

JULIA TAO LAI PO-WAH

IS JUST CARING POSSIBLE?
CHALLENGE TO BIOETHICS IN THE NEW CENTURY

I. INTRODUCTION

This paper begins by reviewing some main concerns about the inadequacies of dominant theoretical approaches to bioethics in the last century. These concerns have led to increasing pressure to search for alternative frameworks and new paradigms to guide health care and biomedical decision making which do not cast caring and justice as two oppositional and irreconcilable moral requirements. The paper examines three alternative frameworks: feminist care ethics, agent-based virtue ethics, and Chinese Confucian ethics and analyses how they can provide a different orientation for framing and developing alternative systems of bioethics. It concludes that these three ethical perspectives can provide foundations for a new bioethics which is more sensitive and more responsive to the moral ideal of 'just caring' than current mainstream impartialist or principle-based approaches. The paper argues for the importance for bioethical discourse to engage seriously with these three ethical perspectives in order to move away from the dualism and reductionism of the current American dominant paradigm of bioethics, which cannot be the global bioethics for the new century.

II. MORAL LOSS, MORAL DIVERSITY AND CONTEMPORARY
BIOETHICS

Living good and dying well is thought to be increasingly difficult for want of moral consensus and moral guidance in post-traditional and post-modern societies which characterize the new century. If however moral loss and moral diversity are indeed the main features of moral life in our post-traditional, post-modern world, we have reasons both to commiserate and to celebrate. We commiserate the moral disorientation which is unavoidable, but we celebrate the moral liberation which is inevitable. The former is the source of moral perplexity and confusion; the latter is the source of opportunities for innovations and paradigm

shifts. Such emancipation is particularly welcome in the field of bioethics which has been under great pressure to search for new approaches to understand and to respond to breathtaking and controversial developments in biotechnological applications in divergent societies and cultures in the new century.

Much of today's medical ethics and received principles of bioethics reflect the influence of ethical theories which employ, in the main, a modern western philosophical framework which is then applied to issues such as consent, euthanasia, surrogacy, organ transplantation, etc. Such an approach requires critical examination, particularly in light of the requirement of pluralism and in the context of non-western cultural traditions. Furthermore, the ethos of modern bioethics is much dominated by values and methodologies that are closely associated with American liberal political ideology. Many of today's received principles of bioethics, with their emphasis on individual choice and patient autonomy, can be traced to the patients' rights movement of the 1960's in the U.S. The central goal is to affirm patients' rights, in particular, the right to decide about their own health care, and to uphold equal treatment and due process. Congruence with American liberal political ideology explains the success of health care ethics in the second half of the previous century. As pointed out by Callahan,

The final factor of great importance [to the acceptance of bioethics] ... was the emergence ideologically of a form of bioethics that dovetailed very nicely with the reigning political liberalism of the educated classes in America. Politically America has always been a liberal society, as manifested by the market system economically and by a great emphasis on individual freedom in our cultural and political institutions. Bioethics came along with the kind of intellectual agenda that was wholly compatible with that of liberalism. (Callahan 1993, S8)

It is not surprising that contemporary bioethics discourse is dominated by an American-dominant bioethics with its central values of individual choice, personal autonomy and informed consent. However, recent expansions in biotechnological applications and the increasing reception of eastern systems of ethics have thrown up challenges which cast serious doubts on the reliability of conventional theories and dominant approaches to provide satisfactory answers or adequate solutions. They raise questions about the limits of autonomy in patient care, the role of

family in medical decisions, the place of care in moral reasoning, and the importance of the moral character of medical professionals.

III. UNIVERSALIST THEORIES AND PRINCIPLE-BASED APPROACHES

These doubts and questioning have further led to much criticism and re-evaluation of universalist moral theories and mainstream principle-based bioethics which mirror these theories and which constitute the paradigm of modern bioethics. In particular, they reflect three major concerns. First is their over-emphasis on morality as impartial rule-following. Second is their exclusive focus on general abstract norms in moral reasoning. Third is their excessive individualism in defining the goals of medical ethics.

Moral theories in the west are generally characterized by their concern with universalism, expressed in the articulation of general rules and principles, or "criteria" of right and wrong to guide moral judgment. For example, consequentialist philosophers such as Hobbes (1651) conceive of morality as a set of rules based on collective interest, or a system of contractual reciprocity, which if everyone follows, everyone benefits. But what makes moral rules normatively binding is the agent's own interest. Mutual advantage and agreement bring the individual agent's good and the collective good together. What morality requires of me is what it would require of any person in a situation like mine. Moral agents are conceived of as isolated, abstract individuals in the sense that they are both independent of others and free to choose what relationships to have with others. The model of interaction is contractual – the moral agent chooses to whom she will be related and the conditions of the relationship. Their moral obligations are spelled out in abstract rules, rules that are general enough to bind all others similarly situated.

In a similar vein, liberal rights philosophers such as Rawls (1971), who defend an ethic of justice, conceive of morality as constituting a fair or just system of rules for resolving disputes among individuals who are self-interested and mutually disinterested. In Rawls's vision, the ethic of justice is also premised on a presupposition which defines self and others in universal or general terms. It understands morality to be impartial in treating all as separate but free and equal individuals, and to be concerned with upholding the primacy of universal individual rights to protect free choice and autonomy.

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