
Theorema

Introduction: Medical Bioethics¹

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The key concepts of modern medical bioethics can be traced back to ideas developed in the course of the history of medicine and to political concepts harkening back as far as Plato. This work reviews these historical developments and demonstrates their relevance to current bioethics.

Since the beginnings of Western medicine, which is to say from the time of the writings which tradition has ascribed to the Greek physician Hippocrates of Kos, medical ethics has made use of a "naturalistic" criterion to distinguish good from bad. This criterion, irrespective of whether it has involved what has been known since the start of this century as the "naturalistic fallacy," has customarily identified good with the "natural" order, while considering any departure from that order to be bad. Nature is the work of God, said the Christian theologians of the Middle Ages, and so the natural order is essentially good.

This explains why medieval culture revolved around the idea of "order," which embraced not only those things we customarily call natural but also men, society, and history. In the area of medi-

cine, any disordered or unnatural use of the body or any of its organs was considered bad; and it was also felt that the physician-patient relationship, like other social and human relations, had to conform to a certain order.

This order was not univocal, since within it the physician was considered to be the subject agent and the patient the subject patient. The physician's duty was to "do good" for the patient, and that of the patient was to accept this. The morality of the physician-patient relationship thus had to be a characteristic "morality of beneficence."

What the physician was attempting to achieve was an "objective" good, the restitution of the natural "order," for which reason he had to impose this order on the patient, even against the patient's own wishes. It is true that the patient might not consider what the physician was advocating to be good, but this was due to a "subjective" error which, obviously, could not be expected to possess the same merits as the objective truth.

As a result, within the bounds of the physician-patient relationship the physician was not only a technical agent but

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also a moral one, while the sick person was a patient in need of both technical and ethical help. The one possessing knowledge of the natural order, in the case of disease, was the physician, who was both able and obliged to proceed on the basis of this knowledge, even in opposition to the patient's desires. It was the essence of "paternalism," a constant in all medical ethics of the natural "order."

Few literary documents show this as clearly as Plato's *Republic*, which has shaped Western political thought for more than a millennium. According to Plato, any well-constituted political society must consist of several types of people, as follows:

One type includes those within the city who dedicate themselves to the cultivation of the so-called servile or mechanical arts (agriculture, manufacturing, carpentry, blacksmithing, masonry, etc.). As a consequence of their work, Plato says, such people are deformed in body and ignoble of spirit. In them there is no possible health or morality. For this reason their political status cannot be that of free persons, but instead must be that of serfs or slaves. They are thus without political or civil liberties.

The opposite is true of other men who dedicate themselves to cultivation of the liberal or scholarly arts (arithmetic, geometry, music, astronomy), upon whom Plato confers the estate of guardians. These must fulfill two functions within the city, that of defending the city from external threats (for which purpose they must be healthy and strong of body), and that of imposing order and peace upon internal disputes (something that cannot be accomplished except through a good moral education coupled with an exquisite sense of the four cardinal virtues: prudence, justice, fortitude, and temperance). If the artisans are considered to be of diseased and low moral condition,

the guardians, in contrast, are considered healthy in body and soul. They can thus be free men and can enjoy liberties.

From the best of the guardians come the governors, who Plato feels represent the category of perfect men. From this derives the fact that the rank of philosopher, together with mastery of the highest science, dialectics, is inherent to the Governor of the Republic.

Through dialectics the philosopher is able to differentiate the true from the false, the good from the bad, the just from the unjust, and to convey it, inasmuch as he is the monarch, to the community. In this manner the platonic governor "imposes" values on the other members of the social body. He is an absolute and absolutist sovereign, the polar opposite of a democratic governor. Human beings, the inhabitants of the city, are not the prime holders of rights and political liberties, some of which they delegate to the sovereign; on the contrary, the governor by nature is the prime holder of these things, and the liberties enjoyed by the citizens are imposed upon them from above.

In concrete terms, the moral order seen by Plato is derived from the privileged view that the monarch has of the world of ideas, above all the idea of goodness. And the governor's function is none other than that of mediating between the world of ideas and the world of men. However strange it may appear, then, the moral order does not derive from free acceptance but from imposition. It is well known that in the Socratic tradition such imposition does not conflict with freedom, since whoever sees the good cannot fail to yearn for it. What is free is not in opposition to what is necessary. Compelling his subjects to comply with the imposed moral order, the platonic governor in fact promotes the freedom of each and every individual.

Such is the moral justification of politi-

cal absolutism. And if the term "physician" is substituted for "monarch" or "governor," and the term "patient" for "subject," one arrives at a strictly faithful image of the traditional enlightened despotism of the physician. The physician has always been to the body what the monarch has been to the republic—an absolute and absolutist sovereign until the democratic revolutions of modern times, one perpetually oscillating between the paternalism of family relations and the tyranny of slave relations.

This intellectual universe did not undergo any substantial change until the modern world was well established. Indeed, if the Protestant Reformation sought and obtained something, it was the substitution of the idea of "autonomy" for that of "order," and of the "moral" order or order of freedom for the "natural" order. From this arose the second major moral paradigm of Western history, whose origins are intertwined with the progressive discovery of human rights from Locke's time to the present.

As this way of thinking was taught, the old human relationships established in conformity with the medieval idea of hierarchic order came to seem excessively vertical, monarchic, and paternalistic. As an alternative to these relationships, others of a more horizontal, democratic, and symmetrical nature were proposed. The great democratic revolutions of the modern world—first the English Revolution, then the North American, and then the French—were carried out in this spirit.

It is impossible to understand the meaning of medical bioethics in isolation from this context. Bioethics is a necessary consequence of the principles that have been molding the spiritual life of the Western countries for two centuries. If since the Enlightenment there has been affirmation of the autonomous and absolute nature of human individuals, in both

the religious order (through the principle of religious freedom) and the political order (through the principle of democracy), it is logical that this should have led to what we might call the "principle of moral freedom," which can be formulated as follows: All human beings are autonomous moral agents, and as such should be respected by all those who hold distinct moral positions. Just as religious pluralism and political pluralism are human rights, so too should moral pluralism be accepted as a right. No morality can be imposed on human beings against the dictates of their own consciences. The sanctuary of individual morality is inviolate.

Pluralism, democracy, and civil and political human rights have been leading achievements of the modern era. The same is true of ethics in the strict sense, that is, of the moral in contradistinction to the physical. For this reason it should not seem strange that the development of ethics has been linked to the development of democracy and human rights. Indeed, all of the democratic revolutions, those which have taken place in the Western world since the eighteenth century, were mounted to defend these principles.

Nevertheless, there is a curious circumstance—that this pluralistic and democratic movement, which was already established in the civil life of Western societies centuries ago, only reached medicine very recently. The relationship between the physician and the patient has obeyed the guiding principles set forth by Plato more than it has obeyed principles of a democratic cut. Specifically, within the framework of the physician-patient relationship the patient has been considered both physically and morally unfit, making it necessary for his physician to lead him in both areas.

In general, the physician-patient relationship has traditionally been pater-

nalistic and absolutist. Pluralism, democracy, and human rights—in other words, ethics, understood in the modern sense—have not touched this relationship until recently. It was only during the 1970s that patients began to be fully aware of their status as autonomous moral agents, both free and responsible, who had no wish to establish parent-child relationships with their physicians, but who instead sought adult relationships based on mutual needs and mutual respect. Since then, however, that awareness has caused the physician-patient relationship to be based upon the principle of autonomy and freedom for all the participating subjects, including both physicians and their patients.

Notice what this signifies. When all the mature human beings who make up a social group live as autonomous adults, it is highly probable, not only in the world of politics but also in the world of morality and religion, that they will maintain different positions. This has two results. The first is that a society based on the liberty and autonomy of all its members must by necessity be plural and pluralistic; in other words, its members will not only have distinct views in the areas of politics, religion, morality, etc., but will also commit themselves to respect the views of others, on condition that these others do likewise. And the second is that besides maintaining pluralism, the society will have to be secularized, since it will be practically impossible to achieve uniformity in religious matters.

Let us now return to medical ethics. During the many centuries in which the Greek philosophy of the natural order prevailed, a philosophy that was subsequently Christianized by the theologians, medical ethics was drawn up by moralists and applied by confessors. The physician was presented with everything in completed form and asked—or required—to comply with it. Nor was there

any clear understanding that specific cases could provoke grave and substantial conflicts, since once the general, immutable principles had been established, the only things that might vary were the circumstances.

Expressed in other terms, over the course of all those centuries there was no true medical ethics, if by this is meant the moral autonomy of physicians and patients. What existed was something else, in principle heteronomous, which we might call "ethics of medicine." This explains why physicians have not generally been competent in questions of "ethics," their activity having been reduced to the sphere of "asceticism" (how to educate the good or virtuous physician) and of "etiquette" (what standards of propriety and civility should govern the practice of medicine). The history of so-called medical ethics offers effective proof of this.

Nevertheless, the current panorama is quite different. In a society where everyone, in lieu of evidence to the contrary, is an autonomous moral agent with distinctive criteria of good and bad, the medical relationship, being an interpersonal relationship, may involve inherent rather than accidental conflict.

For instance, consider one of the most typical examples. A Jehovah's Witness is in an automobile accident and arrives at the emergency room suffering from severe hypovolemic shock. On seeing this, the emergency room physician makes a decision, based on the deeply rooted moral criterion of beneficence, to give the patient a blood transfusion. The patient's wife, who is at his side, informs the physician that her husband is a Jehovah's Witness and that he has on repeated occasions said that he does not wish to receive blood from other persons, even if this endangers his life.

In expressing her husband's views, the patient's wife is asking that his moral criterion be respected; she shares it, the

doctor does not. Faced with the moral criterion of beneficence wielded by the physician, the wife in our example defends the criterion of autonomy, according to which all human beings, unless there is evidence to the contrary, are considered autonomous moral agents fully responsible for all their actions.

Here one can see how the simplest medical relationship, the one established between a physician and a patient, has been transformed into one that is autonomous, pluralistic, secularized, and characterized by conflict.

The potential intensity of this conflict is increased by the fact that others besides the physician and patient (nurses, the hospital administration, the social security agency, the patient's family, etc.) may intervene in the health relationship. However, all of these agents in the physician-patient relationship can be reduced to three: the physician, the patient, and society. Each of these participants plays a particular moral role. By and large, the patient is guided by the moral principle of "autonomy," the physician by that of "beneficence," and society by that of "justice." Naturally, the patient's family is guided by the principle of beneficence relative to the patient, and in this sense acts morally in a way quite similar to that of the physician; while the hospital administration, health insurance representatives, and judges have to look above all to safeguarding the principle of justice. Hence, these three dimensions are always present in the physician-patient relationship, and this is a good thing. If the physician and the family were to shift camps from beneficence to justice, the health relationship would suffer irreversibly, as would also happen should the patient cease to act as an autonomous moral subject.

But the fact that these three elements are essential does not mean they must always be complementary, and thus

never in conflict. The actual situation is more the reverse. It is never possible to completely respect autonomy without causing beneficence to suffer, or to honor beneficence completely except at the expense of justice, etc. From this arises the need to keep the three principles in play, weighing their importance in each specific situation. As David Ross would say, those three principles work like primary obligations, which must be weighed in each specific situation. Only then will it be seen how they might best articulate with each other, giving way to specific or effective duties.

Thus, for example, despite the fact that all of us feel it necessary to scrupulously respect personal autonomy, we believe that in the case of a just war the State may compel individuals to give up their lives (that is, their autonomy) for others. Here it can be clearly seen how a primary obligation, respect for personal autonomy, may fail to coincide with the concrete and effective obligation, precisely as a consequence of the need to honor another primary obligation, justice, which in this specific case seems to be of a higher order.

Medical ethics has to do whatever is possible to scrupulously and simultaneously honor autonomy, beneficence, and justice. There is an obligation to act in this way, even though the objective is very difficult and at times quite impossible to achieve.

The situation being thus, it is evident that the urgency of specific and daily problems cannot free us from the prescribed exigencies. Rather, very much to the contrary, these problems force us to take the utmost precautions and to find the strictest possible foundation for our decision-making criteria. When the issues are of such gravity that they determine the lives of individuals and societies, as frequently happens in medicine, then rationality must be honed to its

finest edge, and as much time as necessary must be dedicated to the problems involved in laying foundations.

In so doing, it is important to approach medical bioethics aided not only by logic but also by history, since human reason is simultaneously logical and historical. Hence, the history of bioethics should not be viewed as an erudite curiosity presented with no other purpose than to enlighten the reader. Rather, it should be seen as the best possible introduction to

the study of bioethics, and as something that facilitates analysis of the problems involved in the laying of the discipline's logical and philosophical foundations. In this way it improves our ability to answer the question that serves as a kind of summary of all the other questions: What are the moral conditions that should attend upon what the Greeks called *téleios iatrós*, the Latins *optimus medicus*, and the Castilians *el perfecto médico*? This issue aspires to no greater task, nor to any lesser one.