Global Bioethics and New Evolutionary Challenges

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**Beginnings**

Until the 1960s, discussions about ethics were largely confined to philosophical and theological studies. Advances in technology and medicine, together with increased concern for individual rights and freedoms, led to the rebirth of the field of bioethics in which theologians, philosophers, lawyers, and other scholars engaged in public discourse on applied ethics. The word "bioethics" and its field of study experienced, in 1970/1971, a dual birth in Madison, Wisconsin, and in Washington, D.C. Van Rensselaer Potter, at the University of Wisconsin first coined the term; and Andre Hellegers, at Georgetown University, soon adopted the word "bioethics" and for the first time used it in an institutional way to designate the academic field and movement regarding public policy and the life sciences (Reich, 2009a; 2009b).

For Potter, a research oncologist, the word "bioethics" had an environmental and evolutionary significance; whereas Hellegers, the Dutch obstetrician/fetal physiologist/demographer who was instrumental in founding the Kennedy Institute of Ethics at Georgetown University, used the term more narrowly for medicine and biomedical research ethics. Potter's use of the term "bioethics" was initially marginalized, whereas the Hellegers/Georgetown biomedical connotation of the word came to dominate the emerging field of bioethics in academic circles and in the mind of the public.

Potter identified the overriding human problem that led him to advocate attention to a new area that he called bioethics. It was the problem of survival of the human species, nations and cultures (Potter, 1971).

His objective was to identify and promote an optimum changing environment, and a comfortable human adaptation within that environment, so as to sustain and improve the civilized world. The ultimate goal of this discipline, as Potter (1971, p. 67) saw it, was "not only to enrich individual lives but to prolong the survival of the human species in an acceptable form of society.” Potter's substantive vision of bioethics was anthropocentric (human survival), rather than biocentric (survival and well-being of the biosphere).

Hellegers' favorite obstetrical metaphor best describes his founding role in bioethics.

Recalling his comment that "the word 'obstetrician' means 'one who is present at’” (Hellegers, 1975: 113), we could say that Hellegers facilitated the development of bioethics by being the intellectual midwife who stimulated ideas and reflection in others. Hellegers described his own role in bioethics: as "a bridge person between medicine and philosophy and ethics.”

**Turning point**

In the Western world, bioethics, as distinct from medical ethics, emerged only when the movement of 'technology assessment' was promoted as a result of the fear of unexpected harmful effects of contemporary development of sciences and technologies. This technology assessment movement came to Japan immediately, but did not reach China and India at that time.

The criterion for assessing science and technology in the Western world was clearly the moral standard of 'modern humanism', grounded on the ideas of 'person' and 'human dignity' of 18th century philosophy, especially by Immanuel Kant (De Risio & Orsucci, 2004).

However, bioethics came to a big turning point in the 1980’s. This was brought about by, firstly, the extremely rapid development of genetics; secondly, by the rise of the environmental approach to bioethics; and thirdly, by the participation in bioethics of an Asian (or non-European) paradigm (Sakamoto, 1999).

We have obtained the ability to manipulate human genes or genomes, by way of recombinant DNA, i.e. the ability to alter the genetic character of a human body artificially. We have almost established the possibility of human cloning, showing the omnipotence of bodily cells of all animals. These developments imply the possibility of 'artificial evolution' to alter living subjects to something different from what they now are. Sakamoto (1999) proposed to introduce a new concept of 'Artificial Evolution' contrasting to the traditional concept of 'Natural Evolution.' Artificial Evolution has several bioethical implications.

Adults can start to consider the genetic matter of their children as producible and mouldable and to plan its design. They might exert on their genetic products a power of...
disposition on the somatic base. This would include an extension of parental capacity to control the spontaneous reference and ethical freedom of another person. If and when this change is accomplished, children might start to consider, for example, their parents as creators of their genome and responsible for the desired or undesired consequences of an act of creation.

What in Kant was the reign of necessity becomes the reign of disposability. New possible scenarios pose new questions, for example: How does the self-understanding of a genetically programmed person change? How does this change the areas of creativity, autonomy, free-will and equality in human relations? What kind of ethical and legal thresholds do we foresee for human genetically modified organisms (GMO) or genetically engineered organisms (GEO)?

We could see all of us, in the near future, being described as the early stages of a mankind where "alterity and intimacy have been expanded to the point of recursive interpenetration" (Varela, 1988). Perhaps we are all (the growing numbers that have entered into the sphere of this transition) "les commencements d'une mutation."

Global bioethics

The Council of Europe in 1982, in its Recommendation 934 on genetic engineering from the standpoint of human rights says 'Human rights imply the right to inherit a genetic pattern which has not been artificially changed.' However, we are now going to accept 'gene therapy' which necessarily changes the human genetic patterns artificially in the name of medical treatment. This might promise the future "improvement of humans", possibly towards "human happiness".

There have been conflicts between the two different types of the bioethical concept of 'environmental protection': One is to protect the environment in order to preserve the best living conditions for human beings. The other is to protect the biosphere for its own sake. The former has been gradually replaced by the latter under the influence of ecological culture. People now are tacitly confirming the value of nature itself, instead of just the value of human beings within it.

More recently, the cultural values of bioethics have been expanded to regions outside Europe and America, especially to Asia. Asian people put a higher value on holistic happiness and welfare of the community, rather than on individual interests. The new Global Bioethics will stand on the new philosophy concerning the harmonious relationship between nature and human beings. The 'frontier mentality' of 18th century-type-humanism will be abandoned. Also the simple-minded naturalism of 'laissez faire' is impossible, for we have already acquired the technology to control human evolution and the future of the human species. Humanism will be extended beyond human-centrism by integrating the ethos and wisdom of Asia (Sakamoto, 1999). But it is not necessarily altruism either. It always seeks some sort of holistic harmony of the antagonists. One might be afraid that this kind of holism is a sort of paternalism which was already rejected in the beginning of recent bioethics in the honored name of 'personal autonomy': However, we should notice that some new bioethical issues such as issues of genetics and of the environmental crisis necessarily require some sort of communitarian way of thinking from the global point of view.

The new challenge of Global Bioethics will deal with some crucial questions. The concept of 'person' is, as its etymology (persona) shows, only a fictitious social mask. On the contrary, the human genetic character is a priori and universal. Therefore, 'Personal Identity' can be completely different from 'Genetic Identity'. Also, another important point is how can we discriminate them from natural rights such as 'non-human rights' or, the 'rights of non-human beings' such as of animals, or trees. At the same time, the idea of 'human dignity' should be reconsidered. Why is it exclusively human beings who are dignified?

Personalization

On the opposite dialectical point of view, a challenge for the definition of Global Bioethics is the personalisation of care (Sullivan, 2003). Calls to respect patient autonomy and produce patient-centered outcomes have recently brought the patient's point of view back into the center of clinical medicine. Bioethics has argued that patient values must be respected in health care decisions. But it has generally not questioned medicine's goals, including its definition of health. For bioethics, health has remained an objective biological fact. However, pressures to improve the cost-effectiveness of medical care have increased interest in the subjective health and quality of life of patients. Perceived health, health-related quality of life, and health-state utilities bring health assessment progressively closer to the patient's perspective.

Medicine's epidemiological transition from acute to chronic disease is thus prompting an epistemological transition from primarily objective to primarily subjective evidence of health and health care effectiveness. Now some of the most important patient outcomes are valid because they are subjective. Pathophysiology is appropriately becoming a means to produce health as it is defined from the patient's point of view. The physicians' job description will be changed to focus on patients' lives rather than patients' bodies. Definitive evaluations of medical effectiveness will occur within patients' lives rather than within doctors' hospitals. This further incorporation of patient subjectivity should carry us well beyond informed consent and offer protection for patient autonomy bequeathed to us by bioethics.

New challenges

A framework that combines an understanding of global interdependence with enlightened long-term self-interest has the potential to produce a broad spectrum of beneficial outcomes, especially in the area of global health. An extended public debate, promoted by building capacity for this process through a multidisciplinary approach to ethics in education and daily life, could be the driving force for such change. The new complex dialectics between personal and biological identities are also including new and unprecedented dimensions.

These changes require that interest in health and ethics should be extended beyond the level of interpersonal relationships and individual health to include ethical considerations regarding public/population health at the level of institutions, nations, and international relations.
Extending the ethical discourse in this way could promote the new mindset needed to improve health and to deal with its threats on a global level. The relatively new interdisciplinary field of bioethics, when expanded in scope to embrace widely shared foundational values, could make a valuable contribution to the improvement of global health by providing the space for such a discussion to occur.

"Developing ethics for global health. First, developing a global state of mind about the world and our place in it is perhaps the most crucial element in the development of an ethics for global health. Achieving this will require an understanding of the world as an unstable complex system." (Benatar, Daar, & Singer, 2005; De Risio & Orsucci, 2004).

This change need not be based merely on altruism, and that promoting long-term self-interest is also essential if we acknowledge that lives across the world are inextricably interlinked by forces that powerfully shape health and well-being (Orsucci, 2006; 2008).

References


About the Author

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