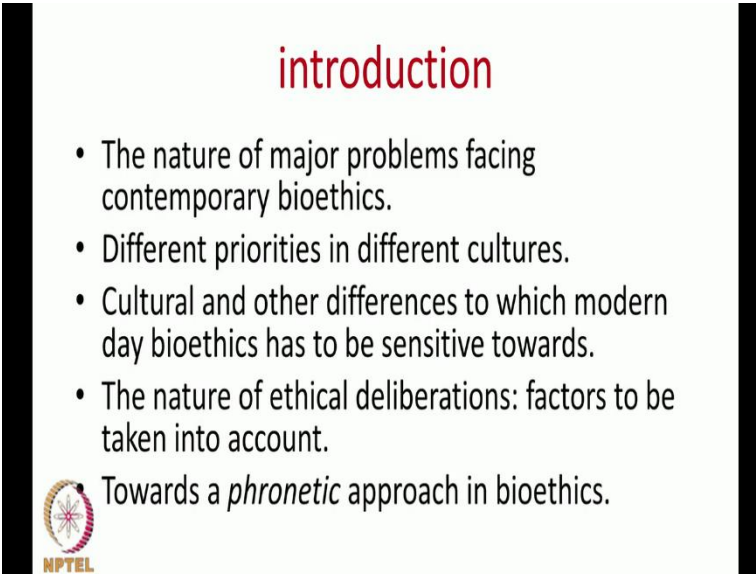


Issues in Bioethics
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Module No. #01
Lecture No. #05
Bioethics Today: Culture, Democracy and Law

(Refer Slide Time: 00:00) Welcome to this course on Issues in Bioethics. This is the Module One and Unit Five. Where, we will, discuss Bioethics today, culture, democracy and law. So, this is in a sense, lecture, which concludes, the introduction to this course. Which also try to understand, how modern Bioethics appears in different societies, different cultural backgrounds, particularly with reference to India and several other developing countries, where cultures are very strong or rather communities are very strong. And in that sense, the nature of moral theories, the nature of moral ethical frameworks are different from that of the European context.
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introduction

- The nature of major problems facing contemporary bioethics.
- Different priorities in different cultures.
- Cultural and other differences to which modern day bioethics has to be sensitive towards.
- The nature of ethical deliberations: factors to be taken into account.
- Towards a *phronetic* approach in bioethics.

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So, we will discuss the nature of major problems facing contemporary Bioethics in that sense today. Particularly as I mentioned with reference to other civilizations and cultures. When you consider other civilizations and cultures, the priorities will be different. And there are several difficulties, we encounter in this context. So, that will be addressed a little bit, then cultural and

other differences to reach modern day Bioethics has to be sensitive towards. The nature of ethical deliberations factors to be taken into account.

So, in this context, we should be adopting a very different model of ethical deliberations to arrive at solutions to ethical problems. So, I would call it a phronetic approach in Bioethics. So, we will conclude this lecture with a note on, what I mean by a phronetic approach in Bioethics.

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Nature of Problems

- Most bioethical issues involve a host of problems: **economic, social, cultural, legal and scientific.**
- Difficulties in arriving at a **global bioethics.**
- Differences in the nature of problems in developed, developing and underdeveloped countries.
- Central moral concerns also differ: Justice - Individual autonomy.



So, now let us discuss nature of problems, that modern Bioethics encounter in different cultures. So, we have most bioethical issues. We have already seen this, when you discuss some of the important problems and issues that emerge. They involve a host of problems like economic, social, cultural, legal and scientific.

Without really considering these different aspects, that create a situation, we will not be able to understand and evaluate the real problem. And also, try to find reasonable solutions to this problem. So, when you consider the problems, we have to take in to account all these factors. Again, this also points to the difficulties in arriving at a global Bioethics

Because, if you consider the idea of the notion of global Bioethics, as a set of norms and standards, which would probably guide. Practice of medicine across cultures and civilizations or rather across different countries, then it is very difficult to arrive at one set of such principles or

one set of such norms and protocols. Because different cultures have different practices and customs and beliefs.

And it is very difficult to apply a set of universal norms in the same way in these different civilizations. So, it is in this context, I would say that, we can think of a phronetic approach. I will discuss about it slightly later. Again, differences in the nature of problems, the ethical problems, that arise in different countries like developed countries and developing and underdeveloped countries are going to be very different.

The priorities will be very different in these countries. We know that in India, the major concern is, one of the major concerns is access to medical care. Because many people do not have access to medical care. They will have to walk several kilometers to reach the nearest health care center, and to access health care. This may not be a situation in a developed country. So, we have to adopt a different approach definitely in our culture.

Again, central moral concerns also differ. This is what I mentioned. Because more important concerns in cultures like, in countries like ours, will be issues related to the question of justice, where the access and many other issues related to that, justice is a major concern in Bioethics. A while in many developed countries, the individual autonomy is one of the fundamental concepts. This is not to say that individual autonomy is not a concern in our country or in developing countries.

Individual autonomy is very important in these countries as well. Because modern medicine demands that, the individual needs to be protected in a certain manner. The rights of the individuals need to be protected. No doubt about it. But, at the same time, priorities might change. So, we will just see, one recent news item, which has appeared in one of the newspapers.

It says that over 20% of dalit children are not immunized in rural Gujarat. This is a study conducted by US based organization, East West Management Institute. It says that, over 20% of dalit children are not immunized in rural Gujarat. This shows that, how caste plays an important

role here, in our country, in our culture. And, we cannot avoid considering factors like this in our country, when we talk about ethics.

This directly refers to a problem in justice. Because, injustice has been done, accessibility, due to several social factors like caste, religion, financial background, gender. These are several such issues, which are relevant in countries like ours, which may not be the case in a developed country.

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Different Priorities

- Culture has a role in determining the rightness and wrongness of action: relativism.
- Issues like privacy and confidentiality: very important in developed societies, but not even thought of as priorities in many developing and underdeveloped countries.



So, naturally the priorities are different. Culture has a role in determining the rightness and wrongness of an action. So, this again points to the fact of relativism, which we will be discussing a little bit in detail, in some of the coming lectures. But, of course, relativism is not just a theoretical possibility. It is an actuality. Different cultures and different views about, what is right and what is wrong.

And this needs to be taken into account, when we deliberate upon ethical issues and find solutions. So, this also calls for a very different approach in Bioethics. So, these are all challenges posed towards developing a global Bioethics, which is which has certain norms, which are universal.

Again, issues like privacy and confidentiality, which are very important in developed societies. But, are not even thought of as priorities in many developing and underdeveloped countries. See for instance, if you go to a typical government hospital in rural India. If you go to a maternity ward or gynecology ward, you see women lined up to have a consultation with the physician. The doctor, the gynecologist will be sitting there, and in her room.

And many patients will be standing there, in a queue to have a consultation with her. And along with women, there will be their husbands as well. So, everyone is listening to everyone else. There is no question of confidentiality, patient confidentiality. We cannot implement practically implement, these ethical norms, which is of course very important.

But, unfortunately because of social situations, this is not the priority here. The priority is care, health care, the priority is whether the physician, this gynecologist is able to provide the required care for the women, who have lined up there. That is more important.

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Cultural Differences

- Most of the theoretical frameworks are the products of enlightenment Europe.
- The four principles approach: fundamentally individual-centric.
- Emphasis on individual autonomy and rights.
- Categorical imperative of Kant: the agent who can, so that he/she ought to do the right.
- Identities are determined by an inherent individual worth: moral sense - agency



And again, when you talk about cultural differences, most of the theoretical frameworks, we talk about or we consider to understand an ethical problem in the context of medical practice, these ethical frameworks, we find that they are products of enlightenment Europe. See let us take for

example, the two important approaches Deontology and Utilitarianism, which will be discussing later in detail.

So, both of these approaches have originated somewhere around 17th, 18th and 19th centuries in Europe. And they were typical European frameworks. Again, the Four principle approach, which is so prevalent today, the principlist approach, which is advocated by Thomas Beauchamp and others. This is also, I mean this approach of course has some universal appeal.

Because it talks about four very important ethical principles to be adopted by all physicians. They are not ethical frameworks, but rather they are, this approach is not an ethical framework. It talks about fundamental principles, which cannot be violated, which cannot be neglected, when you practice medicine, principles like Autonomy, Beneficence and Non-Maleficence and Justice.

But, even then, we can find that these principles are fundamentally individual centric. Though, there are principles like, no harm theory and justice. They are all also emphasized by the principlist approach. But, somewhere when you go along, you feel that you know a little more importance is given to individual autonomy and individual centric they have become. and. So, naturally the emphasis is on individual autonomy and rights, which I have already mentioned and I reassert is extremely important in today's context.

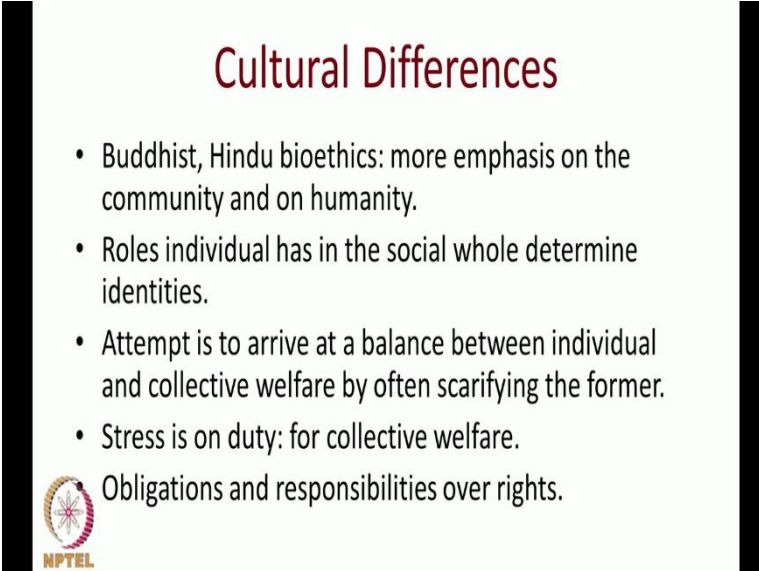
We will discuss that because we cannot neglect the importance of individual rights in today's context of the practice of modern medicine. Since we are talking about ethical frameworks, one of the important, very important ethical framework is developed by Immanuel Kant, which is one of the important Deontological theories, which we will be discussing later. Which talks about duty.

The word Deon means duty. So, it emphasizes on duty. But, Kantian duty is of a very different kind, it says that duty implies or duty emphasizes on a can. But, it says that one ought to do one's duty. But, at the same time an ought implies a can. So, he or she the person, who performs the action, ought to do the right thing because he or she can do it.

There is some sort of an individual freedom, which is a recognition of an agency. The individual agent, who is free from all other factors, social, political, economic, all other factors, that the individual is capable of thinking independent of all the factors, that might influence in. He or She is capable of using that reason, that universal reason, which is there. And, such an individual, such a model of an individual is very difficult to find in rural India, even today.

I mean, this is not to underestimate people from rural India. Because, I do not mean that, this is an incapability. There is a lot of strength to be part of, in being part of societies and communities also. But, at the same time, we have to strike the right balance by being part of a family, by being part of a society and a community. We should also be able to take independent decisions as independent individuals, and this is the requirement, this is a necessity of our times. And modern medicine demands that because otherwise they will gross injustice done to us.


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Cultural Differences

- Buddhist, Hindu bioethics: more emphasis on the community and on humanity.
- Roles individual has in the social whole determine identities.
- Attempt is to arrive at a balance between individual and collective welfare by often sacrificing the former.
- Stress is on duty: for collective welfare.

Obligations and responsibilities over rights.



Now again, since we are talking about cultural differences again, you know the different frameworks of ethics developed in different cultures like the Buddhist and Hindu Bioethics, they emphasize more on community and on humanity to some extent. Because Buddhism for example, consider the essential oneness of oneself and nature or the rest of the world. And even in Hinduism, the broad ethical perspective of Hinduism, when we talk about Vasudeva Kutumbakam and all kinds of things.

They also sort of point to some sort of a unity of entire humanity or entire living creatures. So, there is a conception, that the entire world is a community, a one unit, with integral parts, not recognizing the individuality, the uniqueness and the independence of individual units. Again, roles of individuals have in the social whole determine identities in these societies because we have already seen this.

You know the idea of Dharma, when we have discussed the ancient Indian Bioethics, which emphasizes this concept of Dharma. Dharma is often associated with a role and individual play in a particular society. So, it is role based. And, the social whole is very important here. Because, what role that individual plays in that society is important here. That determines Dharma. Now, the attempt is to arrive at the balance. As I already mentioned between the individual and collective welfare by often sacrificing the former.

So, even this was a concern even for the ancient societies that, you have to arrive at some sort of a balance between oneself and the welfare of the society. The concept of Dharma in the Indian context is largely used for this purpose. But, often it happens that, when you try to strike a right balance, it becomes very difficult. You may have to sacrifice yourself the individual for the sake of the collective whole, collective welfare.

And the stress is on duty for collective welfare obligations and responsibilities are more important than rights. So, rights of the individual become important, only when you are able to treat and consider the individual as an independent unit. It is got this conception has got its advantages and disadvantages, which we will discuss later.

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Present Context of Modern Medicine

- Practicing a complex science.
- Involves various interests: economic, social, political etc.
- Highly regulated domain: internal as well as external.
- Protocols, norms, legal guidelines and policy statements.



Now given all these facts, we will also have to see the present context of modern medicine as it is practiced in different societies and different cultures. We all know that, modern medicine is an highly complex science. And as a science, it presupposes certain universal premises, certain universal principles. And it is followed in different cultures and different civilizations in the same manner. As far as, a scientific aspect of medicine is concerned, the diagnostic methods are concerned, more or less the same principles are employed. The scientific principles are almost the same. Only the way in which it is practiced is different in different cultures.

Now in the beginning of this lecture, I mentioned that the practicing of medicine involves certain interest. A various interest like economic interest, social, political etcetera. All these are part of that entire, you know a process, a social activity, we called, we call practicing of medicine. There are economic factors, social factors, political factors, cultural factors, religious factors. All these factors play very important role.

Though we are practicing a science, which is a universal science, which is based on universal premises. At the same time, we all know that, though it is a universal science, the practice of the science, the practice of medicine is highly regulated domain. There are regulations, internal as well as external. Medical bodies regulate themselves. There are several medical bodies, which we have mentioned in the previous lecture, that they regulate themselves, they have prescribed,

they have come up with certain regulations, certain norms and standards, which physicians and other healthcare professionals have to follow, when they practice medicine.

At the same time, there are external governmental regulations, they have to follow. So, in one sense the autonomy which medical professional communities employ are to some extent limited. And there are, of course the protocols the norms, legal guidelines and policy statements of hospitals of societies of countries, which are legally binding to some extent.

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Important Impetus for Change

- Democratization of the society: formulation of constitution with specification of fundamental rights.
- Formulation of government policies with public health initiatives.
- Active involvement of judiciary.
- Media: influencing public perception.



So, in this context, we will see, what are the major impetus for change in our society. When we see medicine in our society or society like ours, countries like ours, which are not countries, where modern medicine has actually emerged. Modern medicine is the product of European enlightenment. So, this has come to civilization likes countries like ours through various processes and now we have a decent medical institution in our country.

But, the practice of this medicine demands that, we have to see it in a very different light. We cannot, we can no longer remain as an ancient society, which values traditional, moral prescriptions. We have to change our value perceptions of course. See for instance, I sometime back, I mentioned about the concept of autonomy, which is so central in the principalistic approach and in the practice of modern medicine in many developed countries. The individual patient is treated as the authority to take decisions.

The final decision has to be taken by him or her. Because, the individual is considered as a person, who has the ability to take decision, which is good for him. He is an agent, he or she is an agent, a moral agent, who knows better than others, what is good for him or her. So, this is a presupposition of enlightenment Europe, which I sometime back mentioned about Immanuel Kant's Ethical Theory, the Deontologyism or any such ethical frameworks, presuppose such a concept.

Particularly Kantian Theory, the categorical imperative, which Kant talk about, assumes that, there is an individual, who can take independent decisions. An ought implies a can, I repeat. But, to say that these are all western and to argue that since, they are all western, they are irrelevant in our country, in our culture, in our civilization is not the right attitude. Because, we have society has changed a lot.

We have already undergone several decades of democratization. Our society has undergone a lot of changes and democratization is a very important part in that. We have become a democracy. we are no longer those ancient societies, what India was sometime back. So, we have formulated a constitution with specification of fundamental rights and now we conduct our country, we rule our country on the basis of a very modern constitution, which emphasizes the so-called enlightenment values.

And most of us have come to agree that, these values are very important as far as India as a modern country is concerned. We cannot do away with that. So, in that context, the constitution ensures that, there are certain very important rights. The constitution recognizes the value of the individual, value of a liberal free individual. Though, at the same time the constitution knows that, recognizes that the individual is part of certain community and all that.

But, more important is individual rights. Wherever on occasions, where human rights are violated, the courts will step in and try to protect the individual from communities and societies and other individuals and institutions. So, this is very important. And this is a very important feature of democratization process, which is not the case in other countries.

Say for example, in Pakistan, this may not be the case because they still remain more or less as a theocratic society, where one particular religion and its principles are considered as very important. And most many of these principles are not really modern. They have originated several decades or several centuries back. But, most of the principles, which we consider in our constitution as valuable are modern.

They are rational. They are based on rational and they are open to rational deliberations and critical evaluations. This process of democratization is a very important feature, very important phenomenon, we have to take into account, when we deliberate upon modern-day Bioethics in our country. Again the formulation of government policies with public health initiatives.

Many of the government policies examine the whole history of health policy in India, we could see that, there is a definite aim. Many of these policies are aimed at some sort of doing justice to society, doing justice to certain communities and sections of people in the society. So, to provide them better access, to provide them better quality and many other things are part of our policy deliberations. And they also value, the modern values, the modern theoretical frameworks.


Then, another very important feature of our society is the active involvement of judiciary, which is very striking, which is very important as far as our country like India is concerned. And which also contributes heavily to the democratization process that still happens in our society. Judiciary plays a very important role and judiciary's role is largely confined to the interpretation of law and the law is actually provided by the constitution.

And the constitution, I already mentioned is based on certain values, which are modern, which are rational, which are not theocratic. So, in that way the active involvement of judiciary is very important. And then, another one is media. Media plays a very influential role in the public perception and understanding and deliberation of ethical issues. Many issues in recent, in the recent past, if you examine, many ethical issues have been discussed by the media by experts in the media. And this has helped a lot to significantly shape the perception of the public about ethical issues. Say, let us take one example.

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The Aruna Shanbaug Case

- The contribution of Judiciary to an ethical discourse.
- Interpreting and clarifying the legal aspects.
- Initiated a larger discourse in the public domain which involved the **scientific community, physicians, nurses, hospital administration, social activists, public intellectuals, ethicist, media** and finally the **judiciary**.



Classic example is the Aruna Shanbaug case, which has happened sometime back. And in this case, what is happen was the contribution of judiciary to an ethical discourse is phenomenon. So, that is the reason, why I am taking up this case here. Because, this is one case, which has gone to the court. And the apex court has taken a decision and come up with a verdict, which is hailed as a balance verdict.

So, what is happen was, it is interpreting and clarifying the legal aspects. The court has come up with a very clear interpretation of certain legal provisions, that are available in cases like this. And at the same time, what is more important about this case is that, it is quite unprecedented in that way, what is very important is that, it initiated, the Aruna Shanbaug case initiated a larger discourse in the public domain, which involved the scientific community.

Because the doctors and also pharmacist and many other scientific science, people of science were involved in this. The supreme court actually took all their inputs and help. Then the physicians, nurses, they also were very much part. You know nurses are the caregivers and they were looking after Aruna for decades. So, their contribution, their inputs were also very important and treated as so by the supreme court.

Then the hospital administration, where the hospital in which, Aruna was admitted and she was, she spent her last days or rather the last few decades in her life, social activist, public intellectuals, ethicist, media and finally and most importantly the judiciary.

So, you could see that, this Aruna case is so landmark case in the whole history of Indian Bioethics and Indian judiciary. Because it involved inputs or contributions from several walks of life, several stakeholders, everyone like scientist, activist, everyone was involved in this process and contributed to the ethical deliberations and discourse that was happening.

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And this is Aruna. One is her old photograph and the other one is towards, almost towards the time of death. (Refer Slide Time: 26:23)

The Aruna Story

- After being sodomised while being strangled with a dog-chain in 1973 she was largely brain-dead, cortically blind, unable to speak or walk or have control over body movements.
- According to medical report: a permanent vegetative state.
- A social activist, Pinki Virani approached the Supreme Court with the plea to euthanize Aruna.
- The nurses at King Edward Memorial (KEM) Hospital in Mumbai who were caring for Aruna opposed this plea.
- The court, reviewing the stellar care given at KEM, stated that the nurses were the “next friend”.



And the story has, which everyone knows after being sodomised, while being strangled with a dog chain in 1973, she was largely brain-dead. So, these are certain scientific facts, which we have to underline. She was largely brain-dead, cortically blind, unable to speak or walk or have control over body movements. So, the question is that, whether we can, to what extent, we can consider, Aruna as a person.

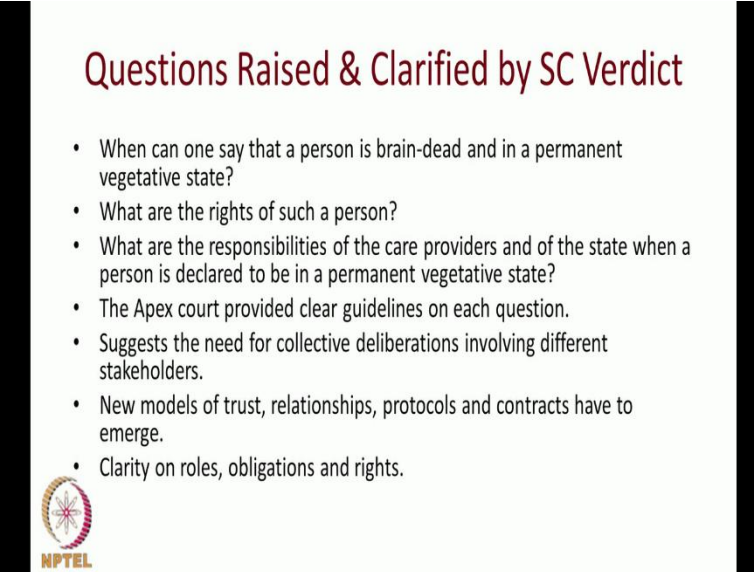
As a person, so that you know, you have to respect the rights of a person. And who takes decisions, because Aruna is incapable of taking any decision and she is brain-dead. If a person is brain dead that is almost equivalent as considering as dead. Then again, according to medical report, she is in a permanent vegetative state, that is another very interesting and very important input in this case. So, all these are considered by the court

When a social activist named Pinki Virani approached the supreme court with the plea to euthanise Aruna, which is again very unprecedented in India. Because, India, Indian law does not allow euthanasia, active euthanasia, where the patient is being assisted by the physicians to end his or her life. But, here the social activist, Pinki Virani has approached the court with precisely that request.

And the nurses at the hospital King Edward Memorial Hospital in Mumbai, who were caring for Aruna opposed this plea. And there was this whole argument, the court reviewing the stellar care


given at KEM by the nurses, stated that the nurses were the next friend of Aruna. This is a very interesting observation. So, the next friend, since Aruna has no agency. Since Aruna is not in a position to take decisions for herself, it is her next friend, who can take decisions for her. And it is not activist like Pinky Virani, who are Aruna's next friend. But, the nurses, who were caring Aruna for the several decades.

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Questions Raised & Clarified by SC Verdict

- When can one say that a person is brain-dead and in a permanent vegetative state?
- What are the rights of such a person?
- What are the responsibilities of the care providers and of the state when a person is declared to be in a permanent vegetative state?
- The Apex court provided clear guidelines on each question.
- Suggests the need for collective deliberations involving different stakeholders.
- New models of trust, relationships, protocols and contracts have to emerge.
- Clarity on roles, obligations and rights.



And now, we can see that, there are several questions raised and clarified by supreme court verdict. Like for example, when can one say that a person is brain dead and in a permanent vegetative state. This is the clear scientific question. Again, what are the rights of such a person, which is an ethical and legal issue.

What are the responsibilities of the care providers and the state, when a person is declared to be in a permanent vegetative state, again raises several social issues as well as ethical issues. The Apex court provided clear guidelines on each question. So, that is, what makes this case landmark. Again, it suggested that the need for collective deliberations.

This case actually points to the need for a collective deliberation involving different stakeholders to arrive at clear and correct. See here, we can see that the Apex court has not unilaterally decided or come up with a final verdict. It has taken into account, the inputs provided by all the stakeholders. So, this fact makes the Aruna case quite interesting and relevant.

Now it also suggests that, we need to come up with new models of trust, relationships protocols and contracts in our society. Because, as I already mentioned, we are now trying to apply certain norms, which have originated certain ethical norms and standards and principles, which do not have their conceptual roots in our history. They have originated somewhere else.

But, for certain historical reasons, they have become now important in our context as well. And this demand, certain considerations or rather reconsidered, we need to reconsider, certain existing models, the validity of certain existing models in our society. Like the models of trust between physician and patient or rather in our traditionally in our society, we believe that the physicians are trusted by the patients. There is an unquestionable trust. But, we now realize that this is no longer valid.

Again, relationship between patient, physician, family members, others, they have all undergone change and we have to come up with very clear protocols to guide, to regulate procedures and also decisions and actions taken by physicians and other healthcare professionals. So, we need to arrive at a better clarity on roles obligations and rights.

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Host of Issues

- Pollution, poverty, war and terrorism.
- Industrialization.
- Globalization of healthcare practices and procedures: calls for certain common guidelines and norms.
- Issues related to the question of social justice.
- To newly emerging technologies.
- Threats to the individual and personhood.
- Rights of patients: decisions, exploitation, harm etc.



And this situation definitely raises a host of issues. So, now let us see, let us try to conclude with a larger picture. So, when we try to situate modern Bioethics in our country, in society like ours, in non-western non-European societies, we are now encountering a host of problems because there are problems related to pollution, poverty, war, terrorism and many other issues, which are socio political and economical in nature. So, we have to consider all these factors, when we try to deliberate upon bioethical issues and bioethical solutions.

Industrialization of course is another very important problem. Globalization of healthcare practices and procedures calls for certain common guidelines and norms. This I have already mentioned. On the one hand, we have differences, we are culturally different, we are politically different, we are socially different, we are economically different. At the same time, there needs to be some commonalities, some common frameworks, we have to agree upon.

See for instance, nobody can deny the importance of confidentiality. Whether, we are able to, you know allow or rather afford to have confidentiality is a different question. Privacy, Autonomy, Decision-Making Rights; nobody can deny the value of these concepts in today's world because medicine is no longer, those days' ancient practices, healing practices. It has become a complex scientific technological activity. So, we need to assert, we need to be sensitive to the rights of the individual and protect and try to protect them.

So, we have arrived at some common guidelines. And again on the other hand, we have to deal with issues related to the question of social justice and tackle the newly emerging technologies and the host of the kind of problems, ethical issues they raise and threats to the individual and personhood and many other issues. Right of patients decision-making process, the roles patients have in the decision-making process, the possibility of exploitation and harm, all these aspects have to be taken into account, when we try to situate or when we try to understand, what role modern bio medical ethics has in our societies and patient autonomy of course.

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Individual in the New Scenario

- The model of social self becomes often inadequate.
- Technological and scientific situations offer more opportunities: to lead a better life, to be more independent, to take independent decisions...
- Also new forms of exploitation.



It will be interesting to see, how the individual is situated in these context, even in our society, even in countries like ours, how the individually situated. The model of social self becomes often inadequate because I refer to this concept of social self with many of our societies, many of the societies, which are rooted in communities, which still value community morality.

The social self is more or less important than the individual self. But, the model of social self is becoming increasingly inadequate in today's world with the breaking down of traditional family system, joint family system. That itself is a major change, initiated a major change. Now, we have nuclear families and nuclear families will have very limited space, very confined space, insulated space in which individuals have a possibility and ability to grow as individuals not as collective groups or social self's.

So, technological and scientific situations offer more opportunities. Now, on the one hand there are certain positive opportunities these technologies offer to these in our societies like to lead a better life, to be more independent. The technology helps us to be more and more independent to take independent decisions and all that and also new forms of exploitation. So, on the other hand the darker side of this technology is that, it also leaves a lot of room for exploitation, physicians and healthcare, other healthcare professionals, even hospital administration, industries, all possibilities of exploitation are also available.

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Living Kidney Donation

(Silke Schicktanz, Claudia Wieseemann, Sabine Wohlke (Eds.) Teaching Ethics in Organ Transplantation and Tissue Donation, Universitätsverlag Gottingen, 2010.

- Mr A.B, 57 yrs., an Arab citizen and father of three children (two sons -22 yrs. Student and 27 yrs, married man and a daughter- 32 yrs unmarried) has acute chronic renal failure and all the three children were found to serve as potential kidney donors.
- Youngest son: diagnosed as the most resilient for this
- Family's choice: the 32 yrs daughter who is unmarried.
- According to their ethnic background the unmarried female has an inferior family status.
- Psychological counseling found that her right to refuse had not been considered by the family.
- Whether to respect the family's decision or the rights of the woman to refuse?



Just to clarify this point, which I have discussed, I will take a case of a living kidney donation case, which is from the book, which I have given the details here. The case happens in a particular ethnic background. Mr. AB, 57 years, an Arab citizen and father of three children two sons. One is 22 years old, a student and another one is 27 years, a married man, and a daughter, who is 32 years old but, unmarried. He has acute chronic renal failure and all the three children were found to serve as potential kidney donors.

Now, the youngest son was diagnosed as the most resilient for this. Family's choice, that is very interesting is the 32-year-old daughter, who is unmarried. So, this is a very typical situation, the younger son with 22 years old is being diagnosed as the most resilient for this. But, the family's choice is a 32-year-old woman.

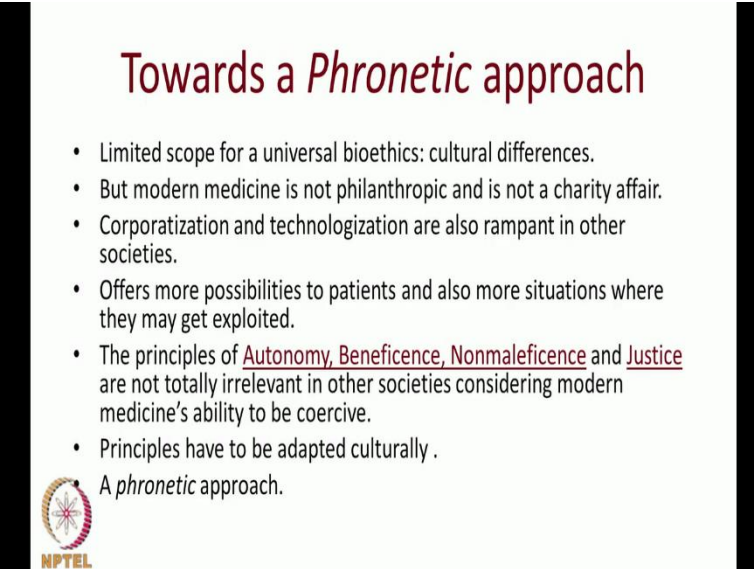
According to their ethnic background, the unmarried female has an inferior family status. So, obviously, that is the reason for the family choice. Now, psychological counselling found that, the right to refuse had not been considered by the family. This woman had the right to refuse. But, that has not been considered. Now, what can we do in such situation?

How does the modern bioethical deliberation approach this case? and what would be the solution. It is a complex issue, I am not here to provide a solution to the problem, I just presented

an issue, just to show that, how complex situations are in different cultures. Whether to respect the family's decision, which is very important in civilizations and cultures like this. It is very important or we should respect the woman, the right of the woman to refuse, which is again very important.

Because such a problem has occurred, because of the technology, which modern medicine has introduced. So, it is a modern context that makes things much and much complicated like this. So, naturally, we need to respect or we need to also consider the ethical values, which a modern society advocate. Which emphasizes on individual rights, autonomy and all that. So, it is a very complex situation


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Towards a *Phronetic* approach

- Limited scope for a universal bioethics: cultural differences.
- But modern medicine is not philanthropic and is not a charity affair.
- Corporatization and technologization are also rampant in other societies.
- Offers more possibilities to patients and also more situations where they may get exploited.
- The principles of Autonomy, Beneficence, Nonmaleficence and Justice are not totally irrelevant in other societies considering modern medicine's ability to be coercive.
- Principles have to be adapted culturally .

A *phronetic* approach.



I am not trying to arrive at a clear-cut solution to concrete issues like this, which we come upon or which we encounter in our societies. My only suggestion is that, as I mentioned, when I discussed Aruna's case, that it calls for deliberations. It calls for very detailed deliberation from different walks of life, different stakeholders involved.

The inputs of scientific community, the inputs of other professional societies, the input of inputs of legal experts of various other people have to be sought and of course media has to take it up and discuss it. So, that we can arrive at some sort of an understanding, a common understanding, which will help us to or rather, which will guide us to the right decision.

What we have arrived at is a realization, that there is only a very limited scope for universal Bioethics. Because, cultural differences cannot be neglected. But, at the same time modern medicine is not philanthropic and not a charity affair. This also, we have to keep in mind. Modern medicine is highly backed by industrial interest, profit maximization interest and various other, you know power structures are sponsoring it.

So, we have to be very careful and in this context, the individual is the more vulnerable. The most vulnerable entity is the individual. So, there is a need to come up and protect the individual. So, that also cannot be avoided. Corporatization and technologization are also rampant in the so-called non-European societies. So, we cannot say that these issues will not figure-in in our societies or in non-European societies.

Because, they are also undergoing, what we broadly call as the modernization process and this technologization or corporatization offers possibilities to patients. And also, more situations where they may be exploited. So, there are two sides of the coin, which I have already emphasized. That is on the one hand, the possibilities and on the other hand, the negative possibilities of exploitation and coercion.

So, the principles of autonomy, beneficence and non-maleficence and justice, which we have mentioned. Today modern Bioethics considered as very important principles, they are not totally irrelevant in other societies. Considering modern medicine's ability to be coercive. So, this is very important. The only thing is that; these principles have to be adapted culturally. And this cultural adaptation process is not a very simple process.

For that, we need high-level deliberations. we need a lot of deliberations, a lot of discussions and this ethical discourse has to develop in society like ours. And we need to aim at or aim towards a phronetic approach. A phronetic means you know the emphasis, the term phronesis is used by Aristotle and Greek tradition to highlight the difference of ethical knowledge, which is practical wisdom. The ethical knowledge is practical wisdom, which is different from technical

knowledge or other kinds of theoretical knowledge. It is not a purely theoretical knowledge. Ethical knowledge is not theoretical purely, it is practical wisdom.

So, one needs to know, that there are certain universal norms. And the validity of the universal norms have to be accepted. But, one needs to know, how these universal norms can be applied to concrete context, which are culturally and politically, economically, determined and decided. So, this should be the kind of an ideal, which we are looking towards.

So, with this lecture, I am winding up the introductory part of my lecture series. From the next lecture, onwards, we will try to see the theoretical frameworks, that have shaped the very nature of ethical deliberations in Bioethics. For the time being, we will wind up now. Thank You.