



Editorial

The individual and collective dimension in bioethics

La dimensión individual y colectiva en la bioética

Evandro Agazzi

Interdisciplinary Center for Bioethics, Panamerican University of Mexico, Mexico City, Mexico

When the term “bioethics” was coined, both at its historical origin (in the works of the Lutheran pastor Jahr in 1926–27) and in its independent new birth (in the work of the American oncologist Potter in 1970), its meaning was that of a philosophical outlook in which medicine, biology, ecology and human values were brought to an integration from which the ethical imperative derived to respect and protect the world of “life”. That approach potentially encompassed domains like those of medical ethics, animal ethics, environmental ethics, ethics of biotechnologies.

During a few decades the chief topics of the bioethical debates regarded the ethically admissible choices among the new options offered by the advancements of medical knowledge and technologies and were, in a certain sense, an enlargement of the traditional medical ethics. If we consider those debates, we can find in them a common feature, they remain within an ‘individualistic’ approach. We mean by this that the main focus of this medical ethics is the correct way of treating ‘the patient’, also when the horizon has been broadened by going beyond the narrow limits of securing what is ‘medically’ more advantageous for him. Such medical evaluation remains important, but is not decisive, because it must be compatible

E-mail address: evandro.agazzi@gmail.com

<http://dx.doi.org/10.1016/j.bioet.2017.08.001>

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with the patient's autonomy and dignity. Here the issue of the patient-doctor relation appears (a relation that holds between two individuals), along with other well-known issues, such as informed consent, right of the patient to accept or refuse particular therapies, moral duty of respecting the patient's intimate convictions, his cultural and religious conceptions, his freedom of determining what is for him a good quality of life, and so on. It is true that in this enlarged context other persons can be involved (like family members, legal experts, psychologists, religious ministers) but all still remains within the framework of person-to-person relations in which, in addition, not only the patient but every partner maintains his own autonomy, dignity and freedom of conscience.

The significant novelty represented by the *ethics of care* has not changed, as such, this situation, because it essentially represents a most empathically flavoured and friendly attitude towards the patient, and the more detailed attention paid to the variety of his existential needs. All this is not surprising because it relies upon a particular way of conceiving the *human rights*, of which the 'rights of the patient', as well as the rights of the other persons involved in the 'caring' process, are only particular cases. These rights have been first formulated in the philosophy of the Enlightenment of the 18th century, and then further elaborated and broadened until the Declaration of the United Nations of 1948, and conceived as rights inherent to any *individual* of the human species.

In the context of the discussion regarding the ethics of care, however, a new concept has gained space, the concept of *vulnerability* whose etymology means the susceptibility to being wounded or hurt, and in an analogical sense, the inability to withstand the effects of a hostile environment. Several authors have included vulnerability among the characteristics specific of the human nature, but this is not correct since, on the one hand, everything is vulnerable and, on the other hand, there are many kinds of vulnerability that do not depend, in the case of man, on the human *nature* but on the *human condition* or, much better, on a variety of conditions. This precision is significant since it introduces a *collective* point of view near the traditional individualistic point of view. Any kind of vulnerability characterizes in principle a particular *group* of persons that find themselves in a certain condition, and it is evident that any such kind of vulnerability is bound with historical and social conditions, much more than with a supposed 'vulnerable' human nature. In addition, one single person can belong to more than one vulnerable group.

By the way, it is not accidental that the elaboration of the idea of vulnerability has taken place in sociology, before becoming important in the context of bioethics,

where it has found its role because the patient is obviously vulnerable (and can be vulnerable at different levels of depth) from a physical point of view, and in addition he may also be vulnerable from the point of view of several particular conditions of his own existence. But now a serious question surfaces “Why does vulnerability have ethical relevance”? The spontaneous answer could be “Because vulnerability evokes the ethical imperative to aid and protect the vulnerable” This answer, however, indicates a noble sentimental reaction, rather than a real foundation of a *moral duty*. Such a duty could subsist if the vulnerable had *as such* an intrinsic *right to protection* but this is not the case because vulnerability, as we have seen, is only a *condition*, and not an essential characteristic or property of anything.

This point can be clarified by arguing that not whatever that is vulnerable or ‘fragile’ *deserves* protection: protection can be imposed by additional characteristics that, in a certain condition, require protection, sometimes for a variety of practical reasons, and only very seldom for genuine moral reasons. For example, it is reasonable not to use precious fragile dishes in a pick-nick and use instead some plastic dispensable dishes, because both are fragile, but the first are ‘intrinsically’ precious and the second are not. This is an economic reason, which however, does not constitute any moral ‘obligation’ and a wealthy person, for instance, might well use precious dishes in a pick-nick simply in order to flaunt his social status before the invited guests. Let us consider now those people who are vegetarian and do not eat meat because this comes from killing animals that are capable of suffering, whereas salads or vegetables belong to a lower ontological level (from this point of view) and can be eaten without any scruple. In this case we can say that the protection of animals appears as an obligation within a particular ethical code (i.e. animal ethics).

When we come to the case of human beings, their vulnerability, in its different forms, evokes a moral duty of protection owing to the intrinsic value we ascribe to their *nature*, and which can be expressed through certain pregnant notions such as those of autonomy and dignity. In such a way a fruitful confluence of the individual and collective dimensions is realized. Here we find the conceptual roots of the *ethics of care* that has wide application in medicine and has been amply treated in specialized literature. Nevertheless, it is important to note that this ethics, having to do not so much with the human nature in itself, but with the *human conditions* that are mostly produced by socio-historical factors, entails that this protection of the vulnerables be pursued by means of adequate social, legal and political measures, and this confirms the interdisciplinary commitment of bioethics, which has a broader scope than medical ethics, and stresses its links with biolaw and social philosophy.