BIOETHICS IN ITALY AND IN MEDITERRANEAN AREA.

PHILOSOPHICAL PERSPECTIVES

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Medical-Philosophical-Religious Traditions in Europe

1. Hippocrates, Galen, …
2. Scuola di Salerno, Universities, …
3. Aristotle and Greek-Roman philosophy
4. Modern philosophical perspectives
5. Traditional medical ethics – Professional Codes/Medical Deontology
6. Great Monotheistic Religions (Judaism, Christianity, Islam)
From Traditional Medical Ethics to Bioethics

• Birth of Bioethics in U.S.A.

• V.R. Potter: «If there are ‘two cultures’ that seem unable to speak to each other – science and the humanities – and if this is part of the reason that the future seems in doubt, then possibly, we might build a ‘bridge to the future’ by building the discipline of Bioethics as a bridge between two cultures»

• A. Hellegers and Kennedy Institute at Georgetown University: «Proposes a maieutic (Socratic) dimension of bioethics that understands values by way of the dialogue and contrast between medicine, philosophy and ethics (interdisciplinary method)». 
From Traditional Medical Ethics to Bioethics

- Ethical questions emerging from clinical practice and research
- Development of technologies and «new powers» in medicine
- Challenges and changes in physician-patient relationship
- Human rights movement
- Healthcare systems and allocation of resources
From Traditional Medical Ethics to Bioethics

• **A. Jonsen** (U.S.): «Bioethics is a ‘tipically American’ reality, which arose in the U.S. due a particular combination of social and cultural factors.»

• **D. Gracia** (Spain): «My hypotesis is that the success of bioethics is not directly related with the peculiarities of the American ethos, but with some more general characteristics, such as the secularization of Western culture, and the emancipation of the decision-making process in the question related with the human body, and therefore with life and death». 
Definitions

• Reich W.T., 1995: «Bioethics is a composite term derived from the Greek words ‘bios’ (life) and ‘ethikè’ (ethics). It can be defined as the systematic study of the moral dimensions – including moral vision, decisions, conduct, and policies – of the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting. The moral dimension that are examined in bioethics are constantly evolving, but they tend to focus on several major questions: what is or what might be one’s (or a society’s) moral vision? What sort of person should one be, or what sort of society should we be? What ought to be done in specific situations? And how are we to live harmoniously?»
Definitions

- Roy D., 1996: «The challenge is to face both the promises and perils of new knowledge releasing new power over human beings, power of a depth and duration not really encountered before in human history. Meeting these challenges means advancing effectively towards wisdom. That advance starts as we begin to devise new frameworks of value to balance choices and decisions, and new networks of communication to heighten the participation of the entire human community in the design and realization of the common good». 
The European development of Bioethics

The bioethics movement in Europe follows the American experience, but it is rooted in deep intellectual, moral and legal traditions that are different, in part, from those of the United States.

The ‘Instituo Borja de Bioetica’ was created in 1975 in **Barcelona**, as the first bioethics centre on the European continent.

The **French** term ‘bioéthique’ appeared in 1973 in an article in the ‘Revue théologique de Louvain’, and in 1983 the **Catholic University of Louvain** formed a Centre of Bioethical Studies in Brussels.
The European development of Bioethics

• In **Germany** the movement of ‘rehabilitation of practical philosophy’ was relevant, where bioethics was more a form of theological and philosophical reflection, as a chapter of ethics in general.

• In **Italy** the ‘Center for Bioethics’ at the Catholic University in Rome was founded in 1985, and other centres soon followed, using a Catholic or secular approach. The **Council of Europe** and the European Union also became increasingly involved in bioethical issues, with particular attention paid to human rights and the effects of biomedical developments on society (see the Convention on Human Rights and Biomedicine, Oviedo 1996).
European Religious Traditions
(Judaism, Christianity, Islam)

• Those three Religions have in common the belief in a God-person with whom an individual can enter into a dialogue.

• Concept of creation/creatures and intrinsic dignity of human beings

• Sense of History

• Personal and collective responsibility of human beings.

• Mercy and care
Philosophical Perspectives
(Italy and Mediterranean Area)

• Several philosophical traditions

1. European personalistic and existentialist philosophy:
   • E. Mounier
   • J. Maritain
   • «Classic personalism» (Thomistic and realist)
   • ‘Louvain’ personalism

2. Phenomenology (M. Scheler, N. Hartmann)

3. Discourse Ethics (J. Habermas, K.O. Apel)

4. Hermeneutical approach (P. Ricoeur, B. Cadorè)

5. Utilitarianism, traditional and new (J.S. Miel; R.M. Hare)

6. Communitarianism (H. ten Have)

7. Virtue theory (A. MacIntyre)

8. Ethics of Care (C. Gastmans)

9. Principlism (Beauchamp and Childress)
European Principles

1. Some basic ethical principles for European Bioethics (cfr. BIO-MED research project report, 2000)
   • Autonomy
   • Human dignity
   • Integrity
   • Vulnerability

2. In the framework of the Welfare State
   • Responsibility
   • Solidarity
   • Justice
European Principles

• In this sense, the basic ethical principles are founded in European democratic political thinking, where concern for the corporeal and psychical well-being of individuals is in the center of considerations of political philosophy in personalism, existentialism and democratic political thinking.
Italy

• Main factors from the second half of the 1970s to development of bioethics:
  1. Debate and legislation on the beginning of human life and abortion
  2. Impact of new technologies on health care and clinical practice
  3. Centers and Institutions involved in research and teaching bioethics
  4. National Bioethics Committee appointed by the President of the Council of Ministers (1990)
Italy

A. Critical issues:
   1. Important, strong role of «Medical Deontology»
   2. Problem of relation between Ethics and Law
   3. Polarization/contraposition: «Catholic» and «Secular» bioethics
   4. Political influence on the bioethics debate

B. Positive trends
   1. Experience of ethics committees for research
   2. Increasing interest in clinical ethics
   3. Effort for more ethical-philosophical approach and debate
   4. European Basic Principles of Bioethics
   5. Interesting dialogue with literature, arts, and perspective of Medical Humanities