

Teaching Bioethics

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Abstract

This paper is an updated version of the paper read at the retreat of the postgraduate program on bioethics of the University of Crete held at Kolymbari Chania on September 2005. It was written for the "Regional Ethics Teaching Experts Meeting" organized by UNESCO at Istanbul on March 5-6 2007 dealing with presentations of ethics teaching programs. This paper presents my personal views about the problems concerning the teaching of bioethics, a novel interdisciplinary subject, and reviews the main proposals advanced in the recent relevant bibliography. It particularly focuses on questions of method and emphasizes the difficulties of applying theory to practice, of proceeding from established normative moral theories to the resolution of concrete ethical dilemmas (top-down), or starting from hard cases towards formulating new bioethical theories (bottom up), or alternatively trying to proceed to decision making by applying bioethical principles and exerting skills without however taking recourse to casuistry and the conscience of the doctor. I suggest that bioethics should be taught not only in medical and philosophy faculties but in all life sciences departments, at least at postgraduate level.

Bioethics has become the current coin in public debates for almost half a century and teaching bioethics has been a requirement during the last decades. After the rapid advances of biomedicine and biotechnology, generating tremendous possibilities of promoting health and even enhancing human life, but also of manipulating human autonomy and threatening human dignity, bioethics took it upon itself to secure respect for human rights and guarantee the humaneness, humanity and humanism of humankind, aiming at the true welfare of humans as moral beings. Bioethics, as an offshoot of medical ethics, evolved as a new academic branch in the context of applied ethics (Dragona-Monachou 1995:374-400). It soon became an interdisciplinary set of principles dictated by the novel uses and abuses of the biosciences and biotechnology, it claimed a place in philosophy, medicine, biology, genetics and technology and has come to be taught, initially, in the faculties of medicine and philosophy, and, subsequently, in other academic departments as prominent among the ethics of the sciences, professional ethics and the ethics of technology. In fact, bioethics is currently cultivated throughout the whole world: in Europe, Africa and Asia, in the United States of America and in Latin America, in Australia and New Zealand. Bioethics education has now become a new "categorical imperative", but also it has proved to be an extremely difficult and complicated enterprise, as it has come to be taught without having been thoroughly established as a generally recognized academic discipline. Its interdisciplinary character postulates mastering an extremely broad area of knowledge, its global scope needs an intercultural and transcultural perspective and its philosophical core demands a certain convergence of philosophical views if not theories, hardly feasible in contemporary philosophical and cultural pluralism. This

is how Catherine Myser (2001) put the problem some years ago, after having stated that bioethics was at that time taught around the globe: 'There is, however, ongoing controversy about why, what, how, when, to whom and by whom bioethics should be taught. Furthermore, there is insufficient international dialogue between those teaching bioethics'. Thus, it is extremely important that, soon after the 'Universal Declaration on Bioethics and Human Rights', UNESCO launched an interregional and international dialogue about the teaching of ethics in the sciences and technologies in general and particularly of bioethics.

We should bear in mind that some years ago the vagueness of the new discipline allowed such statements as 'the myth of bioethics' (Israel-Mementeau 1999), the 'fixation and hypocrisy' of bioethics (Badiou 1993) etc. The term, first conceived in a rather broad sense, soon became more restricted, while its content was sometimes understood in an idiosyncratic way (Dragona-Monachou 2002). It is, indeed, strange that after more than thirty five years of impressive development of bioethics and after a rich academic and popular literature testifying to the broad academic and social interest in this field, there still appear books inviting us to reflect' on "what is bioethics all about". It is, in fact, paradoxical that Gilbert Hottois (2004), after numerous influential contributions, gives to his recent monograph the title *Qu'est ce que la bioethique?*. And the recent edition by Matti Hayry and Tuija Takala, *Scratching the Surface of Bioethics* (2003) –which was hailed as a turning point from bioethics to metabioethics (Hooft 2003)--begins with the question 'What is bioethics all about?'. The paradox can be explained by the fact that, although bioethics attained maturity at the beginning of the new millennium, it still faces methodological, conceptual and theoretical challenges, due to its complex, indeterminate, interdisciplinary and multidisciplinary character, to its philosophical core and to its claim to universality which transcends national, religious and cultural traditions (Dragona-monachou 2006b). Humans are similar and equal in suffering and aspiring to the "ευ ζην" (well being), (Dragona-Monachou 2005). This is the reason why bioethics, both in a broad and a narrow sense, is variously defined. As Hottois (2001) remarks, bioethics is not a discipline, a science or a novel ethics. It is rather 'a set of researches, discourses and practices, generally pluridisciplinary, having as its object to clarify or resolve questions of an ethical scope arisen by the advancement and applications of biomedical technosciences'.

In fact, even after 35 years since the term was coined by Ranselaer Potter (1971), no global agreement has been reached about its definition. It is characteristic that, during the elaboration of the final draft of the 'Universal Declaration on Bioethics and Human Rights' in 2005, it was decided that the definition of bioethics as occurring in the preliminary draft of this document-- which was first entitled 'Declaration on Universal

Norms on Bioethics’-- had to be omitted together with the section ‘Use of terms’, since little global consensus on such matters was obtained. The initial definition ran as follows: ‘The term bioethics refers to the systematic, pluralistic and interdisciplinary study and resolution of ethical issues raised by medicine, life and social sciences as applied to human beings and their relationship with the biosphere, including issues related to the availability and accessibility of scientific and technological developments and their applications’. This definition hardly suggests that this interdisciplinary branch started as a branch of applied ethics and still remains a kind of philosophy of action and ethical decision-making, and that, consequently, its core is intrinsically philosophical. However, nowadays most bioethicists agree on the general scope of the subject and all representatives have adopted the principles promoted by the excellent ‘Universal Declaration on Bioethics and Human Rights’, a principle-laden document that launched reflection on the justification of bioethical principles, which should be used as the starting point of bioethics education (Dragona-Monachou 2006).

Fifteen years ago, in my book *Modern Moral Philosophy*, I focused on the problem of the theoretical foundations of medical ethics and bioethics as applied ethics, i.e. on the relation between ethics as practical activity and moral theory as worked out in metaethics, namely on the problem of the ‘objectivity versus practicality’, as formulated first by Aristotle, and nowadays particularly by Michael Smith (1994), dealt with, by the latter, in the context of moral realism, through an analysis of practical rightness on the basis of normative reasons. The relation between theory and practice is not merely an epistemological problem, but also a methodological one, crucially relevant to teaching bioethics (Dragona-Monachou 2004). The question is: should we begin our argumentation from ethical normative and metaethical theories and then proceed to explore hard cases and moral dilemmas, or is it more appropriate, from the pedagogical viewpoint, to face the concrete situation in comparison with other relative cases, taking recourse to situation ethics, even to casuistry, rather than to ethical theory? In other words, should we work deductively, starting our ethical reasoning from theoretical assumptions, in order to resolve a particular bioethical problem (i.e. top-down), or should we work inductively, starting from a particular moral dilemma and proceed towards classical or novel moral theories (i.e. bottom-up)? Or can we arrive at a proper decision by applying to each hard case the appropriate bioethical principles? It has also been argued that there is no need of moral theories or principles; we can use mid-level concepts, such as justice and human rights, to bridge the gap between theory and practice (DeMarco-Fox 1986), or we can face hard cases in their interpretative complexity with reference to their historical and cultural context, in terms of contextualism, without taking recourse to any sort of reductionism (Winkler-Coombs

1993), or even invent novel values and a new ethics (Dragona-Monachou 2003a).

The problem of the case-based approach is illustrated metaphorically by comparison of the relationship between ethical theory and practical judgment, with that between balloons and bicycles, not to mention that of the ivory tower and the market-place. Ethical theories, such as utilitarianism, deontology, virtue ethics, principlism, contractarianism, common morality, etc., are placed inside the balloon. The wire, between balloon and the ground, illustrates the link of the balloon to reality and the application of theory to practice through principles, rules or norms of a mid-level status, bridging the gap between principles and practical judgment in resolving hard cases. Biking methods, on the other hand, concentrating on practical decision-making, take into consideration vulnerability, weakness, feelings, etc., they tend towards casuistry, pragmatism, narratives, feminist ethics, etc., and concentrate on practical ad hoc decision -making. The biking approach, as a revival of casuistry, was seen as 'a reaction against the dominance of purely rational approaches and skills in ethical reasoning... at the expense of empathy and practical judgment', based on authentic and not on hypothetical cases, thus bringing bioethics closer to art rather than science (Kurt Ruitter 2004).

Since Samuel Gorowitz, who established medical ethics as an academic discipline at the University of Cleveland, in 1973, and elaborated the first handbook for teaching purposes, proceeding much further than the usual professional deontological codes (Dragona-Monachou 1995:383) and since the first report of Pellegrino-McElhinney (1981) from the 'Institute for Human Values and Medicine', until the most recent books on teaching bioethics, to my knowledge, the problems faced by bioethicists are similar, most prominent among them being that of the relationship between theory and practice. However, whereas in medical ethics the main body of the curriculum has been covered by the teaching of ethical theories, in bioethics, normative or metaethical moral theories are hardly taken into consideration, and the study focuses on hard cases and relevant narratives. Some years ago, teaching moral theories was at times almost eliminated from bioethical syllabus and was replaced by casuistry, analogical reasoning and consent, based on common sense morality, social perspectives, tradition and ethos. It is characteristic that, in the recent report of the 2nd workshop for the promotion of bioethics education, organized by the Nordic Committee on Bioethics in 2003 (Elster-Troil 2004), which adopted a case-based approach, the absence of adequate ethical theories and problems of methodology and content were emphasized. It was argued there (Elster 2004: 11-15) that bioethics education suffers from lack of specialized teachers, who have never been taught bioethics nor have they dwelt on its didactic problematic.

Principlism was heavily criticized and alternative methods such as casuistry, socio-drama and narrative approaches were proposed. Real cases of every day life and roles were at the center of the didactic procedure appropriate to the future professional life of the students. New approaches discussed during the above workshop can be seen as a reaction to the rationalist approaches of ethical reasoning (analytic argumentation) at the expense of empathy, feelings and practical judgments. Greater importance was paid to group work and practical exercise than to lectures, which, however, were considered necessary for the acquisition of a common platform of knowledge in fields unfamiliar to students who come from various scientific backgrounds. It was also noticed that, although medical ethics began to be first taught in faculties of medicine, gradually teaching bioethics extended to other faculties and in postgraduate courses particularly, to quite heterogeneous groups of students. This heterogeneity, together with the interdisciplinary character of this novel branch, led to the peculiar methodological difficulties of its teaching and the need to define its object and scope. The editor of the above workshop wondered whether 'the goal of teaching bioethics is simply to create a higher degree of ethical reflection on the part of students, making them capable of evaluating ethically difficult situations and deciding for themselves what the morally best choice of action would be; or whether one also teaches bioethics with the aim of making the students behave more morally, especially when they become practitioners' (p. 14). This is a perennial question since Socrates and Aristotle: Does knowledge of the good make one good, or being good is a question of practice?

Being that as it may, even though medical deontology and ethics are as old as Hippocrates and Galen, bioethics as a discipline is the corollary of the biotechnological revolution, which, in the name of progress and future welfare, appeared to jeopardize human rights and dignity (Dragona-Monachou (2003). A sound account of the short history of bioethics education is given by Arnold-Forrow (2004) and it is perhaps useful to give here a brief sketch of it. According to this overview, initially the task of teaching medical ethics was undertaken by philosophers and theologians, focusing on ethical categories and on the principle of autonomy, and dealing with issues related to the beginning and end of life, on the basis of the recent genetic data. Since 1980, attention has been paid to questions of justice and everyday problems of clinical medicine. Since 1990, interest has risen in more mundane problems that face medical practice. It is only after 2002 that most graduates of medical faculties have been attending special comprehensive, though diverse, courses leading to a satisfactory bioethical education. Despite their differences, bioethical programs aimed to promote moral sensitivity, respect for the patient's autonomy, instead of the earlier paternalism, attainment of consent, development of analytical skills in moral reasoning

and morally justified decision-making. A minimum program for the acquisition of a skilful treatment of problems and dilemmas was elaborated focusing on seven points: Ability to obtain informed consent on matters of therapy, knowledge how the medical doctor should proceed if the patient denied therapy, an understanding of the moral views and the system of values of the patient, full care for all patients, particularly of those whose condition is irreversible, observance of the rules of social justice and awareness of the social role of the practitioner. At the end of the last century, the teaching of bioethics in general tended to be oriented towards forms of education through professionalism, in terms of virtue ethics, cultivating altruism, respect of the personality of the other, honesty and integrity, responsibility and dedication to the fulfillment of one's duties, as prominent virtues.

Since the new millennium, other theories and new practices have come to the fore. The methods of teaching bioethics are relevant to the variety of the goals of bioethical education: In medical schools, the program contains lectures on the history and conceptualization of medical ethics, seminars for the treatment of imaginary and real cases, practical exercises during specialization and cultivation of communicative capacities particularly in cases of palliative care. Recently, little consensus has been attained regarding theoretical education. In early '90s, bioethical education was case-based, focusing on questions of life and death. After various reactions, pedagogical concern focused on the treatment of everyday clinical issues, but after some institutional reformations, ethical theory came again to the fore. The cultivation of the well-known Beauchamp-Childress (2001) ethical principles (beneficence, non-maleficence, autonomy and justice) have become a "must", but soon reaction has risen against principlism, on the basis of the 'biotechnical, psychological and social perplexities of individual cases leading inductively to general principles', which more or less prevails up to now. The role of theoretical and practical principles is often downgraded by feminist ethicists, emphasizing social, political and economical factors, by virtue ethicists focusing on the kind of person and character and, of course, by those practicing casuistry, and encouraging use of real cases that throw light on the complexity of clinical practice. Internet and websites enlarge upon bioethics methodology, providing films, short histories, hard cases and public discussions and debates.

In a nutshell, most teaching programs use selective approaches and various methods, depending on the scientific background of the teaching staff and the homogeneity or heterogeneity of the students. This fact, as well as the interdisciplinary character of bioethics, encourages postgraduate rather than undergraduate full-teaching programs in departments other than those belonging to the medical faculty and philosophy departments, in which bioethics should be taught on the

undergraduate level as well. The short number of experts in this field and their different scientific backgrounds, ranging from medicine, genetics, biology, law, philosophy, psychology, sociology, theology and humanities in general, as well as the lack of functional contemporary handbooks emphasizing the philosophical core of bioethics-- despite the rich and sometimes excellent academic literature, companions and anthologies-- make bioethics education still problematic, idiosyncratic, often amateurish and particularistic.

Granted any perspective, however, this enterprise presupposes a thoroughgoing training in moral philosophy and ethics, since we have to deal with moral principles, with ethical decision-making and moral dilemmas. Familiarity with the recent philosophical bioethical literature mentioned above, and particularly with the works of Tristram Engerhardt Jr., (1986/96, 1991, 2006), Onora O' Neill, Peter Kemp, Ronald Dworkin, Peter Singer and others, is a requirement for a philosophically oriented teaching of bioethics. It is perhaps too early to discern any consequence for bioethical education of the novel development, called 'metabioethics', analogous to the development of metaethics in relation to normative ethics (Dragona-Monachou 2006a). Substituting metabioethics for philosophical bioethics is rendering bioethics thoroughly pragmatic and bereft of its philosophical dimension. It means diminishing the philosophical character of bioethics itself and posing questions of analysis and criticism, of foundations and justification on a higher level than the normative one, i.e. on 'metabioethics', thus downgrading bioethics to a more pragmatic, if not "mechanistic" enterprise (Dragona-Monachou 2007b). However, the emphasis on methodology, discussions and criticism of principlism -- particularly of the principles of autonomy and dignity (Tsinorema 2006 / O'Neill 2002)-- and the rationalist trend of bioethics shows an impressive maturity of philosophical bioethics, that should not be underestimated by those charged with bioethical education.

Nowadays things have become more focused for bioethics teaching, among other things, due to the recent UNESCO Declarations 'Universal Declaration on Human Genome and Human Rights' (1997), the 'International Declaration on Human Genetic Data (2003) and the latest and most important one: 'The Universal by Declaration on Bioethics and Human Rights' (2005). This document, by recommending the promotion of almost sixteen ethical principles, can be used as the starting point of bioethics teaching. Principles, rather than norms, are the basic categories of bioethics, due to their global character and the fact that they are compatible with diverse moral theories and cultural traditions (Dragona-Monachou 2007a). The fact that, in the spirit of secular humanism, (Dragona-Monachou 2007), it has become possible to achieve universal consent on these principles shows that, despite cultural pluralism and religious diversity, bioethics can be conceived of, as global, if not as

universal. This is, indeed, necessary if we are to promote respect of human dignity and the protection of human rights all over the world. The long and meticulous preamble of this Declaration can serve as a historical introduction to the present situation and show the broad scope of bioethics proceeding further than the discipline of medical ethics. Other UNESCO publications, as well as current anthologies, companions on bioethics and articles in the numerous bioethical periodicals, as well as relevant opinions of National Bioethics Committees offer material for critical reflection and fruitful debate. Aristotle's practical syllogism should be further elaborated, because bioethical argumentation and adequate moral reasoning are badly needed, not only in elucidating conflicting situations but also so as to reach sound conclusions and render bioethical decision-making beneficial. Some ancient philosophical concepts such as phronesis, right reason, prohairesis, euthanasia etc., may also be of help (Dragona-Monachou 2002a).

In taking the teaching of bioethics very seriously, there is hope that the next generation of bioethicists will be better equipped and more self-confident to teach bioethics, a branch that serves the interests of humanity, more than any other academic discipline and social activity. UNESCO's initiative to establish the long sought international dialogue in teaching ethics, bioethics and all branches of applied ethics deserves to be warmly welcome and strongly supported by all those who care for humanity and have devoted their life to paideia.

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