



Editorial

Globalisation in bioethics

Globalización de la bioética

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The phrase “global bioethics” is often used to denote the attention that ought to be paid to problems of public health and biopolitics as regards large human communities. This is not the sense in which we want to speak of “globalisation” of bioethics here. We will give to globalisation, as a first sense, that of broadening the horizons, adopting a pluralist view regarding what has the right of citizenship in bioethics. For example, accepting that “genuine” bioethics is not restricted to medical ethics and ethics of biotechnologies, but also includes ethically right behaviour towards animals, towards the environment, climate change, or the protection of vulnerable beings. Without such a broadening bioethics risked becoming somewhat stagnated, to appear as a closed garden in which all the fundamental issues had been brought to light, and the different (and often incompatible) solutions to the most crucial problems had been put forth, by using the conceptual resources and dialectical strategies of a few well established ethical doctrines or traditions. Only routine work with little room for originality and intellectual stimulation seemed possible in that situation, and the idea of entering those new domains of inquiry was attractive and promising.

The acquisition of new domains of investigation, however, is not the only way for avoiding the risk of stagnation in bioethics. Perhaps more significant is the increase in the number of the ethical doctrines and traditions that offer the conceptual perspectives and the epistemological frameworks for also working within the more traditional fields. In this case, the notion of globalisation appears more pregnant since is close to that confluence of cultures and even of populations, which is characterising contemporary globalisation understood in its most common sense. Therefore, in addition to the most usual ethical outlooks that have inspired bioeth-

ics, and basically belonged to the Anglo-American tradition), contributions coming from continental European, East European, Islamic, Buddhist, Chinese, Hindu cultural traditions are expected to enrich the bioethical arena and, in particular, should serve to promote sensitivity and competence in bioethical matters in those regions of the world where such great traditions inspire the worldview and the conception of man and life of entire populations. This, however, is only one aspect of the fruitfulness of such broadening of the spectrum of ethical doctrines: this fruitfulness also concerns single national societies that are becoming more and more pluralistic as a consequence of several factors, because a bioethics so enriched also becomes a model for attaining a consensus in pluralistic societies as regards other issues of the societal life.

These two different senses of globalisation are the consequence of the maturation of the awareness of *complexity* that has penetrated the conceptual space of bioethics and encourages the adoption of a *systemic* approach. Systems are entities endowed with a specific identity consisting of a certain set of *properties* and functions and also of a set of constituent parts connected by an internal web of mutual *correlations*. Therefore, a system is a *whole* in which its properties “depend” on the properties of its parts and their correlations, but are different from the properties of the parts and are not predictable as a “result” of their combination. Moreover, these parts are system themselves: they are “subsystems” of the whole which is considered as their *environment*. The concept of *complexity* is the most appropriate for denoting this interplay between whole, parts, and mutual correlations, and for this reason appears as a salient characteristic of any system: a system is a complex entity (be it an object, a process, an institution, situation, or a problem).

All the issues debated in bioethics regard the right course of action in complex situations, be they typical or particular. This fact is usually expressed by pointing out that different “aspects” of the issue must be considered, in order to find the correct choice, and this leads to the recognition that distinct specialised competences must be called into play and lead to a comparison and dialogue. This suggests that bioethics is an interdisciplinary discourse and that interdisciplinarity is its method. This is correct, but remains superficial if is not supplemented by the challenging work of recognising the specificity of the methods of the different disciplines involved, and finding how to correlate these methods in a suitable way (this brings to light an often unsuspected epistemological dimension of bioethics).

The general “system-subsystems” dynamics considered above brings us to recognise that no “isolated” systems exist. They can be defined only conceptually and

partially realised artificially for purposes of study, but in real life, systems are always embedded in an environment (which is, in turn, part of a larger environment, and so on, so that only the “total system” of reality is isolated and closed). This elementary fact gives rise to two different kinds of complexity. The first derives from the consideration of the environmental conditions that surround the system or the situation that we are considering and exert certain actions on it that we cannot ignore. This has occurred in medical ethics when, in addition to medical criteria of judgment and moral principles, social, psychological, economical, legal elements of judgment have also been considered relevant for the determination of the right choice. But the same dynamics has pushed the broadening of the domains of bioethics that we have considered at the beginning, when ethical concerns have been extended to the domain of animals, to the living environment, to the ecosystem, and when the necessity to broaden the horizon even beyond ethics has promoted the development of biolaw, public health policy and international regulation. The second form of complexity derives from “going inside” rather than outside. Here again, medical ethics provides simple examples: becoming aware that the task of medicine is not that of curing an illness, but a patient; this patient has gradually been considered as a “whole” constituted by several parts or subsystems that are mutually correlated and influencing, so that, for instance, the autonomy of the patient has also been considered a value to defend, as well as a variety of psychic, affective, social aspects of their existence. The interesting fact is that the real existence and effectiveness of such correlations between material, physiological and psychological subsystems of the human person have also produced certain new successful medical practices that corroborate the holistic view of man supported by system theory, and the fruitfulness of the concept of complexity.

Two consequences of this approach deserve mention. The first is that, thanks to the recognition of the plurality of different and specific subdomains of the human person, it is possible to understand the presence of human freedom in the context of the multiple biotechnological determinisms, and this, in particular, provides a sense for ethical judgment that would be almost meaningless in the absence of human freedom. The second is that, thanks to this autonomy of the ethical conscience, bioethics can escape the poor role of being a tool for securing social adaptation to the concrete situations, conditionings and constraints produced by technology. Bioethics would almost be a caricature without the explicit recognition that not whatever is (technically) *possible* is also (morally) *licit*, but this entails several steps. First the scientifically correct appreciation of the situation under scrutiny, then the recognition of the specifically ethical aspects involved, followed by a judgment on the final choice. All this remains within the individual moral conscience, and can produce

concrete effects only after receiving acceptance at the level of social conscience, and producing legal regulations depending, in particular, on political decisions. This is why bioethics, at the level of the present historical moment, must be open to these different, but correlated directions, which our journal will present (in the present and future issues) some samples of such topics, from the broadening of ethical frameworks, to the consideration of the difficulties in the perception of even urgent problems, to the awareness of the delicate steps implicit in the transition from bioethics to biolaw within different cultural and institutional contexts, to the surfacing of seemingly strange therapies that actually support a global view of the human person. This is fully in keeping with our claim that bioethics deserves special study because it is a paradigm of what ought to be the encounter of ethical values and conscience with the pervasive technological mentality of modern societies.