиқ, уй жой ва озиқ овқат каби бошқалар ҳам инсон соғлиғи билан боғлиқ эканлигини тан олиш лозим. Шу нуқтаи - назардан, бугунги кунда биоэтиканинг ривожланиши инсоннинг тур сифатида сақлаб қоладими ёки уни йўқликка айлантирадими?, масаласининг таҳлили ушбу мақоланинг асосий мақсадидир.

**Таянч сўзлар:** деонтология, биоэтика, глобал биоэтика, Осиё қадриятлари, биоэтика империализми, озиқ овқат.

