Bioethics

Teacher Background

The teacher background for this organising idea is provided through the New Zealand Catholic Bioethics Centre. The website can be located at: www.nathaniel.org.nz/?sid=4

The growth of scientific knowledge and technical ability in medicine and the biological sciences has led to an increasing number of ethical problems, linked by a common question: “Does the fact that we can do it mean that we should do it?” Issues in bioethics are characterised by their complexity. The appropriate responses and answers are not simple. Ethical issues are about people and a simplistic approach will often do disservice to the unique person at the centre of the issue. Bioethical issues are best resolved by an inter-disciplinary approach, which may need to call upon knowledge from disciplines such as medicine, law, religion and philosophy.

There are many bioethical issues. They include: genetic engineering, assisted suicide, cloning, stem cell research, clinical ethics, end of life issues, surrogacy, palliative care, embryo storage, embryo adoption, assisted reproduction and genetic testing.

Four-Principles Approach to Bioethics

The four-principles approach to bioethics developed by Beauchamp and Childress is arguably the most well-known and influential example of principle-based approaches. This approach recognises four key principles arising from reflections on common morality and many centuries of medical tradition.

Autonomy: Put most simply, autonomy emphasises the personal responsibility we have for our own lives; the right to choose whom we wish to be, to make our own decisions and to control what is done to ourselves.

Nonmaleficence: Nonmaleficence derives from one of the most traditional of medical guidelines that goes back to the time of the Hippocratic oath: “First of all, do no harm.” The principle of nonmaleficence imposes the obligation not to harm someone intentionally or directly.

Beneficence: Beneficence may be described as the positive expression of nonmaleficence. This principle highlights that we have a positive obligation to advance the healthcare interests and welfare of others, to assist others in their choices to live life to the fullest.

Justice: There are two basic types of justice. Comparative justice involves balancing the competing claims of people for the same health care resources. Distributive justice, on the other hand, determines the distribution of health care resources by a standard that is independent of the claims of particular people.

From a Catholic perspective, the four principles may be supplemented by a number of other key principles. Without being an exhaustive list, these include:

Sacredness of life: Human life is sacred because from its beginning it involves the creative action of God and it remains forever in a special relationship with the creator, who is its sole end.

The Innate Dignity of Human Life: Human dignity is not dependent on the way others value us. All people have inalienable rights that must be recognised and respected. These human rights depend
neither on single individuals nor on concessions made by society and the state; they belong to human nature and are inherent in the person by virtue of the creative act from which the person took their origin.

Truth telling: Truth telling is a form of respect for the self as well as for others. Unless a person has access to the truth, an act of consent cannot be described as informed and therefore cannot be an expression of autonomy.

Common Good: The good of each individual is related to the common good, that is the social well being and development of the societies and the world in which we live. Our physical, social, emotional and mental needs are fulfilled in and through our relationships with others.

Justice: A Catholic understanding of justice in health care begins with the idea that medical care is a fundamental right. Essential services should be equally accessible to all irrespective of wealth, power, status, religion or affiliation.

Preferential Option for the Poor: This principle calls for a commitment to the most vulnerable - those who are oppressed by poverty - as an integral part of being faithful to the Gospel of Jesus Christ. Such a commitment is illustrated in the Gospels by the Beatitudes, the poverty of Jesus himself, and Jesus’ concern for the poor.