Critical Notices

Review Article UDC 614.253:174:61

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New Paths of Medical Ethics

»New Medical Ethics«
***Društvena istraživanja* 23–24 (3–4/1996), pp. 517–762**

Abstract

The author of this essay comments on the thematic block »New Medical Ethics«, which appeared in the journal Društvena istraživanja *(23–24, vol. 5, 3–4/1996), and enters upon an extended discussion on the methodological and philosophical aspects of bioethics (also called biomedical ethics and new medical ethics). The essay represents an attempt to explain the origins of the new medical ethics that is arising out of the »new medical situation« due to scientific-technological progress. The author distinguishes between positive and negative aspects of bioethics and reconstructs (taking into account the suppositions of Peter Singer) the structure of bioethical methods. He defines bioethics – based on the claim that it is necessarily affiliated with philosophy – as a specific, relational and multiperspectival ethics. Such an approach is formulated as an alternative to deductivist conceptions which consider bioethics as a part of applied ethics, but also as an alternative to bioethical trends (casuistry, principles of biomedical ethics, etc.) that do not permit openness to ethical and philosophical theory.*

Medicine in the New Situation

Morality is one of the constants of human nature and, accordingly, is one of the constitutive areas of the human world in which we can replace developmental changes, but not progress – at least not lineal progress. Responding to the challenges of another form of progress, moral practice and ethical theory have in recent times posed the ultimate questions of the »last Adam«, owing above all to man's enhanced power over nature – including his own nature – and the hitherto unimagined possibilities of human self-destruction, which could endanger the very existence of nature, life and man.

Especially frightening is the possibility of directly meddling with the constitution of nature from within (the atom) and without (the environment), as well as meddling with living beings (genetic engineering) which, in the long run, implies interfering with human being. The recent news about the cloning of a sheep in Scotland was neither received nor accepted in the eyes of the wider public as a turning-point in the breeding of domestic

ment awakened fears about the possible multiplication of people, who would certainly not be poets and painters (which would be no less monstrous), but most probably self-infatuated dictators. This sort of reaction also highlights the end of scientific triumphalism, the creation of a different spiritual climate in which scientific achievements would be accompanied by less audible applause and greater doubt.

Scientific-technological progress has empowered man with certain powers of divine interference. It has made him, to a great extent, the lord of life and death, evoking debates on once unimagined issues (and their respective dilemmas) such as *in vitro* fertalisation and embryo transplantation, the transplantation of vital organs and fetal tissue, the constant condition of vegetation, genetic engineering, cloning and so on. Even the taboo issue of the taking of human life (euthanasia), which was previously left to superhuman factors (nature, God) and regulated by inconceivable moral decrees, irrespective of how their origins were interpreted, has been transformed into a human dilemma and become a common subject of discussion – and not only within academic circles.[1]

The new situation in which medical practice and medical science have found themselves has created the need for a complete and interdisciplinary consideration of moral problems that can be neither left to individuals, owing to their complexity and far-reaching implications, nor solved by the intimacy of medical advise. Subsequently the medical perception of ethics and, in turn, the ethical perception of medicine have changed considerably, and the difference of the newly emerged medical ethics on traditional morality has been terminologically established. Hence such terms as bioethics, biomedical ethics and new medical ethics have appeared in synonymous use. The social perception of medicine has also changed, crystallised through the new medical ethics, thereby simultaneously becoming a social movement.

The one single event associated with the emergence of new medical ethics depicts all the essential moments of the »new medical situation«. That event was the founding of the first ethical committee in the United States (Seattle, 1962), which was mainly composed of medical lay persons, with the task of selecting a limited number of individuals suffering from chronic illnesses and providing them with medical treatment through the perfection of the procedure of hemodialysis.[2] Medical-technological achievements (perfecting the technology of hemodialysis) gave physicians powers that surpass the particular and expert level of decision making (decisions on life and death), thus it was necessary to allocate moral responsibility and transfer decision making onto an intersubjective and interdisciplinary level (an ethical committee consisting of various expert members). It would be erroneous to state that the activity of the aforementioned ethical committee initiated biomedical ethics, but the multiplication of these and similar reactions in the »new medical situation« outlined, over a period of time, the contours of a social movement and a new academic, albeit not as yet scientific, discipline.

The spread of this social movement throughout the world has also reached Croatia's shores, in the transmitted and ambiguous sense of the word, for the acceptance and domestication of that global trend took place at the Department of Social Sciences within the Faculty of Medicine, University of Rijeka, and thanks to – as is usually the norm with intellectual inno-

vations – a specific individual, in this case Prof. Ivan Šegota. The results he achieved in lectures, research work, publications and international co-operation deserve special attention, thus we need not consider them in detail here. But it is worthwhile mentioning in passing that he achieved all this in unfavourable circumstances and in an atmosphere of spiritual quarantine imposed upon the Croatian geographical periphery, which was isolated to such an extent that, for example, Šegota's handbook *Nova medicinska etika* (*New Medical Ethics*: Faculty of Medicine, Rijeka, 1994) was not included in another Croatian handbook, *Medicinska etika* (*Medical Ethics*), published by the Faculty of Medicine in Zagreb in ^{2}1996. Namely, it was not even included in the »recommended literature« that covers »issues from the area of medical ethics in textbooks and handbooks« (cf. p. 147), nor was it mentioned in the cited literature alongside individual contributions.

For that reason, the publication of issue 23–24 (3–4/1996) of the eminent journal *Društvena istraživanja* (*Social Research*: editor-in-chief Mislav Kukoć), devoted to new medical ethics, signified the exit of Šegota and new medical ethics out of domestic spiritual isolation. Šegota conceived and edited this comprehensive thematic block, for which he succeeded in obtaining, apart from several domestic contributions, unpublished works from leading world authors in the field of bioethics, individuals who hold key positions in bioethical organisations, publications and institutions.[3]

The works contained in the thematic block entitled »New Medical Ethics« can be divided into three groups: *first*, discussions on the nature of bioethics and its relation to philosophy (P. Singer, T. L. Beauchamp, R. Chadwick, W. T. Reich, R. Kimura and I. Čehok); *secondly*, discussions on specific problems (R. M. Veatch, H. L. Nelson/J. L. Nelson, I. Šegota, E. Parens, A. Frković, S. Orešković and N. Gosić); and *thirdly*, articles on the breadth and specificity of bioethics in particular states and continents (H.-M. Sass, C. Maximilian, S. Popva and D. Macer). Though some discussions are evidently lacking in quality, the entire block is all the more representative, thus we can say that bioethics has received, for the first time in a Croatian publication, a faithful portrait (or even self-portrait) in which are emphasised its positive side, as well as numerous and obvious weak points. From that perspective, the significant disharmony in the quality of articles should perhaps not be taken as a shortcoming.

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Indeed, the opening up of discussion on euthanasia in specific sensitive European cultures did not pass without opposition, protest and even scandal. Sufficient evidence of this is the hostility experienced by Australian philosopher Peter Singer in German, Austrian and Swiss academic circles for promoting active euthanasia in particular situations. He described his uncomfortable experience in an article impressively entitled »How One is Silenced in Germany«, first published in the »New York Times Review of Books« (August 15, 1991) and then added to the second German edition of his book *Praktische Ethik* (Philipp Reclam, Stuttgart 1994, pp. 425–451).

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Cf. I. Šegota, *Nova medicinska etika (Bioetika)*, Department of Social Sciences within the Faculty of Medicine, University of Rijeka, 1994, p. 19.

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R. Veatch is the director of the Kennedy Institute for Ethics in Washington, H.-M. Sass and R. Kimura are the directors of the European and Asian programmes respectively at the same Institute, R. Chadwick and P. Singer head the International Association of Bioethics (IAB) with its centre in Australia, W. Reich is the editor of *Encyclopedia of Bioethics* (vol. I–V, New York/London, ^{2}1995), D. Macer is the editor of the international Asian journal for bioethics, etc.

In this review article, we will restrict ourselves to the first group of discussions and concentrate on basic questions concerning the determination of bioethics, its methodological plausibility and its relation to ethics and philosophical reflection.

What is Bioethics?

The first question that we will try to find an answer to in the published discussions is: What exactly is bioethics?

At the beginning of his article, entitled »On the Nature of Bioethics«, Peter Singer approximately defines bioethics as a part or area of *applied ethics*. The author does not expand further on the concept of »applied ethics«, hence we can take that determination, at least momentarily, as a classification (characteristic) that does not explain the nature of bioethics in much detail. That trait, however, will become important and demands explanation when we take into account the relation between bioethics and philosophical ethics.

The article seeks to refute objections which state that bioethics emerged out of analytical philosophy and that it is linked to it. In this respect, Singer develops his argumentation on the basis of the contrast between »analytical« and »systematic« philosophy, while the discussion itself is built upon a dramaturgical procedure. Namely, he injected tension into the argumentative flow by presenting the euripidean tragic case of two newly born infants, with the intention of depicting, as signified by the title, the nature of bioethics. In this sense Singer has succeeded, thus his article can be recommended to anyone who wants to quickly acquire a complete and philosophically deepened insight into the essence of bioethics. When we say »complete«, we have in mind the fact that Singer's definition of bioethics can be divided into positive and negative aspects, and it should be stressed that Singer himself would certainly not accept such a value-laden dichotomy.

Positive Aspects of Bioethics

Singer denies the connection between bioethics and »analytical philosophy«, but allows for an association with analytical philosophy »in the loosest possible sense of that term, that which refers only to an approach to problems that demands reasoning and argument, with as few other preconceptions as possible« (p. 531). In other words, the bioethical procedure is analytical, not in the sense of analytical philosophy, but »only in the sense that it analyses the problem by breaking it down into a number of different aspects for separate consideration« (p. 526). Singer describes the bioethical approach in the following manner:

> »What is really important, however, is the fact that our approach is problem-centred, as long as that mode of philosophical thinking offers a solution to a particular problem, as long as that mode of philosophical thinking meets some basic standards of clarity and sound argumentation« (p. 524).

But he additionally determines the bioethical approach with the aid of its opposite, which he calls »systematic philosophy«, defined as the »approach

to philosophy which starts with a philosophical system whether that of Hegel, Marx, Habermas or Sartre and approaches each problem by seeking to extend and develop the system« (p. 524). Singer ends his comparison between these approaches with the statement that the »so-called 'analytical' approach is much more open to new ideas than the systematic approach« (p. 524). And he then unmotivated and, as he himself says, altogether »decoratively« brings into focus a superfluous argument that, besides its inadmissible simplification, succeeds only in devaluating the so-called »systematic approach« which corresponds, approximately, to the European continental philosophical tradition:

»I would go even further: if other approaches have not had much impact in the English-speaking countries, it is because they have not convinced many people there that they satisfy the standards of clarity and sound argumentation that I mentioned above« (pp. 524–525).

On the basis of Singer's views, it is possible to »systematically« reconstruct the unified structure of the bioethical procedure and »analytically« distinguish methodical phases within it.

The structure of the bioethical procedure and its methodical phases include:

1. defining the problem – a concrete problem as the point of departure;
2. dividing the problem into aspects;
3. discussing the problem according to aspects;
4. seeking/offering a solution.

According to the initial bioethical postulate, the direction of research is determined from the concrete to the abstract, while the offered solution closes the specific methodological circle (concrete – abstract – concrete). Even so, the main methodological, ethical and general theoretical innovations of the bioethical procedure are linked to a second and third methodical phase. The analytical division of the problem into disciplinary aspects, and the opening up of perspectives on various ethical, philosophical and world-view orientations creates an *interdisciplinary and multiperspectival problematic field*, as well as a fruitful research situation in which research contributions could multiply in diversity.

Bioethics is characterised by a pluralistic orientation and an accompanying tolerance, which is especially emphasised in many passages. Ruth Chadwick expresses this in the following way:

»What I would suggest, however, is that different ethical approaches show, not the inapplicability of ethics, but its richness. It is important to think of ethics as a resource for confronting the moral dilemmas arising in the course of practice. If it can at least be shown that there are different ways of thinking about problems, that is a not inconsiderable success« (p. 549).

But bioethical tolerance sometimes falls into an extreme that it starts to theoretically protect. We could cite as an example Tom L. Beauchamp's »refutation« of alternative approaches (casuistry, the theory of impartial rules) which, in both instances, literally result in the same conclusion: they »seem more like good friends than hostile rivals« (pp. 539, 543).

The particularity of bioethical tolerance is not that it is declaratively, but methodologically conditioned. Namely, if one starts from a problem rather than a theoretical position, according to the methodological pattern, then

all approaches to the problem necessarily remain open. Contrary to that, consistent theoretical positions, given that they in themselves cannot be pluralistic, immanently exclude one another[4] – which need not be considered morally dubious, but again methodologically conditioned – thus the reverse direction in research would be, at the very least, accompanied by less tolerance.

Negative Aspects of Bioethics

Regardless of its hastened growth and wide acceptance, bioethics awakens doubts and trepidation, provoking an opposition that can acquire uncultured and irrational forms – which Singer had the opportunity of experiencing in German-speaking countries. But at the basis of reactions such as doubt, trepidation or even protest, there nonetheless lies a certain rational, or at least a rationally explainable, reason. Bioethics has to seriously take this fact into consideration, regardless of whether this sort of discussion will distance it, momentarily and partially, from concrete problems and lead it into the waters of »systematic philosophy«.

Let us observe how Singer interpreted the opposition and disquiet he personally experienced due to promoting certain bioethical views. He explains in the preface to the second German edition of his *Practical Ethics*:

»Naturally, the German opposition against this book awakened reflections within me, that expressed in it are such wrong and dangerous views (as some Germans, it would seem, certainly believe) that they should not be publicly spoken about. Though the majority of German opposition comes from a lack of knowledge of my theses, it is unconsciously felt that the book violates – and perhaps not only one – taboo. After Hitler in Germany it is impossible to openly consider the issue of euthanasia, and also the question as to whether a human life can be so impoverished that it is not worth living. Of greater principle – which is not only confined to Germany – is the taboo of comparing the value of human and inhuman life.«[5]

Singer, therefore, interpreted the ultimate reasons for the opposition against his book as the violation of two taboos (euthanasia and comparing human and inhuman life). However, though »taboo« is a metaphorically well chosen word, it is analytically altogether erroneous, for it liberates one from the obligation of further research. And the real question concerns precisely »taboo«: Why is an issue taboo or – if we employ the innate metaphor – a »basic practical awareness«,[6] which should never be undervalued in moral questions; why are certain issues and questions considered untouchable? Intellectual and scientific research, of course, cannot cease in the face of »untouchable issues«, but precisely because of the fact that they are created and exist, they should not be transformed into untouchable issues.

Let us return to the case that Singer not only depicted in his article, but also employed in enhancing his argumentation. The case was factual, not imaginary, which additionally heightened effectiveness. In a Melbourne hospital, therefore, there lay in adjoining beds two newly born infants, to whom Singer gives names for the sake of familiarity. The cortical sphere of Paul's brain was irretrievably damaged, while Mary had a potentially lethal heart defect. The tragic question that hovered over the two infants was: Should not Paul's healthy heart be transplanted into Mary, thereby saving the life of at least one of the two newly born infants? Singer stresses the sad outcome of this case to make his point:

»One final point. Given the law as it stands, in Australia and I think in every other country, the pediatrician at the Royal Children's Hospital could not remove Paul's heart and give it to Mary. Therefore within a short time, both Paul and Mary were dead. I wonder if, in a few years, we will be able to achieve a happier outcome to this kind of situation. If we can, it will be because many thoughtful people have reasoned together, long and hard, about the problem. And that, in the end, is all that bioethics is« (p. 531).

It would seem that what Singer finally suggests as the »essence« of bioethics is its reverse side, its negative aspect, in which doubts, fears and opposition appear. We could define the »negative« essence of bioethics, on the basis of the same case, as the endeavour to enable – through »long and hard« reasoning and discussion – a different and, in the technical sense, more logical outcome. Namely, that through the ending of one human life, which is already condemned to immanent cessation, another human life be saved. At a completely abstract level, we could also describe this as the endeavour to influence, through a rational (theoretical) route, man's fundamental moral constitution, i.e. that basic moral judgement be rationally modified, and thereby eliminate conflict, and bring it into unison with technical and utilitarian rationality. Fear of this type of moral »genetic engineering« transforms certain bioethical issues in taboo. Bioethics is not in a position to solve the conflict between apodictic moral norms and technical-utilitarian calculations. Thus bioethicists should, after »systematic discussion«, embrace some of their fringe issues so as not to lose credibility in the wider spectrum of the issue and the wider circle of activity where the bioethical approach becomes unavoidable.

Relation to Philosophical Ethics

What emerges out of the structure of the bioethical procedure, which we reconstructed on the basis of Singer's views, is that a certain problematic field must be equally open not only to various disciplines, whose aspects are evident, but also to various philosophical and ethical orientations. What follows from this is that bioethics cannot be defined as part of *applied ethics*, as stated by Singer. Medical ethics (bioethics) is also situated within applied ethics by Ivan Čehok in his article »Philosophy and Medical Ethics« which, unfortunately, throws more confusion than light on the aforementioned relation. In the article »Bioethics as a Superinterdisciplinary Science«, Rihito Kimura examines three aspects of bioethics (superinterdisciplinarity, deprofessionalisation and the movement for equal civil rights), and defines bioethics as an »applied ethical theory in the areas of biology and medicine« (p. 591).

Namely, applied ethics presupposes a complete, finished ethical position – which can be constructed through philosophical reflection, but can also be based on the views of a non-reflective world-view – according to which a particular case is judged or an area is standardised. In fact, this means that ethics is applied to a respective case and area. To subjugate bioethics

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Immanent-theoretical tolerance (or even exclusivity) should be distinguished from personal tolerance (exclusivity) which represents the character, moral, social, etc. trait of the individual.

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Praktische Ethik, p. 9.

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The concept of »basic practical awareness« comes from Kant's practical philosophy.

to a specific philosophical or ethical position would entail not only drastically narrowing the spectre of its possibilities, but also directly annulling perhaps its most essential trait of methodological and disciplinary openness. A possible explanation is to take the term »applied ethics« *pars pro toto*, as a trait for all ethical orientations. But in that instance, the methodological implications of the term would remain opposed to the bioethical methodological postulate, which requires that the direction of research be led from a problematic situation to a theoretical position, and not the other way round.

If bioethics is not an applied ethics, the question remains: What sort of ethics is it, then? It is impossible, however, to obtain an answer by changing the term, replacing it with some other existing and defined trait, for ethical research was not conducted on the kind of methodological assumptions given by bioethics. Namely, just as bioethics emerged out of the new situation in which medicine found itself, so too philosophical ethics entered the new situation with the appearance of bioethics. And whether or not and what sort of productive interaction will follow is yet to be seen. What the »new situation« primarily makes possible is certainly the inclusion of ethical theories in the discussion on concrete problems, and the interaction of various ethical positions »on the ground« of certain problematic areas.

An Attempt at a Definition

We will attempt to define bioethics with the aid of several essential characteristics, starting from the necessity of its relation to philosophical ethics. According to the established scheme used in various sciences and disciplines, we can limit ethics to the general and the specific, whereby it is possible to define a specific ethics in different ways: as applied, practical, area-centred and so on. Bioethics, given its restricted area of relevance, would be appropriately characterised as *area-centred ethics*. However, if taken in correlation with general ethics, we could raise the same objection to that term as we did in the case of »applied ethics«. Thus we should separate it from the above correlation, given that it does not necessarily imply it, and adopt it in the independent and neutral sense so as to designate the *limitation of bioethics to a certain problematic area*.

Indeed, bioethics is constructed and relevant in a limited area of human activity, but in necessary relation to philosophical ethics, which means that the specific ethical principles of the respective area, or even the solution to active dilemmas, leads to the heightening of philosophical awareness, and that present philosophical assumptions can, according to need, be clearly explicated. The creation of practical theories and the establishment of a standard in a restricted circle of human activity, devoid of the methodological assurance of its relation to philosophy, can only offer a specific *pragmatism*, a group of technical rules without moral and regulative relevance, and certainly not an ethics of the respective area. When we say that specific ethical research is methodologically necessarily linked to philosophy, we do not imply that it should enter institutionalised philosophy, thereby becoming burdened by philosophy's decorations and empty words.[7] This implies unavoidable openness and the capacity to think about moral problems which, of course, also presupposes a particular philosophical edu-

cation, but a philosophical education as the *conditio sine qua non* of ethical research and the interpretation of moral activity. Though a person does not need any medical knowledge for the proper functioning of the pancreas, an explanation of the pancreas' functioning is impossible without a medical education. Similarly, we could further define bioethics as *relational ethics*, by which is signified the *necessity of its relation to philosophical ethics and philosophy in general.*

But the relational dimension of bioethics needs to be clarified further: the necessary relation to philosophical ethics does not mean an association or even an »alliance« at the general theoretical level, alongside concrete philosophical traditions, but a mutual methodological openness of the problematic field to a plural philosophico-ethical sphere. In short, bioethics must ensure and maintain a multiperspectival problematic field.

Thus we have deduced and expounded three essential elements for a definition: *bioethics is an area-centred, philosophico-relational and multiperspectival ethics.* The said definition is not »construed« outside the bioethical context, but can, on the contrary, find support in bioethical reflections that favour, such as Singer's, the direction of philosophically articulating bioethical theses. Even so, the definition is less related to bioethics as it really is and more to bioethics as it should be, so that it could respond to the tasks that are factually placed before it.

Deductivism and its Alternatives

By defining bioethics as a relational and multiperspectival ethics, we offered an alternative to those conceptions that understand bioethics as an applied, i.e. deductive, ethics without calling into question the necessary link between bioethics and philosophical ethics. The traits of relationalism and multiperspectivism create a methodological obstacle for the deductivism of applied ethics.

The understanding of bioethics as an applied ethics is also disputed by bioethical developmental trends, but I would say from an erroneous starting-point and with poor results. In the article »Bioethics, Ethical Theory and the Limits of Medicine«, Chadwick analyses the reasons for dissatisfaction with the »engineering model« in which applied ethics is used, which she herself calls deductivism. She writes:

»Deductivism is the view that what you have to do in applied ethics is to apply a theory such as utilitarianism or Kantianism to a particular problem situation, and the right answer will come out at the end. In that sense it is like a problem in engineering or mathematics. There has been an increasing dissatisfaction with this model of applied ethics, partly because of doubts about the underlying theories themselves, and partly because of the results themselves« (p. 547).

She then cites and considers three alternative forms of deductivism: principlism, casuistry and ethical care.

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Commenting on an article by adherents of so-called »discourse ethics«, with whom he polemicised, Singer presents the following interesting observation: »I had the distinct impression that the periphenalia about the 'community of discourse' was not doing much work in the argument; it was a kind of window-dressing, and the authors could have reached their conclusion by a more direct route« (p. 572).

In 1977 Beauchamp and James Childress formulated a group of principles and deduced rules upon which bioethics was founded in its early developmental phase,[8] but these principles were later disputed precisely because they were unfounded (cf. Chadwick, p. 574).

As one of the creators of these theories, Beauchamp explains the nature and role of principles in more detail in the article »Principles in Bioethics«. Principles are »very general standards of conduct on which many other moral rules and judgements depend« (p. 534). Adhering to that definition, but also additional explication, it is difficult to ascertain as to why the authors opted for the following four principles: 1. respect for autonomy; 2. non-maleficence; 3. beneficence; 4. justice.

But while the principles are clearly determined, their relation is »above« origins and »below« rules, judgements and concrete practice – completely muddled by unclear and ambiguous explanations. As for the origin of principles, Beauchamp states:

»Childress and I hold that principles have their origins in and find support in a social morality that we share in common, no less in traditions of health care, but this is not to say that the appearance of principles in a developed system of biomedical ethics will be identical to the way they appear in the traditions from which they spring« (p. 535).

A question arises: What is common social morality? The cited explanation obviously highlights that in developing ethical principles for particular problems, one should not delve too deeply without first establishing a relation to philosophical ethics. Beauchamp even seems to insist on independence from a »general ethical theory«: »Our particular set of principles was developed for biomedical ethics rather than as a general ethical theory« (p. 534). He repeats a similar position towards the end of the article.

On the other hand, the chasm between principles and concrete practice is mainly bridged by unclarities. For the sake of illustration, we will cite only some claims that explain the relation between of principles and rules. Beauchamp stresses his and Childress' mutual position, »that more specific rules for health care and research ethics can be formulated *by reference to* our four principles, but that neither rules nor judgements can be straightforwardly *deduced* from the principles« (p. 534). The explanation continues a little further on:

»Some writers distinguish sharply between principles and rules, but Childress and I offer no sharp distinction between them. Principles and rules in our approach should both be conceived neither as rules of thumb nor as unexceptionable prescriptions. Rather, they are norms that are always binding *unless* they conflict with obligations expressed in another moral principle or rule« (p. 535).

After all, it is not at all surprising that Beauchamp's and Childress' principles are disputed not only because they are unfounded, but also because of »their inability to solve particular problems« (Chadwick, p. 547).

As a counter-position to the deductivism of applied ethics there appeared *casuistry*, which we could briefly define as a theoretical position that denies the justification of theoretical positions. Its main characteristics include: the primacy of interpreting the case, leaning on so-called »pragmatic cases«, thinking in analogies, judging on the basis of precedents and so on. Casuistry is the most extreme, and even most absurd, consequence of the negation of ethical reflection in the interpretation of moral practice, which in the long run leads to the negation of morality itself. Namely, the view

that a particular situation or case in itself carries the standard of its own judgement represents the implicit denial of that standard itself, or any standard as such. The history of ethics records an analogous or, casuistically stated, »pragmatic case« at the pinnacle of Sophism when Gorgias denied virtue by situating it within a particular situation and associating it with a particular case.[9]

The *ethics of care*, as one of the alternatives to deductivism, also »rejects (at least in some versions) the usefulness of the application of abstract theory« (Chadwick, p. 547). As with casuistry, the ethics of care limits itself to the physician-patient relationship so that its perspective encompasses only a part of bioethics. But while casuistry can be conceived as theoretical egoism, the ethics of care deserves our full attention owing to its innovativeness, intellectual impetus and especially the conceptual possibility of differently grounding a personalised therapeutic relationship, which is transformed into a technical issue and reduced to the physician-illness relationship.

Warren T. Reich's very instructive article »Myth of Contract or Myth of Care? The Narrative Origins of Bioethics« is devoted to the ethics of care. Reich believes that the ethics of care should establish a new paradigm in the physician-patient relationship, and thereby replace the existing one which »utilises the contract-libertarian approach« (p. 560). The existing »contract paradigm« is founded on the presupposition that the natural state of the community implies a war of its members (Hobbes' »war of all against all«), while ethics is assigned the task of guiding the community into a state of peace through free contracts. In this sense, the original tension of the physician-patient relationship is appeased through contract and becomes legally regulated.

The ethics of care emerged as a result of feminist inspired research into the area of the psychology of moral development,[10] opening up the »'care perspective' in morality« which provoked, as Reich testifies, a »revolution in the way ethics is viewed« (p. 569).

Reich himself takes the »act of attention« as the central characteristic of care: »To care – to have a concern for others – means being attentive to the needs of others« (p. 567). Therefore attention should play, according to Reich, the key role in the revolutionisation of the therapeutic relationship:

»The attention to the individual person that is called for by an ethic of care can bring a moral revolution to the physician-patient relationship – and to its ethic – by making human suffering once again the focus of our moral concern« (p. 568).

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Cf. *Principles of Biomedical Ethics*, Oxford University Press, New York, ^{4}1994.

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In Plato's dialogue *Meno*, Meno states in the spirit of Gorgias: »There is another virtue for a child, male or female, and another for an old man, free or slave as you like; and a great many more kinds of virtue, so that no one need be at a loss to say what it is. For every act and every time of life, with reference to each separate function, there is a virtue for each one of us, and similarly, I should say a vice.« Plato, *Meno*, Penguin Books, Harmondsworth, pp. 116–117. Cf. H. Diels, *Predsokratovci: Fragmenti*, Naprijed, Zagreb, p. 286 (B 19).

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The origins of contemporary ethics of care is the publication of Carol Gillian's book *In a Different Voice: Psychological Theory and Women's Development*, Harvard University Press, Cambridge MA., 1982.

The mutual »poor result« of the above described alternatives to deductivism consists partly or completely in the closing of perspectives on ethical and philosophical theory. The previously suggested definition of bioethics, the same characteristics of relationalism and multiperspectivism which create the methodological obstacle to deductivism, is also opposed to its alternatives, precisely in those elements that lead to their mutual »poor result«.

Conclusion: Philosophy in the Bioethical Horizon

Though philosophy represents only one perspective within the bioethical horizon, its role is of manifold importance – not only owing to the moral basis of bioethical problems and the status of »ultimate questions« that some of them entail, but the unavoidability of constituting bioethics into a scientific discipline of a specific, integrative type.

Interdisciplinary research is not new to science, and its purpose is to integrate an overview on a particular problem or area, which is expounded according to aspects through specific scientific approaches. However, the integrative range of the bioethical procedure is significantly more widely established and, apart from the specifically scientific approach, encompasses philosophical, religious, world-view and similar approaches.

This sort of active and methodological point of departure carries significant innovative potential which can be developed in practice, in science, in philosophy, and even at the civilisational level. But it can also remain unused and end up with banal theoretical and practical effects. Hence it is especially important for the reaction against deductivism not to weaken in initiative, but enhance, on other foundations, the perspectival affinity of bioethics with philosophy. A level of philosophico-systematic discussion should also be maintained within the bioethical horizon, but without replacing discussion on concrete problems, thereby offering bioethics a methodological stronghold and necessary orientation.

Ante Čović

Neue Wege der Medizinethik

Der Verfasser dieses Beitrags bezieht sich auf das in der Zeitschrift Društvena istraživanja veröffentlichte Themenblock »Nova medicinska etika« (Neue Medizinethik) und geht auf das erweiterte Diskurs über methodologische und philosophische Aspekte der Bioethik (auch biomedizinische Ethik, neue medizinische Ethik genannt) ein. Dies stellt den Versuch der Erklärung der Herkunft neuer medizinischen Ethik ein, die sich aus dem »neuer medizinischen Situation« gehörigen wissenschaftstechnologischen Fortschritt ergibt. Der Verfasser differenziert positive und negative Aspekte der Bioethik und rekonstruiert – die Voraussetzungen Singers beachtend – die Struktur der bioethischen Methoden. Aufgrund der Einsicht, daß die Bioethik mit der Philosophie notwendig zusammengehörig ist, definiert sie der Verfasser als eine spezifische, relationistische und polyperspektivistische Ethik. Ein solcher Zugang wird als eine Alternative zu den deduktuionistischen Konzeptionen formuliert, welche die Bioethik für einen Teil der angewandten Ethik sowie als eine Alternative zu den bioethischen Strömungen (Kasuistik, Grundsätze der biomedizinischen Ethid usw.) halten, die einen Zugang zur ethischen und philosophischen Theorie nicht zulassen.

Ante Čović

Les nouvelles voies de l'éthique médicale

L'auteur du présent article se réfère au bloc thématique intitulé »Nouvelle éthique médicale«, paru dans la revue Društvena istraživanja *(Les recherches sociales), 23–24, vol. V, 3–4/1996, et faisant partie du discours élargi sur les aspects méthodologiques et philosophiques de la bioéthique (connue également sous les appellations d'éthique biomédicale ou de nouvelle éthique médicale). Par cet écrit, l'auteur se propose d'éclaircir l'origine de la nouvelle éthique médicale provenant de »la nouvelle situation médicale« constatée dans ce secteur du progrès scientifique et technologique. L'auteur distingue les uns des autres les aspects positifs et les aspects négatifs de la bioéthique et en s'appuyant sur les hypothèses de Singer, il reconstruit la structure des méthodes bioéthiques. La bioéthique étant nécessairement reliée à la philosophie, elle est définie par l'auteur comme éthique spécifique, relationnelle et ayant de multiples perspectives. Cette approche de la question a été formulée en tant qu'alternative des conceptions déductivistes – qui ne voient dans la bioéthique qu'une partie de l'éthique appliquée – mais aussi en tant qu'alternative des courants bioéthiques (casuistique, principes d'éthique biomédicale, etc.) qui ne permettent pas de pratiques d'ouverture à la théorie philosophique et éthique.*