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Crisis of Bioethics

And bioethics in the midst of crises

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CRISIS DE LA BIOÉTICA Y
BIOÉTICA EN MEDIO DE LAS CRISIS

CRISE DA BIOÉTICA E A
BIOÉTICA NO MEIO DA CRISE

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RESUMEN

La bioética se encuentra actualmente en medio de una profunda crisis. Una revisión del estado del arte muestra que esta disciplina ha venido encontrando una serie de obstáculos tanto con respecto a su significado social como con respecto a su propio estatuto científico y epistemológico. Al mismo tiempo, los seres humanos y las sociedades se encuentran inmersas en una serie de crisis entrelazadas entre sí. Este artículo sostiene que ambos fenómenos se hallan profundamente relacionados y estudia las razones y las consecuencias de ello.

Palabras Clave

Corriente principal de la bioética, epistemología, crisis mundial, interdisciplinariedad

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SUMMARY

Bioethics is currently in the midst of a deep crisis. A review of the state-of-the art clearly shows that the discipline has been encountering a number of hurdles both in its social significance as well as in its scientific and epistemological concern. Simultaneously, human living and societies are living a number of intertwined crises all around. This paper argues that both phenomena are deeply related and studies the reasons and consequences.

Keywords

Mainstream bioethics, epistemology, world crisis, interdisciplinary

RESUMO

Atualmente a Bioética se encontra dentro de uma profunda crise. Uma revisão do estado da arte mostra que esta disciplina vem encontrando uma série de obstáculos, tanto em relação ao seu significado social como em relação ao seu próprio estatuto científico e epistemológico. Ao mesmo tempo, os seres humanos e as sociedades estão imersos em uma série de crises interligadas entre si. Este artigo sustenta que ambos os fenômenos se encontram profundamente relacionados e estuda os motivos e consequências disso.

Palavras-Chave

Corrente principal da bioética, epistemologia, crise mundial, interdisciplinaridade.

INTRODUCTION

A review of the most recent papers on bioethics clearly shows that the discipline is in a deep crisis. Several reasons explain this situation. Such a crisis challenges bioethics' survival it has been claimed. At the same time we live in the middle of a systemic and systematic series of crises, ranging from environment to culture, from finance to politics. The call for a serious reflection about bioethics' own responsibility vis-à-vis the various crises we are currently living have been set out explicitly in the literature.

This paper digs into bioethics' own crisis and provides some arguments that could make possible the historical survival of bioethics. At the same time, in parallel, this paper is a reflection upon the ways in which bioethics could and can provide helpful rods and insights concerning the crises that are going on right now.

Hence, the scope of this paper is at the same time epistemological and political in that it deals with a reflection of our world based on the concepts, tools, and approaches feasible from a bioethical perspective.

I shall claim that bioethics must be capable of contributing to the solutions of the crises the current world is going into for a long time span already. In case bioethics could not be helpful and useful in this respect its own survival as a discipline is at stake. Contribution to the world need serious epistemological turning points. Therefore I proceed as follows: firstly I shall characterize what mainstream bioethics is, which are its limits and possibilities. Secondly I focus on the need for an epistemological shift in bioethics and provide a number of reasons. Thirdly, I try to confront bioethics with the most important and appalling crises we are facing nowadays. Several arguments are brought out that support the possibility for bioethics to meaningfully contribute to solutions and problem-solving. At the end, I draw some conclusions.

1-. BIOETHICS' OWN CRISIS: MAINSTREAM BIOETHICS

In the standard sense of the word, bioethics is the term now used for biomedical ethics. It is an *applied* ethics very much along the way like business ethics, environmental ethics or a number of deontological ethics. Hence, in the normal use of the word, it is not a moral philosophy, which can be properly grasped as

basic ethics – in the very same tenure as we talk about basic science, applied and experimental science. Such a normal understanding of bioethics is not without severe criticisms and misunderstandings that lead to serious motives of worry and concern. The standard understanding of bioethics is, however, narrow and has been thoroughly criticized. Standard bioethics is a medical and clinical approach to ethics. Hence, its concern is the individual and its methods are principlism.

Today we have a fact regarding bioethics. After nearly forty or fifty years since its origins, we can safely talk of *mainstream bioethics*. As such, bioethics can be considered as *normal science* in the sense Th. Kuhn coined the expression (Kuhn, 1996), that is, a science or discipline that is reluctant to any kind of changes, new paradigms, revolutions. Normal science, said Kuhn, consists in one single word: *it works!* Mainstream bioethics is a-critical, just applied medical ethics, and scholarly closed within classical texts. Its origins are case-studies and remains as mere research bibliographical bioethics – unable to confront real world issues and problems, and to dialogue with other sciences and disciplines.

A very sensitive issue regarding bioethics has to do with health promotion and advocacy. Almost all over the world the health system, i.e. social security system is in a deep crisis. Various reasons explain this situation, such as the huge importance of financial capitalism over against social policies, the aging of population and the inversion of the social pyramid in most developed countries and increasingly all over the world, and the development and successes of biology, medicine, and clinical research that have made possible to win one more life (*une vie en plus*, De Rosnay *et al.*, 2007). To be sure, the public health crisis is multidimensional, and if so then a cross-disciplinary turn of bioethics should make sense. It should be possible to place clinical and research ethics in the broader context of population's health. By this, bioethics turns into a political concern – and not any more into (just) an ethically or a medically concerned issue.

Indeed, as it has been recalled, quite often, a large number of clinical cases arise from broad social problems. If clinicians, medicine doctors and bioethicists are not able to see this, then their endeavours fall short, to say the least. The methodological basis of principlism is the individual, and as such bioethics, standard bioethics cannot do anything towards society and communities.

Bioethics when properly understood, does not have an 'object' upon which it acts. Properly understood means that it is grasped in a broader and deeper framework than mainstream bioethics. In this sense, bioethics distances itself from normal science that is characterized by the fact that it has an object, it belongs to a tradition, it has a language (= jargon) of its own, and a method that is particular to it itself.

Quite on the contrary, I claim, bioethics does have a *problem* or, if you wish, a set of problems that can be worked out in a twofold perspective, thus: on the one hand, the question is about what bioethics is rightly about and, on the other hand, its problem(s) is/are not disciplinary, but cross-disciplinary. It is the concern of advanced research at Ph.D. level and further on in research institutes and centers, for instance, to define both questions. As a matter of fact, a research line aims at answering both perspectives, sequentially or in a parallel.

Kopelman (2006) points out that a dispute exists about whether bioethics should become a new discipline with its own methods, competency standards, duties, honored texts, and core curriculum. However, the history of science in general teaches that a discipline or a science develop new theories and become different when new problems arise that force the creation of new languages and approaches – and not just because a given scientist wants a change or calls for a shift. Problems are the real engines of scientific and academic life, namely problem-stating and problem-solving.

It is true, indeed, that unique expertise is a necessary condition for disciplines. According to Kopelman (2006):

"Using the current literature, different views about the sort of expertise that might be unique to bioethicists are critically examined to determine if there is an expertise that might meet this requirement. Candidates include analyses of expertise based in 'philosophical ethics', 'casuistry', 'atheoretical or situation ethics', 'conventionalist relativism', 'institutional guidance', 'regulatory guidance and compliance', 'political advocacy', 'functionalism', and 'principlism'."

As yet, none is successful in identifying a unique area of expertise for bioethicists that could serve as a basis for making it a new discipline. Bioethics as it is usually practiced, taught and understood is locked from within.

Expertise in bioethics is rooted in many professions, disciplines and fields, most of them coming from the

health sciences and the social sciences and humanities (Herrera, 2008). As such, bioethics can be safely understood as a second-order discipline, very much in analogy as in logics where one distinguishes first-order logic and second (or even higher) order logics. As such bioethics arises from many concerns and professions, and cannot be reduced to any one of them. As it happens, though, bioethics is mainly nourished from medicine and health sciences, theology, philosophy and law. This is the standard understanding of the discipline. And these are, at the same time, the interests that nourish bioethics developments all over the world.

The problem or problems of bioethics are, according to one author (Azeptsop, 2011), too broad to be claimed by any one profession or discipline. Without being exhaustive, these include:

- Euthanasia
- Death and dying
- Confidentiality
- Disability
- Patient rights
- Subjects' rights
- Informed consent
- Professionalism
- Abortion
- Assisted suicide
- Personhood
- Health-care resource allocation
- Environmental ethics
- The impact of new technologies including genetic and reproductive technologies, and
- Consequences of pollution and plagues.

These problems –or set of problems- clearly set out the relevance and the fundamental role that medicine has come to play in our contemporary world. It is, therefore, not by chance that biomedical ethics has come to play such a crucial role, as it happens. Bioethics is roughly grasped as an ethical *control* of biomedicine practice and research. That is one reason why pharmaceuticals are reluctant about the bioethics community.

According to Master (2011), bioethicists have invested substantial energy in analyzing the conduct of scientific research but have paid little attention to issues of the responsible conduct of bioethics research. They are, it seems, worried by research in other fields leaving in the backstage the concern for their own state.

“Performing research on research integrity in bioethics, strengthening guidance on some practices of research integrity, and developing responsible conduct of research education in bioethics are potential strategies to further reflect and promote the responsible conduct of bioethics research”, says Master.

This, it can be reasonably argued, is a feasible way to start a transformation of mainstream bioethics, provided that the concerns remain about the social significance of the discipline, and not just to its own history and developments. Bioethics, indeed, seems to be relevant to those already belonging or who are closed to field. But the large majority of population seems to be indifferent or at odds about it.

Over against standard or mainstreamed bioethics, some authors have paid attention to the possibility of conceiving bioethics as social and political ethics (Azeptop, 2011). That is, not any longer as biomedical ethics. That, however, would imply a radical transformation of the discipline. It is exactly in this concern that bioethics has been called as a “second order discipline” (Kopelman, 2006), as mentioned above.

Indeed, reading and discussing in particular concrete cultural scenarios such as Africa, Azeptop (2011) has called for the need for bioethics to broaden the anthropological basis of principlism. This means, bioethicists should take into consideration the reality of cultural communities for, culture, by its very definition entails diversity and pluralism, which is natble challenge to standardized procedures such as principlism or the so-called ethical committees. Bracanovic (2011) can be considered here as a reluctant voice against diversity and pluralis, in allrespects.

These kind of committees, if reasonable, should encompass and accept the participation of comunities which implies a radical transformation of the very concept, for an “ethical committee” has been conceived and managed so far as a corpus of experts over against the basis of society. The African experience of bioethics is something unknown for mainstrea bioethics – a continent far larger and more complex that the standard American or European models of bioethics (Renie and Mupenda, (2008).

Straightforwardly said, in terms of Holland (2011): “Whilst the agent that figures in virtue ethics is the individual, the agent in virtue politics is the state”. It all depends

on which agent do we want to be virtue or also, which one is truly at stake in a deermiend moment or place.

As a final remark vis-à-vis mainstream bioethics Master (2011) argues that bioethicists should reflect more on ethical issues in the responsible conduct of bioethics research through examination of authorship practices and peer review. That means precisely taking into consideration within the body of the literature bridging up with Azeptop’s arguments.

Being as it might be, an epistemological shifting of bioethics should be possible. I now turn to it and to some of the most relevant arguments provided in favor of it.

2. THE EPISTEMOLOGICAL SHIFT OF BIOETHICS

My claim here is that bioethicists should take into consideration a larger and deeper scope of the social, academic and scientific culture that takes place simultaneously around and in many cases, in spite of, bioethics. If bioethical problems and concerns are wide open and conspicuous, then bioethicists should broaden up their own academic and scientific culture, indeed.

Normal bioethicists are very prone about the story of their origin and history. The insistence about their origin is not without certain prejudices and pre-conceptions, for, after all, mainstream bioethics insists in its normal and standard understanding, as mentioned.

I agree with Hellsten (2008) in that the shift of bioethics passes throughout the very conception of its origins. There are, however, various foundational stories about the origins of bioethics, as Gaines and Jungst point out (2008).

Gaines and Jungst show how the term “bioethics” does in fact refer to a plurality of distinct enterprises with distinct origins and, hence, justifications. As a consequence, there is no a unique story about the origins of the discipline. These authors clearly identify five stories, thus:

- a) Bioethics started as a response to biomedicine’s technological explosión;
- b) Bioethics started as a response to radical cultural pluralism;
- c) Bioethics started as a proactive social movement within the health care system;
- d) Bioethics started as a proactive attempt to anticipate the social future;
- e) Bioethics really started with Hippocrates.

I leave aside, for reasons of space here, data, documents, and evidences that support each of the five stories. For those truly committed with a serious reflection about bioethics those sources are well known and have been discussed thoroughly. A view to the cross-roads between bioethics and others sciences and disciplines is sufficient enough.

As it can be clearly noticed, "visions of Bioethics are made and unmade by reference to their founding myth, which then serves to demarcate a specific form of theoretical and or practical bioethics", as Gaines and Jungst say it. It follows then that the founding myths are not superfluous issues, as we have already learnt it from anthropology, for they ensure concrete interests and scopes, boundaries and concerns.

Along this same argument, but from a different perspective, Ives and Draper (2009), distinguish three kinds of bioethics, thus: philosophical bioethics, descriptive oriented bioethics, and normative policy oriented bioethics. The balance, though, is not even. Two of the interpretations provided by these authors favor the incidence of bioethics toward an *applied* discipline rather than a mere conceptual or philosophical one. If such is the case, then a fundamental part of its theoretical body could be comprised by case-studies and workshops. This seems to incline the balance towards mainstream bioethics. Scher and Kozłowska (2011) precisely consider the importance of particular situations for doctors and clinicians. The epistemological shift is soft and trivial. And yet, a radical change must occur in the body of bioethics (Ives and Dunn, 2010). One remarkable feature here is the importance of the normative over against the interpretative understanding of bioethics.

In this respect, Racine (2008) focuses on distinguishing three epistemological stances when considering naturalism. These are: *anti-naturalism*, *strong naturalism*, and *moderate pragmatic naturalism*.

"I argue, he says, that the dominant paradigm within philosophical ethics has been a form of anti-naturalism mainly supported by a strong 'is' and 'ought' distinction. This fundamental epistemological commitment has contributed to the estrangement of academic philosophical ethics from major social problems and explains partially why, in the early 1980s, 'medicine saved the life of ethics'. Rejection of anti-naturalism, however, is often associated with strong forms of naturalism

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that commit the naturalistic fallacy and threaten to reduce the normative dimensions of ethics to biological imperatives. This move is rightly dismissed as a pitfall since ethics is, in part, a struggle against the course of nature. Rejection of naturalism has drawbacks, however, such as deterring bioethicists from acknowledging the implicit naturalistic epistemological commitments of bioethics. I argue that a moderate pragmatic form of naturalism represents an epistemological position that best embraces the tension of anti-naturalism and strong naturalism: bioethics is neither disconnected from empirical knowledge nor subjugated to it. The discussion is based upon historical writings in philosophy and bioethics”.

In one word, the significance of naturalism and its variants concerns the debate between a normative and an interpretative understanding of bioethics. This debate is summarized as the is/ought controversy. Whence Racine’s considerations.

The controversy concerns particularly the fact that there is no one formula to which to appeal in determining which course of action is right or wrong when making decisions about hastening or prolonging life, for example, according to Tong (2008). If such is the case, then probably the best decision that can be expected under the circumstances “emerges as the result of a slow process of consensus building, negotiation, and compromise. Decision makers’ interpretive and reflective skills need to be strengthened to achieve this type of ethical decision”.

To be sure, changes in epistemological stances directly and unavoidably affect the very story of the origins of a science or discipline, not just its conceptual foundations, its methods, language, failures or successes. Well, along the same line, Iltis (2006) highlights the significance of here being competing accounts of the birth of bioethics.

According to Iltis,

“...these accounts share the claim that bioethics was not born in a single disciplinary home or in a single social space, but in numerous, including hospitals, doctors’ offices, research laboratories, courtrooms, medical schools, churches and synagogues, and philosophy classrooms”.

This panorama points out manifestly to the fact that certain disciplines have dominated the subject at certain times. For the most part these are philosophy and law but also, although to a lesser degree, theology (or perhaps theologians) had a turn, particularly at the birth of bioethics. Stempsey (2011) argues sensibly in favor of strengthening the relationship between bioethics and religion. This is why particular fields are sort of a must in the study of bioethics, namely case-studies, moral philosophy and ethics, the relationship of ethics to the sciences and disciplines, and bio-law, i.e. the study of the legal implications and boundaries to medical, clinical and research endeavours, mainly (Campbell, *et al.*, 2010).

In the literature the suggestion has been made of there being an empirical turn in bioethics. Such a turn, however, is not to be taken in the sense of the importance of case studies, but rather as a call for framing bioethical concerns within concrete situations. Hence, it is the call for bioethicists to go into sociology and anthropology, politics and ethnography, demography and human geography, to name but the closest ones. Reality entails interdisciplinarity, and the empirical turn entails building up cases for study within the framing of other approaches and scopes.

Interdisciplinarity in-the-field – not just as an foundational myth – can open up a greater space for subjects normally confined to the periphery and for the emergence of a greater level of interdisciplinary scholarship. In a different take, if Wallerstein *et al.*, (1996) provide solid arguments for the opening of the social sciences, analogously, to say the least, many of the same arguments are valid for bioethics. It is, namely, the opening toward other groups of sciences than the traditional ones that make an imprint in the origin myth(s).

The list and arguments go from bioethics as a topic of cultural research from the perspective of cultural bioethics and interpretative medical anthropology (Iltis, 2006; Master, 2011; Gaines and Jungst, 2008), to its implications of interdisciplinarity for bioethics education. “As bioethics develops, it will be helpful to identify essential elements in the education of bioethicists and to distinguish between members of other disciplines who make important contributions to bioethics and bioethicists”.

Furthermore, Emmerich (2011) considers the disciplines of literature and history and the contributions each makes to the discourse of bioethics. A very beautiful and

insight example referred is J. M. Coetzee's *The Lives of Animals* from 2001 – a wonderful book by the 2003 Nobel Prize Winner from South Africa.

As Emmerich puts it:

"In each case I note the pedagogic ends that can be enacted though the appropriate use of the each of these disciplines in the sphere of medical education, particularly in the medical ethics classroom. I then explore the contribution that both these disciplines and their respective methodologies can and do bring to the academic field of bioethics".

A fundamental remark, though, is to be introduced here. It has to do with the pragmatic and real way how bioethics is taught and practiced.

Lovy *et al.* (2010) warn about the fact that although bioethics is considered essential to the practice of medicine, "medical students often view it as a 'soft subject that is secondary in importance to the other courses in their basic science and clinical curriculum".

"This perspective may be a consequence of the heavy reliance on students' aptitude in the quantitative sciences as a criterion for entry into medical school and as a barometer of academic success after admission. It is exacerbated by the widespread impression that bioethics is imprecise and culturally relativistic".

Indeed: the practice of informed consent and the sometimes numerous and diverse formats, the confidentiality and the patients' rights, for instance, are formal

requirements that could be seen as hurdles for the hardcore of medicine, biomedical research and clinics.

"In an effort to redress this imbalance, Lovy at al., claim, we propose an approach to teaching bioethics to medical students which emphasizes that the intellectual basis and the degree of certainty of knowledge is comparable in all medical subjects ranging from basic science courses to clinical rotations to bioethics tutorials".

The standard medical school curriculum can benefit greatly from such considerations. In fact, the education and formation of medicine doctors and health sciences professionals will be substantially enriched. As we know it, a cultural enrichment allows for more democratic practices and attitudes and paves the road for more human relationships – not just moral or ethical ones Cochrane (2010) claims that the concept of dignity can and must be banned from bioethics. A human relationship based on empathy, understanding, and even kinship is more gratifying attitude than one based on principles and values.

In a rather more challenging proposal, MacNeill and Ferran (2011) suggest that bioethics would benefit from opening to contributions from the arts. One sensible argument is that the arts and, more generally, aesthetics, is a basic human experience and it has marvellous impacts both when caring and when healing and curing – from diseases, suffering, or just to enhancing and exalt life at large.

When clearly grasped the boundaries of biomedical ethics and the limits that bioethics imposed upon itself, thereafter, Van Potter suggested in 1988 to turn to a global bioethics. After conceiving of bioethics as a science of survival, and thinking about bioethics as means for bridging up to the future he went further on calling for a more universal, i.e. global, and therefore less disciplined bioethics donned as global bioethics

To be sure, the arts can and should be seen as one meaningful reference when talking about empirical bioethics, for, methodologically the data collection and analysis combine (in various ways) with conceptual analysis and argument. Indeed, this refers to gathering, working with, and studying history of art, along with aesthetics. The core subject here is not beauty, but harmony – it goes without saying.

All in all, the epistemological shift can be recalled as the need for bioethicists to take into consideration:

- Anthropological medicine and cultural studies
- The is/ought controversy, i.e. naturalism and the debate normative/interpretative stance of bioethics
- History and Literature
- Arts and aesthetics

3-. BIOETHICS AND THE CRISES THAT ARE GOING ON

When clearly grasped the boundaries of biomedical ethics and the limits that bioethics imposed upon itself, thereafter, Van Potter suggested in 1988 to turn to a global bioethics. After conceiving of bioethics as a science of survival (Potter, 1970), and thinking about bioethics as means for bridging up to the future (1971) he went further on calling for a more universal, i.e.

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global, and therefore less disciplined bioethics donned as global bioethics (1988). Diverse roads have been opened since then (<http://humanistbioethics.org/>) and particularly the UNESCO Declaration on Bioethics and the Human Rights from 2005 (See (Borgoño, 2009), (Carter Snead, 2009), (Faunce and Nasu, (2009), (Trotter, 2009), for insightful criticisms and comments).

Hellsten (2008) argues about global bioethics that “we need to bring global and local aspects closer together, when looking for international guidelines, by paying more attention to particular cultures and local economic and social circumstances in reaching a shared understanding of the main values and principles of bioethics, and in building ‘biodemocracy’”. Biodemocracy, a sound concept that Hellsten, however, does not deepen nor make explicit, albeit he openly says that it should ban Foucault’s biopolitics.

In contrast with Potter’s take, Hellsten is more radical in that he argues in favor of more descriptive and normative global *bioethics* rather than a global *bioethic*. His contention is about recognizing the importance of the local while thinking globally.

Bioethics can and should provide arguments and rods to confront and solve the series of crises we are currently going into – for more than two lustra already. I mean the crisis that started with the DotCom and went further on with the sub-primes, the hedges funds, until the actual financial crisis both in the U.S. and Europe, with their terrible social, human, and environmental consequences.

Ten Have (2011) thinks that broadening up the concept of community as global community can help understand and solve problems. He distinguishes three uses of community, thus:

- A diachronic use, including past, present, and future generations,
- A synchronic ecological use, that includes nonhuman species, and
- A synchronic planetary use, that includes all human beings world wide.

A conspicuous reference of how ten Have’s ideas can be articulated can be seen in the setting up of the journal *Developing World Bioethics* (Cfr. <http://www.wiley.com/WileyCDA/WileyTitle/productCd-DEWB.html>).

In contexts where all people are immersed in a deep and systemic crisis, the call for closed scenarios such as “ethics committees” and “bioethics committees”, for

instance become empty and nonsense. Crises, we argue, demand of both active deliberative and participatory dialogue that, as it happens, provide arguments and actions in a de-centralized way, i.e. bottom-up.

In this sense, Moore (2010) makes a notable contribution by turning the attention towards *public bioethics*. According to him, public bioethics is a form of deliberative democracy.

"Public bioethics refers to the whole range of bodies and procedures, such as national ethics councils, parliamentary ethics commissions or public consultations on 'ethical issues', which are meant to inform and guide political decision making with respect to ethical considerations".

Here, however, the construction of ethical positions can both pervade and open the problems of expert domination towards a truly democratic society or an always-more-democratic way of living.

4. CONCLUDING REMARKS

When the world faces crises those crises pervade the sciences, disciplines and arts, as it happens. And vice versa, when society and culture go into a deep scientific crisis – "a scientific revolution", in Kuhnian terms – then such a cultural situation deeply affects the world we live in. This is what has been generally named as the crisis of a worldview. Economic downturns affect people and society currently – no question about that. But it also affects the very development of culture, sciences, arts and disciplines. The recovery from the downturn might benefit bioethics as well. After all, according to Epstein (2010), bioethics "owes its historical success first and foremost to the service it has done for the neo-liberal agenda". Scharp *et al.* (2008) argue along the same wavelength, so to speak.

In times and places of severe crises, ethics is not a discourse any longer, but it becomes an *agonistic* matter, in sense of the ancient Greeks; that is, it becomes a matter of life or death.

Bioethics has no future. At least not in its present form, has claimed Dawson (2010). Certainly a critical diagnostic. Christopher (2007) has made it clear that the debates about bioethics are "cultural wars". Prestige, reputation, egos, and real political, ideological, educational and political power play a vital role in cultural wars, as we know it.

Bioethics, there is no question about it, has an important role to play in the political arena now and into the future. That role involves or engages the public, policymakers, professionals, and others to find ethically defensible social policy solutions to complex life science and ethics matters.

MacKilin has undergone into a very creative but also controversial thought experiment (2010). Even it is long, it is also worthy to quote it:

"Fast forward 50 years into the future. A look back at what occurred in the field of bioethics since 2010 reveals that a conference in 2050 commemorated the death of bioethics. In a steady progression over the years, the field became increasingly fragmented and bureaucratized. Disagreement and dissension were rife, and this once flourishing, multidisciplinary field began to splinter in multiple ways. Prominent journals folded, one by one, and were replaced with specialized publications dealing with genethics, repro-ethics, nanoethics, and necroethics. Mainstream bioethics organizations also collapsed, giving way to new associations along disciplinary and sub-disciplinary lines. Physicians established their own journals, and specialty groups broke away from more general associations of medical ethics. Lawyers also split into three separate factions, and philosophers rejected all but the most rigorous, analytic articles into their newly established journal. Matters finally came to a head with global warming, the world-wide spread of malaria and dengue, and the cost of medical treatments out of reach for almost everyone. The result was the need to develop plans for strict rationing of medical care. At the same time, recognition emerged of the importance of the right to health and the need for global justice in health. By 2060, a spark of hope was ignited, opening the door to the resuscitation of bioethics and involvement of the global community".

Imaginative, creative, but a realistic account. Vis-à-vis such a comprehension other diagnostics can be mentioned, such as Sherwin (2011) who, in spite of the fact that looks to the past present and future of

bioethics, just conceives the situation in terms of responsibility, namely an ethics of responsibility, albeit not coincidentally with H. Jonas' principle of responsibility.

If considered in moderate terms, then it becomes clear that medicine cannot ensure health for all and if a society wishes to promote health for the population – as it should – then it needs to undertake research and programs aimed at addressing and improving social conditions. Hence, bioethical ethics and bioethics cannot leave aside political worries and concerns.

On the contrary, the sensitivity towards the social world of the patients should encourage political endeavours and undertakings. Yadavendu et al. (2009) explicitly warn about this direction.

We live in a diverse and diversified world. In such a world a plurality of moralities produces a plurality of bioethics (Engelhardt, 2011). Moral pluralism, therefore, is not only desirable but necessary.

Suffering and disease do not occur by accident; they are caused by human agency. Diseases are pathologies of violence that stem from the unequal distribution of power and goods in society (Metz, 2010). When living crises and suffering stress is always present. Moreover, stress, i.e. stressful situations are always present in the midsts of crises or accompany them. Bioethical

considerations – worries, concerns and actions – transversally cross crises and are, at least partly, due to them. This however should not be taken as sort of *felix culpa* argument. On the contrary, as Brown (2006) has put it in a different framework (Vásquez, 2000), the whole enterprise is, after all, about rescuing a planet under stress and helping a civilization in trouble.

If bioethics wants to have a second opportunity, so to speak, it has to re-invent itself, and apparently the most feasible way is via interpellating the crises that are happening and shedding new lights thanks to its encounters with other fields such as art, anthropology and the like, as mentioned, but also by explicitly recognizing the significance of particular cultures and communities. Bioethicists must cope with politics but they must also be capable of becoming proficient in some highly technical academic disciplines, for instance in economics (London, 2006). As Jafarey and Moazan (2010) have put it when quoting LaFleur: "Bioethics has become international without becoming internationalized".

Epstein (2010). Like many other academic disciplines, it might suffer under the present economic downturn. However, in the plausible assumption that its social role has not been exhausted yet, it should recover as soon as the economy does.

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