

**PART 1**

**FOUNDATIONS AND HISTORY OF BIOETHICS**

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### *Introductory Comments*

In *Danubio* (1986), a cultural history of Central Europe, the Italian writer Claudio Magris explains how he started the research for the book. His idea was to follow the course of the Danube, one of the longest rivers in Europe, and then narrate the history and culture of all civilisations and peoples along the stream. However, this task turned out to be more difficult than expected. One of the puzzles was at the beginning: where exactly was the source of the river? When you follow the river upstream, somewhere somehow the first signs of water, however minimal they may be, indicate that you have found the river's source. This assumption, however, was too simple. For centuries two small towns in the Black Forest have both claimed to be the location where the Danube originates. Is the starting-point of what we call 'the Danube' the confluence of two brooklets or is one of these the original stream?

The story of Magris exemplifies that ambiguity is a significant dimension of our world. We used to have particular expectations and assumptions concerning the world around us, but upon further reflection, only few issues are immediately clear and self-evident. More often than not, reality requires interpretation.

Humankind has developed diverse strategies to deal with the ambiguity of the world. Through tradition, custom, and routine we try to reduce and manage the possible uncertainties and ambivalences that can confront us in daily life. Scientific research, legal arrangements, social agreements are other ways to master reality's ambiguity. Likewise, literature, poetry, music, and arts in general, provide possible interpretations of our world that can yield clarity and certainty. Last but not least, ethics is one of our cultural instruments to attenuate the above ambiguity. Unlike the arts, the approach of ethics is more rational, scientific, methodical. Unlike the sciences, the *modus operandi* of ethics is more evaluative, qualitative, engaged.

The history and theoretical models of bioethics are the central concern of the first part of this book.

Diego Gracia (Spain) examines the roots of bioethics as a present-day phenomenon. At first sight, bioethics does not have a long history, but ethical concerns have always been part of medical practice. Gracia explores the reasons for the current interest in bioethics, showing how in fact the ethical principles of beneficence, autonomy, and justice have a long tradition in the history of health care, law and politics. The convergence of the three principles created the arena in which new moral conflicts could arise and a new discipline could emerge.

In his contribution, Henk ten Have (the Netherlands) analyzes the various theoretical approaches to ethics. Currently, bioethics is dominated by the applied ethics approach or principlism. The principles discussed in Gracia's historical exposition have been elaborated into a coherent model that is extremely useful to clarify and resolve practical problems in the health care setting. Nonetheless, the dominance of this model is criticized and alternative models and approaches are now fashionable in bioethical discourse. Ten Have also explores the question whether there are typically European approaches or issues in bioethics. He finally suggests that bioethics should primarily be regarded as an interpretive discipline.

Two case analyses follow the above chapters. The objective of these analyses is to illustrate and elaborate some of the core notions discussed in the chapters within the context of practical health care. Usually, they will apply some of the theoretical ideas and argumentation to particular cases or specific problems. The first case, presented by Martyn Evans (United Kingdom), addresses the difficulties of respecting the autonomy of the patient. The question is discussed whether and how a person with high blood pressure can freely consent to long-term medication with potential side-effects. Evans scrutinizes the conditions for an autonomous choice: is it informed, free and intended? Evans shows that in practical circumstances these conditions are easily compromised, and therefore in need of continuous re-evaluation.

The second case calls attention to the health care professional. As a counterpart of patient's autonomy, it is often argued that it is inherent in the internal morality of health care that the health care provider has professional autonomy. But what does this autonomy imply? Linda Scheirton (U.S.A.) uses the example of advertising to examine two perspectives on the physician-patient relationship: it can be viewed as a commercial or as a professional interaction. Considered superficially, advertising is a way of providing information to patients and the general public. Upon further consideration, advertisements are easily misleading and biased because their primary intention is to promote business rather than to increase patient autonomy. Most European codes of ethics endorse a restrictive policy as regards advertisements by health care professionals.