Bioethics in Latin-America: Some Challenging Questions for the Present and Future

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ABSTRACT

This article aims to present some challenging questions that bioethics has to face in Latin America Region nowadays. In it's beginning in USA (1970) bioethics dealt basically with new ethical dilemmas created by the fantastic progress of science and technology that generated new discoveries related with human life. We have new concept of death, the beginning of the era of transplantation (kidney, heart and liver), and scandals with research with human beings, that fostered the emergency of the principlism paradigm. Bioethics in Latina America, in its beginning is a transplantation of the bioethics of principles of United States. It started to built its own identity, only in the mid 90`, when began to take into account and address some key ethical issues related with the socio-political and Cultural reality of Latin America. We identified five points: 1) Broadening the ethical reflection from the "micro" to the "macro" level; 2) Taking into account the cultural differences between Anglo- Saxon and Latin cultures; 3) The challenge to develop a horizon of meaning for bioethics; 4) Going beyond principles; 5) Consider justice and equity in the health care area as one of it's key ethical referentials; and finally 6) to establish a respectful dialogue between bioethics and religious values.

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Introduction

When we reflect about the historical process that marked the development of bioethics in Latin America, that differs in some aspects from the one from Iberian Peninsula (Spain and Portugal), we can see a continuity, not without obstacles, that encompasses three important phases in Latin American countries: the 1970's, when North-American bioethics was transplanted and accepted; the 1980's, of assimilation and evolution with a specific Latin American identity; and, from the 1990's on, the recreation phase, that is, the proposition of an original Latin American bioethical thinking and practice that, without refusing the contributions from other parts of the world, not only interprets them in its own way but also contributes for challenging them, in a enriching dialogical process. This creates a deeper understanding of the epistemological bases of the perspective of Latin American bioethics, (cf. Garrafa, Kottow & Saada, 2006), something that brings to light some topics that are, more than axis for reflection, real challenges to be faced in the region. Among these issues we can point out, ecology and the environment, research with human beings, public policies, legislation and laws regarding issues on human life and, in a ever more pluralist context, the dialogue between values in the secular and religious world.

In its beginnings in the United States, bioethics was faced with the ethical dilemmas created by the extraordinary techno-scientific developments in life and health sciences. Research on human beings, the humane use on technology, issues about death and dying were some of these sensitive areas in the 70's. The original issues in bioethics expanded to problems relating to values in the different health professions, such as nursing, public health, mental health, etc. A large number of social issues were introduced in the broad theme of bioethics, such as public health, the allocation of resources in health, women's health, the issues of health populations and ecology, merely to mention a few.

It is said that medical technology gives force to the development of clinical bioethics, and this happens both in Latin America and the United States. In the beginning, the questions most frequently asked were about research with human beings and about of a new technology: the use or the non-use of medical equipment, the acceptance or not of informed consent.

In some countries in Latin America, the simple existence of state-of-the-art technology and advanced medical care centers with high technology raises issues about discrimination, injustice and exclusion in the health care field. The most difficult issues to respond to in the region focus not on how medical technology is used, but else on who has access to it. A strong social thinking permeates Latin American bioethics. Culturally strong concepts and values such as justice, equity and solidarity should have a place in Latin American bioethics similar to that of autonomy in the United States.

According to James Drane, Latin Americans are not as individualistic and are certainly less inclined to consumerism in their personal relationships with their physicians than North Americans. It would, however, be a mistake to think that informed consent and everything that it entails would not be important for Latin Americans. The challenge is to learn from the USA and the Europeans without naively trying to imitate and import their programs that are certainly adequate to a different reality (Drane, 1996). In this sense, we emphasize now some relevant points.

Some key issues for the present and future of bioethics in this region:

(1) Broadening ethical reflection from the "micro" to the "macro" level

A bioethics though from a “macro” level (society as a whole) must be proposed as an alternative perspective to the Anglo-American tradition of a bioethics thought from a “micro” level (the solution of clinical issues). In other words, a bioethics restricted to a high-technology “bios” and an individualist “ethos” (privacy, informed consent) needs to be integrated in Latin America to a humanistic “bios” and a communitarian “ethos” (solidarity, equity, the other).

The great challenge is developing a Latin American bioethics that redress the exaggerations of the outlooks of others and which will redeem and value the Latin culture in its most unique aspects, a truly alternative vision that can offer a multicultural dialogue. We cannot forget that Latin America bioethics necessarily suffers the impact of poverty and social exclusion. To elaborate bioethics only at the "micro" level, in case studies for deontological knowledge among the professions in the health care are, without taking into

account this socio-cultural reality, would not respond to the desires and needs for a more dignified life. We are not contesting the undeniable value that all human lives deserve; all life should be saved, cared for and protected. What we cannot do, however, is loose sight of the global vision of the Latin American reality, which is one marked by poverty and exclusion.

As modern medicine becomes for present cultures what religion used to be in the Middle Age, the issues that impact bioethics become ever more central and generate a growing interest from the public at large. At the threshold of bioethical controversies, basic meanings are changing in all the corners of this planet: the meaning of life and death, family, disease, who is a father or a mother etc. Greater communication and mutual dialogue amongst people with different outlooks are immensely advantageous, in the sense that they bring a deeper understanding of each culture and better solutions to similar critical problems. People of different regions and cultures can work to integrate sociological, historical and philosophical differences, and one day perhaps, who knows, generate a set of bioethical standards that will be respectful and coherent and which can be shared alike by religious and secular people.

According to J. A. Mainetti (1995), Latin America can offer a different bioethical vision from that of other regions of the globe, because of its humanistic traditions and due to its social conditions as a group of peripheral countries. For this Argentine bioethicist, the European discipline of medical philosophy with its three main branches (medical anthropology, epistemology and axiology) could be better equipped to transform scientific and academic medicine into a new humanistic biomedical paradigm. Such an approach would avoid the accusations frequently directed to medicine that bioethical discourse emerges to make medicine more humane but seems to forget or does not focus on the true dehumanization of the system. For example, the bioethical discourse on autonomy may mask the depersonalization of medical care and its risks of iatrogeny, the exploitation of the body and the alienation of health. As a response to the development of biomedicine in a technological era, bioethics should be less complacent and optimistic in terms of progress and be able to carry out a critical role in this context.

The Latin American reality of bioethics in a time of cholera, Aids and measles demands a social viewpoint of ethics, which will be concerned with the common welfare,

justice and equity before individual rights and personal virtues. A "macro-ethics" in public health can be proposed as an alternative for the Anglo-American tradition of "micro-ethics" or clinical ethics. Our greatest need in poor countries is for equity in the allocation of resources and the distribution of health services.

(2) Cultural differences between Anglo-Saxon and Latin cultures.

It is enlightening while reflecting on bioethics from the cultural perspective of Latin America, to reflect on what says Diego Gracia, a famous Spanish physician and bioeticist, who's thought has a great influence in the region.

"Latin Americans feel deeply uncomfortable with rights and principles. They are used to judging things and actions good or bad instead of right or wrong. They prefer benevolence to justice, friendship to mutual respect, excellence to rights. (...) Latinos seek virtue and excellence. I do not believe they reject or think little of principles (...) As the Latin cultures traditionally were oriented by the ethics of virtues, the principialist approach may be very helpful in avoiding some traditional defects of our moral life, such as paternalism, the lack of respect for laws and tolerance. In the search for virtue and excellence, Latin American countries by tradition have been intolerant. Tolerance has not been included as a virtue in the ancient catalogue of Latino virtues. The true virtue was intolerance, and tolerance was considered a vice. (…) Anglo-Saxons discovered tolerance as a virtue in the XVII Century. Perhaps this is the most significant difference with other cultures. The most important moral issue is not the language we use to express our moral feelings, but the respect for moral diversity, the choice between pluralism and fanaticism. Fanaticism states that values are total and absolute and objective and should be imposed forcefully upon others, whilst tolerance defends moral autonomy and freedom for all human beings and the search for a moral agreement through consensus " (GRACIA, 1995, p. 204-205).

The growing movement of bioethics worldwide lately is tackling ethical issues and concerns of many scholars of Latin America and the Caribbean region. Daniel Wikler, a North American Philosopher (Harvard University) in the closing address at the III World Congress of Bioethics (San Francisco, USA, 1996) entitled "Bioethics and social responsibility', said that when we look at the birth and development of bioethics, we clearly

detect four phases: First phase: we have the codes of conduct of professionals. Bioethics is practically understood as being medical ethics. Second phase: the doctor-patient relationship comes onto the scene. We contest paternalism, rights of patients begin to be debated (autonomy, freedom, truth, etc). Third phase: questions arise about the health systems, including their structure and organization, funding and management. Bioethicists have to study the economy and the politics of health (cf. Callahan, 1980), and Fourth phase: we entered this phase at the end of the 90's. Bioethics will deal prioritarily with the health of populations; and social sciences, humanities, public health, human rights, the issue of equity and the allocation of resources, among other burning issues, will enter the scene. This agenda has a great deal to do with the ethical moment of Latin America (PESSINI, 202b).

(3) The challenge of developing a horizon of meaning for bioethics

Our reflection will be incomplete if we do not mention the challenging necessity of developing a broader horizon of meaning, or a mystic for bioethics. It may seem strange for a line of thinking marked by pragmatism and by the cult of efficiency to suggest that bioethics needs a mystic. Bioethics needs a horizon meaning, regardless of how narrow or broad it may be, to develop its reflections and proposals. Simultaneously, we cannot make bioethics without making the option in a world of human relationships. This in itself is an indication of the need for some type of mystic, or of a set of fundamental meanings which we accept and based on which we will cultivate our idealism, make our options and organize our practices.

It is not easy to define in a few words this broader horizon of meaning for bioethics. It necessarily includes the conviction on the transcendence on life, which rejects the notion of disease, suffering and death as absolutes that cannot be tolerated. It would include the perception of others as partners able to live in solidarity and understand and accept life as a gift. This horizon would doubtlessly be a witness, in the sense of not allowing egoistic individual interests to prevail and silence the voice of the vulnerable ones, the excluded, and mask their needs. This horizon would proclaim before all of the discoveries in life sciences and health care that the technical-scientific imperative, I can do, would have to pass necessarily through the ethical imperative, therefore, must I do? More than this, it

would motivate people and groups from the most diverse socio-political-economic-cultural backgrounds to unite in the enterprise to guarantee a dignified life for all, to build an economic, technical and scientific paradigm which would be guided by the demands of human solidarity with the most vulnerable ones of the society (ANJOS, 1996).

(4) Going beyond principialism

The principialist model (paradigm) of theoretical analysis, initiated with the Belmont Report and implemented by Beauchamp and Childress, is a language among other ethical languages. It is neither the only nor the exclusive one. The ethical experience can be expressed in different languages, theoretical paradigms or models, such as those of virtues and excellence, the casuistic, the contractual, the liberal autonomist, the model of care, the anthropological humanistic, the model of liberation, to mention only some. Obviously, living with this pluralism of theoretical models demands a dialogue respectful of differences where tolerance is the essential aspect. All these models or languages are intrinsically interrelated, but every one is also intrinsically incomplete and limited. A model can deal well with a definitive aspect of moral life, but not at the same time with all others. We cannot consider them as being exclusive, but complementary. The moral dimensions of human experience can not be captured in an exclusive model. This causes no surprise, for the broadness and the wealth of human experience depths are always beyond the reach of any philosophical or theological system. It is this modesty coming from wisdom that will make us free of the virus of "isms", that are partial truths that take one partial aspect of the reality as being the total reality (ANJOS, 1994).

(5) Justice and equity in the health care area

The bioethical problems that are of utmost importance in Latin America and the Caribbean are those which relate to justice, equity and the allocation of resources in the health care area as we mentioned earlier in this reflection. In large sectors of the population there is a lack of medical technology and even less of the greatly desired process to emancipate the sick ones. There is still a great deal of paternalism disguised as charity. Over the principle of autonomy, so deeply important in the Anglo-American

perspective, we need to put justice, equity and solidarity.

Bioethics elaborated in the developed world (USA and Europe) most of the time ignored the basic issues afflicting millions of excluded people in this continent and focused upon issues which for them are marginal or simply non-existent For example, in the developed world there is much talk about dying with dignity. Here we are impelled to proclaim that human dignity should first of all warrant a life with dignity and not simply a degrading survival, instead of being concerned with death with dignity. Among us, what happens is the premature death that is unjust, that cuts short and destroys thousands of lives since childhood, while in the developed world, one dies after having lived and enjoyed life with elegance until old age (PESSINI, 2002a).

Reflecting prospectively with Alaistair V. Campbell (1998), a Scottish philosopher, regarding the bioethics of the future, a key issue to be faced is justice in health and health care. A greater research effort seeking to build a “bioethics theory” is a necessary step in order to avoid that bioethics become a kind of "chaplain in the real kingdom of science", losing its critical role before techno-scientific progress.

(6) Bioethics and Religion

A characteristic of the Latin American and Caribbean regions is the deep Christian Catholic heritage, which nowadays is being strongly impacted by the fundamentalist sects through electronic media. The secularization process has reached the educated bourgeoisie, but not people in general. The morals of this society continue to be basically religious and confessional. This society did not know the pluralism that is a strong characteristic of many developed countries of the world. Without a doubt, what arises here is a challenge towards a dialogue, bioethics-theology; between this secular, civil, pluralist, autonomous and rational bioethics and this religious universe so deeply rooted in culture and history of these lands.

Edmund D. Pellegrino (USA), one of the notable pioneers of bioethics, raises three questions that bioethics will have to face in the future. The first question is how to decide among the diversity of opinions on what is bioethics and on which is its field! The second

question is how to relate the various models of ethics and bioethics among themselves. The third question is precisely the place of religion and the theological bioethics in the public debates on abortion, euthanasia managed care etc. So far, religious bioethics was in the penumbra of philosophical bioethics. These authors (Thomasma & Pellegrino, 1997) predict the emergence in public debate of religious values, the more our conscience of cultural diversity increases. They warn us of the need of a methodology able to deal with the increasing polarization brought by authentic convictions and values, and propose that we must be able to live and work together even when our philosophical and religious convictions about what means “right” or “wrong” are most of the times in conflict with others values. In other words, we always lived so far with “moral friends” and now we challenged to learn how to live respectfully with “moral strangers”.

We need to deep our anthropological understanding in bioethics, that is both consistent with the theological vision of Christian personalism and not in opposition to the scientific vision of biomedicine. Elio Sgreccia, termed this approach as ontological personalism because it is based upon the concrete human being and not upon functional qualities or subjective interests. For the adult person herself, an ontological level to be fulfilled exists; her own essence in the wholeness and harmony of her own nature and in harmony with and service towards others” (SGRECCIA 2005, p. 125).

A Final Note

It is necessary to cultivate a wisdom which will challenge prophetically the ethical imperialism of those who use force to impose their own morals upon others, as if it was the only truth, and also the ethical fundamentalism of those who refuse to enter into an open and genuine dialogue with others, in a even more pluralistic and secular context.

Who knows the pioneering intuition of V.R. Potter (1971) when he coined bioethics as being a bridge to the future of humanity needs to be studied again and reworked upon entering the new millennium, also as a bridge towards multi and transcultural dialogue among the different people and cultures. A bridge to a new dialogue that should enable us to recover our humanistic tradition, the meaning of life and our respect for the it’s transcendence in its maximum magnitude (cosmic and ecological) and enjoy it both as a

gift from high and a human conquest with dignity and solidarity.

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