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Necessity of changing the wrong understanding of bioethics in today's biopolitical reality

Or: Are the Balkans already infected with Sicko Virus?

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Abstract

In countries which went through the painful transitional route from one to another social system, the unavoidable need of reforms in many social spheres of life is too obvious. Beside educational, political and economical, there is still the reform of the health system for which, not only from ideological and political aspects, many analysts question: does Sicko already concern the Balkans regardless of the fact that we had or still have a good social health system.

From here, what the text sets and tries bioethically to discuss is the question: Can we treat the reform of the health system only as an economical and political question? Or, better to say, are they making or have they made something in the interest of improving the quality of health services, in other words, in the interest of protection and improvement of human life and health?

If we give an affirmative answer to the first part of the question, we are able to create adequate health policies in one country where if you do not have enough money you must choose in accordance with the limits of your family budget, and also as you are getting older you are less interesting for exploitation inside the social system – similar to the examples given in the SICKO model. If we give an affirmative answer to the second part of the question, then from the start, we must develop and implement the right concept of the understanding of bioethics as an ethics which is globally founded on "bios" and its highest value – life. From there we can start in the creation of adequate health policies exemplary of the specific needs of the country, and according to the motto: EVERY LIFE IS WORTH LIVING!

At the very end, if we make or made health reforms like this, which are possible if we also include the process of making politics and economy more and more (bio)ethical, the result is more than evident: instead of SICKO, we will exceed today's condition of the biopolitical and will direct ourselves to the practical rethinking of the field of the "political"; to the new affirmation of philosophy; and to the dehumanization of the living world. At the same time it will be a positive confirmation to the question: can we come to good health policy and reforms through implementation of the right concept of bioethics – LIFE BEFORE AND ABOVE ALL.

Key words: life, Bioethics, health care system, reforms.

In the countries that went through, and some of them still are going through, the painful transitional route from one social system to another, the need of reforms in many social spheres was, or, better say still is necessary. This, in context of improving the quality not only of human life, but life for itself as the highest value in the contemporary epoch

Concrete, its value-aim to which we gravitate as the best variant of the social life ideal is the European Union¹.

But, beside all of these, in the broad sense of the word, this "postmodern condition still marks one, for social life, static period of self-satisfaction, and also an awkwardness toward all efforts for any kind of qualitative change of the present. We give up in front of the changes in the political because it is considered that liberal democracy, better to say liberal capitalism, is the best possible order. We give up the ethical because it is considered that it has to withdraw in front of the aesthetic shaping of everyday life. We give up in front of economical change because it is considered that it will stop the unstoppable, metastatic sprout of global multinational capitalism and from it the imposed consumerism². Generally taken, it seems that even this contemporary period, which in technological and technical plans makes human life easier, or more simply, it makes it more blurred in its essence and more benumbed in front of Mammont³!

If we look deeper, this illusory wish for better quality of human life opened a series of possibilities for manipulation with the essence of the human species, which manipulations are more than alarming not only in the spheres of politics, economy, education, law etc., but also evident and alarming in the public health system, in medical practice and human treatment of patients. Here, beside educational, political, and economical reforms, the reforms of health care and services are more necessary because, not only from the ideological and political aspect, but from the human one, a big number of analysts started asking themselves: does Moore's SICKO⁴ already concern the Balkans beside the fact that we had or still have some kind of good social health system?⁵

From a political and sociological perspective, beside the fact that it is a discussion about one of the oldest questions in the history of political thought – the problems in health care and the question of public health, precisely how to make a good state in which we will all live well – it is all about the problems of management and health system reforms, not about

¹ Further see Henriette Roscam & Abbingand Karl-Friedrich Bopp (eds.), *Health, ethics and human rights – The Council of Europe meeting the challenge*, Council of Europe, The Hague/Strasbourg, 2004.
² Maja Krivak, *Bipoplička. Nova politička filozofija*, Antibarbarus, Zagreb, 2008, p.p. 7-8.
³ Mammont is a term, derived from the Christian Bible, meaning "dishonest gain". The term is used generally to describe material wealth or greed, most often personified as a deity. Webster's dictionary defines "Mammont" or "Mam" as: 1) the false god of riches and avarice. 2) riches regarded as an object of worship and greedy pursuit; wealth as an evil, more or less personified.

⁴ SICKO is Michael Moore's already well-known documentary movie from 2007, in which he looks at health care in the United States as provided by profit-oriented health maintenance organizations (HMO's) compared to free, universal care in Canada, the U.K., and France. Generally, he exposes the dysfunctional North American health care system, oriented toward huge profits and not their mission of saving lives. Further, he shows the corruption in the political system, with members of government and congress "bought" by the corporations and the situation of average American citizens. At last, his accent is put on companies who sacrifice essential health services in order to maximize profits.

⁵ So, all these problems and kinds of malpractice are of essential importance in the health care systems of countries in transition. Instead of having and keeping the well-known and functional social system of health care, we made of ourselves bigger Europeans and Americans than the real (legally accepted) ones. So, the phenomena of SICKO is taken as a vital infection spreading in our health care system right now, as an antipodes of what we should never allow our health care system to be!

⁶ Mirko Stifanic, *Bolesno zdravstvo – Osveća privilegiranih*. Adamic, Rijeka, 2008, p.p. 17-23.

⁷ Mirko Stifanic, *Zdravstvo po mjeri covjeka*. Adamic, Rijeka, 2008, p.p. 176-185.

⁸ Branislav Sarkanjac, *Javno zdravlje i zdravstvena reforma – Politicki i socioloski perspektivi*. Filozofski fakultet & Institut za zdravlje i opstevstvo, Skopje, 2008, p.p. 13.

the patients in its own budget?⁷

The previously mentioned, led me to set and try bioethically to discuss the question: *Can we look upon the reforms of the health system only as upon an economical question*, or simply trying to determine what is reform, what are the ideological roots of reforms and their basis, about the purpose of the reforms which are being carried out in countries that structurally trying to adjust, in one sentence, through the visor of the contemporary so-called and political conception of management as a political question of directing and managing and organizing the health care system. The third option is to look upon the very same reforms of the health care system as an attempt of improving the quality of health care services, in the interest of protection and advancement of human life and health.⁸

Hypothetically, but not so far from our Balkan praxis, if we give an affirmative answer to the first solution, then we create an adequate health care policy in the same country in which, colloquially spoken, if you do not have enough money you must choose from what your family budget allows, as a confirmation to the final thesis: when you are older you are less interesting for utilization, not to say exploitation, inside the social system! It is the same as the example given in SICKO: You don't have insurance, you don't exist, or as pictorially Michael Moore showed us giving one example from 50 million Americans without health insurance (toward 250 million that live their American dream), in the example of Rick, two of the fingertips of whom were cut off by a circular saw: the middle one that according to the account and choice that hospital gave him, costs 60,000 dollars and the ring finger that costs 12,000 dollars – leaving him an option based on the value estimation of his body parts to do his own math! Rick, hopelessly romantic, decided to choose the finger on which he can still wear his wedding ring no more no less than for the very cheap price of 12,000 dollars, while the fingertip of his middle finger enjoys a sojourn in its new home – the city trash dump of Oregon!

The previous just presents the situation in which it can be manipulated with life also politically, but not only in forms of traditional political acting as a struggle for taking over,

maintaining and performing authority throughout governmental (political) institutions and not only with the life of the people as political subjects, with which is engaged politology. Namely, there are also and other forms of political manipulation, especially those that come from political and public spheres and entering into the private – up to the mere biotical, natural or biological. As a sufficient argument for this it can be taken the formulation of Foucault for what he calls “biopolitics”⁸, as an “entry of life and its mechanisms into the field of conscious calculation and regulation of power, that is the knowledge of all agents of changes of human life, with which population becomes a subject of political interventions”⁹. It is about biopolitical theory typical for the time that we live in, biopolitical theory that is not anything else but a result of the powers of the scientific and technological production and treatment of life. All the better, biopolitics, as Foucault says, is a “new form of state supervision/repression over citizens’ life, whereas the state functions as biopower with cultural and repressive character”¹⁰.

During this, here, bioethics is not taken as an ethics which is globally founded on bios, but its domain of investigation is focused only on those moral decisions which have to be carried out so that this biopolitical condition can be justified. With this, bioethics becomes a decorative pendant on the official political philosophy, not something which will prevent the disintegration of the human life generally.

From here, it is logical to ask ourselves the question: what did happen so that the pure human notion of life, and the notion of life in general, lost its value; even if we speak about it and set it as a the highest goal and value? Is it only illusory and befogged?! Then it is also normal to ask ourselves about the sanctity of life that comes up from our human foundation – the possibility of realization as ethical beings! If we degrade our dignity and being, we humiliate our existence as conscious ethical beings. From here, it is very clear why the big effort of insisting on a strategy of replacement the possibility of asking ourselves and our own ethical capacity with the possibility of self-realization according to the American neoliberal model from the 1980s, where the main perspective of observing the man and his life leads down to the perspective of seeing it as an object of the privileged, which creates strategies of economy and politics, successfully conducting them through medical modules of acting and behaving toward the real life – meaning not observing the man and his life as a subject but as a self-conscious participant in the creation of life¹¹.

In this context, let us remind ourselves that before we started voting and practically conducting democracy, before democracy gave a vote to the poor, all the authority was in the hands of the rich, meaning if you have money you can allow yourselves an education, have a good health care and take care of yourselves when you get old. But when democracy came to stage it brought the imperative “if you can find money for killing people during

war, you can also find money to help people, but not as charity because anyone can get medical care for free because he pays it as a taxpayer!”

In these constellations, here it is unavoidable to set the question about the real place and real role of bioethics as a mean of correct evaluation of life. It means that if we give affirmative answer to the second solution (from the previously mentioned in the beginning of the text), then from the start we have to develop and implement one concept of understanding bioethics as an ethics which is globally based on “bios” and its highest value: life, human life, and from here starting to create adequate health care policy according to the characteristics of one particular country, so as to say *every life is worth living!* It is because we have to look on bioethics and practicing the same as a relief in the everyday concern of man in preserving the meaning of his own existence in an all-grasping micro and macro globalization. We cannot escape globalization, but it doesn't mean to sacrifice our own life, the meaning of our life and the life of the other beings.

From there is the great need for ecological ethics, the necessity of right understanding of medical ethics, as well as the correct usage and implementation of the concept of bioethics. Towards this end are the efforts of Slovenia, especially Croatia, and in recent times Serbia in introducing bioethics in the education system, and from here in everyday life. We, (Macedonia) unfortunately, are still on the first level¹², the elementary form of understanding the concept of bioethics. In other words, we are making the first efforts to correct the perception of this very important concept for mankind towards its better grounding and finding a possibility for it to exist separately and distinct from medical ethics.

At the very end of this text that sets more questions than gives answers, I will try to finish by emphasizing the fact that politics and economy must be led under bioethics as an unavoidable need, in a sense of their placing as a function of bioethics, or better to say symbiotic unity, so that the ideal of good living, known as OIKOS in an Aristotelian manner¹³, can be realized: “If you have power, use it to please the needs of your community!” It means that without the process of making economy ethical¹⁴, as well as politics and from that as an outermost link from that process as well the health system, in years that are coming it will be hard to maintain ourselves as bioethical beings, which are self-conscious and self realized as such!

Finally, if we make health reforms like this, in ways that further include the process of making politics and economy (bio)ethical, the result is more than evident: instead of SICKO, we will exceed the present state of the biopolitical and will aim towards “practical rejustification of the field of political, toward new affirmation of philosophy, as well

⁸ For further explanation and readings about the idea and concept of this term see Michael Foucault. *Naissance de la biopolitique* (Cours au College de France 1978-1979), Seuil, Gallimard, 2004.

⁹ Michael Foucault. “The Politics of Health in the Eighteenth Century” in *Power Knowledge*, Colin Gordon (ed.), Pantheon, New York, 1980.

¹⁰ Marjan Krivak. *Biopolitika – Nova politicka filozofija*. Antibarbarus, Zagreb, 2008, p.p. 55. Also see Bogdana Koljevic. *Biopolitika i politicki subjektivitet*. Sluzbeni glasnik, Beograd, 2010, p.p. 31-65.

¹¹ Dejan Donev. “Ethical values in management”. Diss. University “Sts. Cyril and Methodius”, Faculty of philosophy, Skopje, 2007, p.p. 196-215.

¹² For further see Dejan Donev. *Contents of the Bioethical Education of the Youngest*. 2. Südosteuropäische Bioethik-Forum „Integrative Bioethik und Bildung“, Mali Lošinj, 15. – 17. Juni 2006.

¹³ An *oikos* (ancient Greek: οἶκος, plural: οἶκοι, English prefix: Eco for Ecology and Economics) is the ancient Greek equivalent of a household, house, or family. An *oikos* was the basic unit of society in most Greek city-states and included the head of the *oikos* (usually the oldest male), his extended family (wife and children), and slaves living together in one domestic setting. Large *oikoi* also had farms that were usually tended by the slaves, who were also the basic agricultural unit of the ancient economy. From Wikipedia, “Oikos”, <http://en.wikipedia.org/wiki/Oikos> (accessed January 18, 2011).

¹⁴ To which I devoted my Ph.D. thesis.

rehumanization of living world¹⁵. In other words this means an affirmative answer to the question: can we come to good health politics and reforms through introducing the correct concept of bioethics: *life before everything instead life as a collateral damage!*

In context of this, just another example from the Macedonian inadequate health system. Namely, for implanting an artificial ear, for which it is known for a long time that it gives good results if it is implanted before the 10th year of the child, in Macedonia at the moment 28 child patients are waiting for an operation, and operations are being performed twice a year while the Fund does not permit the financial means for operations conducted in foreign countries!

Does money still and again stand in front of the sanctity of life?!

Bioethics and Pharmacology: A Voice of one calling in the Desert¹

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There are different theoretical approaches to bioethics: principle-based, utilitarian, deontological, communitarian etc. [1]. The utilitarian approach has been very effective in connecting philosophical ethical theories and practical bioethical issues [2]. However, it has long been a target of criticism, especially regarding motives and responsibilities for action, both of which utilitarians are supposed to ignore¹.

Utilitarianism has significantly influenced contemporary bioethics. Utilitarian philosophers at the end of twentieth century (e.g. Peter Singer and Richard Hare) have offered a way to overcome the gap between classical medical ethics and ethical theory. Utilitarianism and consensus have replaced paternalism and Hippocratic tradition regarding the communication between medical professionals and their patients. In addition, bioethics have evolved during the last three decades from practical ethics dealing with doctor-patient relationships to the interdisciplinary field connecting biology, medicine, ecology and human values². In other words, bioethics has become a "bridge to the future", according to its founder, Van Rensselaer Potter.

There are different utilitarian concepts. According to classical utilitarianism "the act is right if its consequences are at least as good as those of any alternative". I.e., moral assessment of an action is determined according to its outcome ("consequentialism"). Usually, the utilitarian concept of "maximal happiness or pleasure" is contrasted with deontological ethics, which emphasizes the moral worth of act regardless of its consequences. Jeremy Bentham's "felicific calculus" is the paradigm of the utilitarian approach to the assessment of moral rightness of an action ("act utilitarianism"). "Elements" that influence pleasure and pain involve intensity, duration, certainty/uncertainty, remoteness etc. According to Bentham, all the people must perform such an analysis before deciding the utility of the certain act. In addition, Bentham's concept promotes providing "the greatest pleasure for the greatest number of people".

An important contribution to contemporary utilitarian ethics has been made by Peter Singer. He extended "felicific calculus" to the animals (according to utilitarian viewpoint "everyone's happiness counts the same"; see below, anthropocentrism vs. biocentrism). Also, Singer emphasized that utilitarianism had played significant role in evolution of human society. Namely, the acceptance of a utilitarian viewpoint that everybody's inter-

¹ However, Jonathan Baron pointed out that bioethics lacks a coherent theory [3]. According to Baron, bioethics involves a mixture of opposing approaches (i.e. utilitarian and deontological) with divergent positions on many issues. Even the basic principles of bioethics may arise from different ethical theories: respect for persons, beneficence and justice could be related to Kant, utilitarians, and Aristotle, respectively.

² Fitz Jahr extended Kant's moral imperative to all forms of life in his article entitled "Bio-Ethics: A Review of the Ethical Relationships of Humans to Animals and Plants", fifty years before Potter's Global Bioethics was published [4,5].

¹⁵ Marjan Krivak. *Biopolitika – Nova politička filozofija*. Antibarbarus, Zagreb, 2008, p.p. 245-247. Also see Bogdana Koljević. *Biopolitika i politički subjektivitet*. Sluzbeni glasnik, Beograd, 2010, p.p. 11-31 and p.p. 117-145.