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John-Stewart Gordon

Bioethics

An Opinionated Introduction

Nomos

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Preface

This edited volume collects previously published essays addressing enduring bioethical questions: dignity, rights, autonomy, paternalism, disability, and enhancement. Despite their original publication dates, none is tethered to a fleeting news cycle. Each articulates arguments and methods that remain stable even as empirical landscapes shift dramatically.

The essays' value lies in conceptual clarity and methodological rigor. The volume's backbone—principlism, human rights, dignity, autonomy, disability-conscious analysis—represents not fashions but frameworks retaining normative force across new cases and technologies. At the heart lies specification and balancing: the disciplined movement from mid-level principles to action-guiding norms. This reasoning process does not depend on publication date but on how clearly it teaches readers to move from principles to practice. Where technologies change the facts, these chapters teach how to change specifications while preserving principles.

As a teaching text, this volume scaffolds readers from foundations through applied controversies, modeling how to frame cases, weigh competing principles, and reach justified judgments under uncertainty. These are skills transferable to clinical ethics committees, institutional review boards, and policy settings, regardless of specific technologies or dilemmas.

For researchers and scholars, the essays model how to engage objections, refine methodologies, and reconcile universal moral commitments with culturally diverse practices without collapsing into relativism. The result is dual utility: a pedagogical pathway for learners and a research program for scholars. This collection demonstrates that philosophical distinctions matter to patients' lives: whether someone hears the truth about diagnosis, whether consent is meaningful, whether disabilities meet inclusion, whether aging is shielded from indignity. The essays resolve practical impasses through conceptual clarity.

A collection of previously published work becomes more than the sum of its parts when coherently organized around method, theme, and moral seriousness. Each section's introduction orients readers to stakes, previews arguments, and poses reflective questions inviting active engagement. Rigorous philosophical analysis applied to concrete medical dilemmas equips readers to reason justly amid changing facts and technologies. That promise, grounded in conceptual rigor and methodological clarity, will not diminish with time.

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Students will find a curriculum. Scholars will find a research program. Healthcare professionals will find guidance grounded in principle. As new challenges emerge, these essays' quiet work continues: naming values at stake, organizing facts, and guiding action toward justice.

Last but not least, many thanks are due to Verlag Karl Alber for agreeing to publish this work, and especially to Dr. habil. Martin Hähnel, the editor at the press, for his support and commitment to making this collection available. I am also deeply grateful to the original publishers who generously granted permissions to reprint these previously published papers and book chapters, making it possible to assemble this volume as a coherent and accessible resource for teaching, learning, and scholarship in bioethics. Special thanks are also due to my co-authors Oliver Rauprich and Jochen Vollmann for their permission to include "Applying the Four-Principle Approach," and to Felice Tavera-Salyutov for permission to include "Remarks on Disability Rights Legislation" in this collection. Their collaborative contributions and willingness to have our joint work included in this volume have been invaluable to its comprehensiveness and scope.

Neringa, 07. November 2025

John-Stewart Gordon

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Table of Contents

List of Figures 11

List of Tables 13

General Introduction 15

I. Why Bioethics? 15
II. Bioethics 17

Global Bioethics and Principlism 48

I. Section Introduction 48
II. Applying the Four-Principle Approach 52
III. Global Ethics and Principlism 68
IV. Study Questions 93

Human Rights and Bioethics 94

I. Section Introduction 94
II. Human Rights in Bioethics—Theoretical and Applied 100
III. Human Dignity, Human Rights, and Global Bioethics 116
IV. Is Inclusive Education a Human Right? 144
V. Reconciling Female Genital Circumcision with Universal Human Rights 175
VI. Indignity and Old Age 201
VII. Study Questions 224

Autonomy and Decision-Making 226

I. Section Introduction 226
II. Moral Expertise Revisited 231
III. Medical Paternalism and Patient Autonomy 253
IV. Abortion 268
V. Study Questions 287

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Disability and Enhancement 289

- I. Section Introduction 289
- II. Remarks on A Disability-Conscious Bioethics 294
- III. Remarks on Disability Rights Legislation 308
- IV. Should Moral Enhancement Be Compulsory? 337
- V. On the Nature of the Right Not to Know 360
- VI. Study Questions 374

General Conclusions 375

Original Publications 381

Index 383

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General Introduction

I. Why Bioethics?

In an era of unprecedented scientific advancement and medical innovation, the questions we ask about healthcare, research, and human dignity have never been more urgent. Bioethics stands at the intersection of biology, medicine, and philosophy, confronting a fundamental reality: the power to save lives and relieve suffering also carries profound moral weight. We should care about bioethics precisely because it equips us to navigate the consequences of our medical choices—consequences that affect not only individual patients but entire societies and future generations.

The relevance of bioethics emerges from the pace of technological change in medicine. Modern biotechnology presents us with scenarios once confined to science fiction: gene-editing techniques that can alter the human germline, reproductive technologies that challenge our understanding of family and parenthood, and artificial intelligence systems that make life-and-death clinical decisions. These innovations generate ethical dilemmas that traditional medical ethics, grounded in centuries-old practice, never contemplated. Bioethics provides the conceptual framework to evaluate such advances not merely on their technical merit, but on their alignment with human values, dignity, and the common good.

Beyond emerging technologies, bioethics matters because it forces us to confront uncomfortable historical truths. The medical establishment has, at times, perpetrated grave ethical violations in the name of progress—from the deliberate infection of Guatemalan prisoners with syphilis to the infamous Tuskegee Study, in which African American men were denied treatment to observe the disease’s natural course. These were not isolated incidents but symptoms of systemic failures to prioritize human welfare over research ambition. Bioethics emerged as a direct response to such atrocities, establishing that the pursuit of knowledge cannot justify the exploitation or harm of vulnerable populations. By studying these failures, we commit ourselves to preventing their recurrence and to embedding ethical reflection throughout research and clinical practice, not imposing it retroactively.

Yet bioethics extends far beyond the prevention of harm. It addresses fundamental questions about what we owe one another: Is healthcare a commodity

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to be bought and sold, or a right that every person deserves? How should we allocate scarce resources during crises? Who receives treatment in a pandemic, and on what moral grounds do we decide? These questions ripple outward from clinical settings to shape public policy, international governance, and the distribution of health and opportunity across populations. When governments craft pandemic policies or when pharmaceutical companies set drug prices, bioethical principles shape the outcomes. The COVID-19 pandemic illustrated this vividly, placing issues of vaccine access, resource allocation, and public health authority squarely in the public consciousness.

Bioethics matters because it bridges disciplines and perspectives. It is fundamentally interdisciplinary, drawing on philosophy, theology, law, history, and the medical humanities alongside clinical medicine and nursing. This acknowledges that ethical problems in healthcare cannot be solved through technical expertise alone. A cardiologist's proficiency in performing a transplant does not determine how organs should be allocated among patients, nor how to navigate the profound psychological dimensions of end-of-life decisions. Bioethics insists that we attend to what has been called the "human side" of medicine—the social, psychological, moral, and cultural dimensions of health that extend beyond biological function. By bringing diverse voices into dialogue, bioethics resists the tendency to reduce complex human situations to technical problems.

According to principlism, bioethics rests on four guiding principles—autonomy, beneficence, non-maleficence, and justice—which together provide a moral compass for navigating medicine's dilemmas. Autonomy demands respect for individuals as agents capable of directing their own lives, requiring informed consent and the protection of privacy. Beneficence and non-maleficence together hold that medicine should help rather than harm. Justice demands fairness in distributing the benefits and burdens of medical innovation, ensuring that the vulnerable are not exploited and that access to healthcare reflects our commitment to equality rather than market power. These principles are not abstract ideals but living frameworks shaping every clinical decision—from how physicians communicate with patients to how societies set priorities for research and funding.

Bioethics also serves as the crucial link between laboratory innovation and real-world practice. Ethical reflection may begin in a research protocol, but moral uncertainty persists when new technologies reach patients. Consider a pregnant woman who learns through prenatal diagnosis that her fetus has

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a serious, incurable condition. Her physician must present options without coercion or preference, recognizing that the decision carries profound moral weight regardless of the outcome. Bioethics equips practitioners to acknowledge such complexity—to support individuals through genuine moral difficulty rather than reduce their situation to a technical procedure.

The scope of bioethics reflects its centrality to contemporary life. It encompasses issues from conception to death: reproductive technologies and embryo research, genetic privacy and the use of genomic data, organ procurement and transplantation, neurodegenerative diseases, end-of-life care, and even environmental ethics. Bioethical questions touch every person's life, whether in decisions about their own health or in the policies that shape health systems. In this sense, bioethics is not merely an academic discipline but a practical necessity for any society committed to ethical medical practice and responsible innovation.

We should care about bioethics because it represents a deliberate refusal of the notion that technological possibility alone justifies action. It insists that we pause, reflect, and ask what kind of medicine we want, what values we are willing to compromise, and what must remain beyond the reach of intervention. In a world where medical science grants us unprecedented power over human biology, bioethics ensures that such power serves human flourishing rather than becoming an instrument of exploitation or harm. It is not peripheral to medicine but essential to it—for medicine without ethical reflection is not medicine at all, but mere technique.

II. Bioethics

Bioethics is a rather young academic inter-disciplinary field that has emerged rapidly as a particular moral enterprise against the background of the revival of applied ethics in the second half of the twentieth century. The notion of bioethics is commonly understood as a generic term for three main sub-disciplines: medical ethics, animal ethics, and environmental ethics. Each sub-discipline has its own particular area of bioethics, but there is a significant overlap of many issues, ethical approaches, concepts, and moral considerations. This makes it difficult to examine and to easily solve vital moral problems such as abortion, xenotransplantation, cloning, stem cell research, the moral status of animals and the moral status of nature (the environment). In addition, the field of bioethics presupposes at least some basic knowledge of important life

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sciences, most notably medicine, biology (including genetics), biochemistry, and biophysics in order to deal successfully with particular moral issues. This article also contains a discussion about the vital issue of moral status—and hence protection—in the context of bioethics, that is, whether moral status is ascribed depending on rationality, harm, or any other feature. For example, it might well be the case that non-sentient beings such as plants and unique stone formations, such as the Grand Canyon, do have a moral standing—at least, to some degree—and should not be deliberately destroyed by virtue of either their instrumental or intrinsic value for human beings. The last part contains a discussion of the main bioethical theories including their main line of reasoning and complex challenges in contemporary philosophy.

1. Preliminary Distinctions

Rapid developments in the natural sciences and technology (including biotechnology) have greatly facilitated better living conditions and increased the standard of living of people worldwide. On the other hand, there are undesirable consequences, such as nuclear waste, water and air pollution, the clearing of tropical forests, and large-scale livestock farming, as well as particular innovations such as gene technology and cloning, which have caused qualms and even fears concerning the future of humankind. Lacunae in legal systems, for example, regarding abortion and euthanasia, additionally are a cause of grave concern for many people. Furthermore, moral problems which stem from a concrete situation, for example, gene-manipulated food, have given rise to heated public debates and serious public concerns with regard to safety issues in the past. There was—and still is—a need for ethical guidance which is not satisfied simply by applying traditional ethical theories to the complex and novel problems of the twenty-first century.

What are the general goals of bioethics? As a discipline of applied ethics and a particular way of ethical reasoning that substantially depends on the findings of the life sciences, the goals of bioethics are manifold and involve, at least, the following aspects:

1. *Discipline*: Bioethics provides a disciplinary framework for the whole array of moral questions and issues surrounding the life sciences concerning human beings, animals, and nature.
2. *Inter-disciplinary Approach*: Bioethics is a particular way of ethical reasoning and decision making that: (i) integrates empirical data from relevant natural sciences, most notably medicine in the case of medical ethics, and

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(ii) considers other disciplines of applied ethics such as research ethics, information ethics, social ethics, feminist ethics, religious ethics, political ethics, and ethics of law in order to solve the case in question.

3. *Ethical Guidance*: Bioethics offers ethical guidance in a particular field of human conduct.
4. *Clarification*: Bioethics points to many novel complex cases, for example, gene technology, cloning, and human-animal chimeras and facilitates the awareness of the particular problem in public discourse.
5. *Structure*: Bioethics elaborates important arguments from a critical examination of judgements and considerations in discussions and debates.
6. *Internal Auditing*: The combination of bioethics and new data that stem from the natural sciences may influence–in some cases –the key concepts and approaches of basic ethics by providing convincing evidence for important specifications, for example, the generally accepted concept of personhood might be incomplete, too narrow, or ethically problematic in the context of people with disability and, hence, need to be modified accordingly.

In other words, bioethics is concerned with a specific area of human conduct concerning the animate (for example, human beings and animals) and inanimate (for example, stones) natural world against the background of the life sciences and deals with the various problems that arise from this complex amalgam. Furthermore, bioethics is not only an inter-disciplinary field but also multidisciplinary since bioethicists come from various disciplines, each with its own distinctive set of assumptions. While this facilitates new and valuable perspectives , it also causes problems for a more integrated approach to bioethics.

2. A Brief History of Bioethics

Historically speaking, there are three possible ways at least to address the history of bioethics. First, by the origin of the notion of bioethics, second, by the origin of the academic discipline and the institutionalization of bioethics, and third, by the origin of bioethics as a phenomenon. Each focuses on different aspects concerning the history of bioethics; however, one can only understand and appreciate the whole picture if one takes all three into account.

2.1 The Origin of the Notion of Bioethics

It is commonly said that the origin of the notion of bioethics is twofold: (i) the publishing of two influential articles; Potter's "Bioethics, the Science

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of Survival" (1970), which suggests viewing bioethics as a global movement in order to foster concern for the environment and ethics, and Callahan's "Bioethics as a Discipline" (1973), in which he argues for the establishment of a new academic discipline, and (ii) discussions between Shriver and Hellegers about the need for an institute in which researchers should examine and analyse medical dilemmas by appealing to moral philosophy (1970). This institute was created in 1971 as the Joseph and Rose Kennedy Center for the Study of Human Reproduction and Bioethics, and is now known as the Kennedy Institute of Ethics (see, also the Institute of Society, Ethics, and the Life Sciences, 1969). However, this oft-repeated story about the origin of the term bioethics is incorrect. Sass (2007) is right in claiming that the German theologian Fritz Jahr published three articles in 1927, 1928, and 1934 using the German term "Bio-Ethik" (which translates as "Bio-Ethics") and forcefully argued, both for the establishment of a new academic discipline, and for the practice of a new, more civilized, ethical approach to issues concerning human beings and the environment. Jahr famously proclaimed his bioethical imperative: "Respect every living being, in principle, as an end in itself and treat it accordingly wherever it is possible," (1927: 4).

2.2 The Origin of the Academic Discipline and Institutionalization of Bioethics

The origin of the discipline of bioethics in the USA goes hand in hand with the origin of its institutionalization. At the beginning of this complex process, bioethics was seen as more or less identical with medical ethics–the latter notion is first mentioned by Thomas Percival (1803) –and was mainly conducted by philosophers, theologians, and a few physicians. Animal ethics and environmental ethics are sub-disciplines which emerged at a later date. In the beginning, the great demand for medical ethics was grounded in reaction to some negative events, such as the research experiments on human subjects committed by the Nazis and the Tuskegee Syphilis Study (1932–1972) in the USA. At that time, bioethics was rather driven by urgent cases ("putting out fires") and did not consider systematic problems in healthcare such as the access to quality care. However, in reaction to these horrible events, the Nuremberg Code (1947) and the Declaration of Helsinki (1964) were created in order to provide researchers and physicians with ethical guidelines. In the case of the Tuskegee Syphilis Study (Belmont Report 1979), and other experiments in clinical research (Beecher 1966), one has to concede however that they were performed in the full knowledge of both sets of guidelines

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(and hence against the basic and most important idea of individual informed consent).

In particular, the idea of individual informed consent is due to the Prussian and German bureaucratic regulations of 1900/01 that appeal to the case of Dr. Albert Neisser in 1896 who publicly announced his concern about the possible dangers to the experimental subjects whom he vaccinated with an experimental immunizing serum (Zentralblatt der gesamten Unterrichtsverwaltung in Preussen 1901: 188). Additionally, the investigation of the death of 75 German children caused by the use of experimental tuberculosis vaccines in 1931 revealed that the *mandatory* informed consent was not obtained (Rundschreiben des Reichsministers des Inneren 28.2.1931, in: Sass 1989: 362-366). Baker rightly states that "the informed consent doctrine was thus originally a regulatory innovation created by Prussian bureaucrats; it was not an artefact of American legal or philosophical culture but of German bureaucratic culture. It was a German solution to problems created by the advances of German biomedical science" (Baker 1998: 250).

Furthermore, influential books such as *Morals and Medicine: The Moral Problems of the Patient's Right to Know the Truth, Contraception, Artificial Insemination, Sterilization, and Euthanasia* (Fletcher 1954) and Ramsey's ground breaking book, *The Patient as Person: Explorations in Medical Ethics* (1970) argued that there was a serious and urgent need for thinking about complex moral issues in medicine and thereby facilitated the creation of the new academic discipline of medical ethics (also known as bioethics).

Against this background, the Institute of Society, Ethics, and the Life Sciences (1969), later known as the Hastings Center, and the Joseph and Rose Kennedy Center for the Study of Human Reproduction and Bioethics (1971) were created. They were the first two (academic) institutions to conduct research in medical ethics and to publish high quality academic journals: the *Hastings Center Report* and the *Kennedy Institute of Ethics Journal*. Many bioethics programs and degrees were established at universities in the USA during the 1970s and 1980s in order to provide students–most notably medical, law, and public policy students–with some expertise in medical ethics to deal with complex cases. In the early years, the bioethics programs were mainly funded by foundations such as the Rockefeller Foundation, the Russell Sage Foundation, the Ford Foundation and others, as well as by donations from individuals such as the Kennedy family.

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The need for medical ethics experts and commissions was fostered by a series of important events in medicine, especially the Harvard Definition of Brain Death (1968), *Roe v. Wade* (1973), the Karen Ann Quinlan case (1975), and Baby Doe (1982). Since, most hospitals in the USA provide clinical ethics consultation that is mainly due to the requirement of The Joint Commission for Accreditation of Healthcare Organizations—in 2007 renamed the Joint Commission—that accredited hospitals must have a method for addressing ethical issues that arise (JCAHO 1992: 106).

Furthermore, new technologies in the life sciences caused new inventions and possibilities for the survival of the sick; kidney dialysis, intensive care units, organ transplantation, and respirators, to name just a few. Severe problems concerning the just distribution of health care resources emerged, for example, in access to kidney dialysis and intensive care units due to the consequences of scarcity, which caused much debate (concerning problems of resource allocation, for instance). The upshot is that the origins of bioethics as a discipline and its institutionalization can be traced back to the second half of the twentieth century in the USA. Other countries then adapted to the new situation and established their own bioethics programs and institutions.

2.3 The Origin of Bioethics as a Phenomenon

The notion of bioethics and the origin of the discipline of bioethics and its institutionalization in academia is a modern development. The phenomenon itself, however, can be traced back, at least with any certainty, to the Hippocratic Oath in Antiquity (500 B.C.E.) in the case of medical ethics (Jonsen 2008) and possibly beyond if one considers the Code of Hammurabi (1750 B.C.E.), which contains some written provisions related to medical practice (Kuhse and Singer 2009: 4).

The idea that animals have a moral status (§4) and should be protected is based in modern moral philosophy, most notably utilitarianism, on the one hand, and the animal rights movement in the eighteenth and nineteenth centuries in Europe (in particular, England and Germany) and the USA. On the other hand, Aristotle, Thomas Aquinas, and Kant had a lasting (negative) effect on the way people thought about animals and their moral status. According to Aristotle (400 B.C.E.), animals do not have a moral status and hence human beings cannot treat them unjustly. This line of thought was omnipresent during the time of the Romans and was reflected their great pleasure in animal hunts in the Colosseum and the Circus Maximus between

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the second century B.C.E. and the sixth century C.E. Researchers estimate that hundreds of thousands of animals were killed in order to please the public ("panem et circenses"). Only one incident is documented in the long and bloody history of cruelty against animals in Rome, when the audience sided with a group of elephants and proclaimed that the emperor showed cruelty to these majestic creatures, which was seen by the public as an "immoral act". According to Thomas Aquinas (thirteenth century), who shaped the Christian view on the moral status of animals for several hundred years, animals have no moral status and human beings are allowed to use them for their own comfort since everything is made by God and subjected to the rule of human beings. Kant (eighteenth century) famously argued that animals have no moral status but one should treat them appropriately since cruelty against animals might have a negative effect on our behaviour towards our fellow humans, that is, the brutalization of human behaviour.

The idea of protecting nature/the environment is a contemporary thought that particularly evolved by virtue of public concern about the rapid technological developments in the twentieth century and the extreme dangers to the whole globe posed by these developments, for example, nuclear waste, water and air pollution, the clearing of tropical forests, and global warming. The point is, however, that a concern for bioethical issues is much older than the name of the phenomenon itself and the academic discipline.

3. Sub-disciplines in Bioethics

3.1 Introduction

Bioethics is a discipline of applied ethics and comprises three main sub-disciplines: medical ethics, animal ethics, and environmental ethics. Even though they are "distinct" branches in focusing on different areas—namely, human beings, animals, and nature—they have a significant overlap of particular issues, vital conceptions and theories as well as prominent lines of argumentation. Solving bioethical issues is a complex and demanding task. An interesting analogy in this case is that of a neural network in which the neural knot can be compared to the bioethical problem, and the network itself can be compared to the many different links to other vital issues and moral problems on different levels (and regarding different disciplines and sub-disciplines). Sometimes it seems that the attempt to settle a moral problem stirs up a hornets' nest because many plausible suggestions cause further (serious) issues. However, a brief overview of the bioethical sub-disciplines is as follows.

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3.2 Medical Ethics

The oldest sub-discipline of bioethics is medical ethics which can be traced back to the introduction of the Hippocratic Oath (500 B.C.E.). Of course, medical ethics is not limited to the Hippocratic Oath; rather that marks the beginning of Western ethical reasoning and decision making in medicine. The Hippocratic Oath is a compilation of ancient texts concerning the proper behaviour of physicians and the relationship between physician and patient. It also contains some binding ethical rules of utmost importance such as the well known principle of non-maleficence ("*primum non nocere*") and the principle of beneficence ("*salus aegroti suprema lex*"); furthermore, doctor-patient confidentiality and the prohibition on exploiting the patient (including sexual exploitation) are important rules that are still valid.

Other more critical elements of the Hippocratic Oath such as the strict prohibition of euthanasia and abortion seem to be rather debatable and raise the vital question of how to distinguish between valuable and less valuable principles it proposes. In contemporary bioethics, euthanasia is—in general—widely regarded as an eligible autonomous decision of the patient that must be respected. With regard to abortion, most bioethicists believe that it should be allowed, at least, under certain circumstances, but this issue is still hotly debated and causes many emotional responses. The upshot is that one needs a more fundamental theoretical analysis of the particular elements of the Hippocratic Oath in order to determine possible *traditional* shortcomings in more detail before one accepts them as a fixed set of unquestionable professional rules. Furthermore, the idea that "the physician knows best" and should be able to act against the will of the patient for the benefit of the patient (that is, the patriarchal model of the physician-patient relationship) also originated in ancient times. The competence of the physician was too overwhelming for most people so that they almost always complied with the physician's advice.

In medical ethics, one is concerned with the general ethical question of "what should one do" under the particular circumstances of medicine. In this respect, medical ethics is not different from basic ethics but it is limited to the area of medicine and deals with its particular state of affairs.

There are a number of important traditional issues in medical ethics that still need to be solved. These include beginning- and end-of-life issues (notably abortion, euthanasia, and limiting therapeutic treatments), the physician-patient relationship, research on human beings (including research ethics and human genetics). More recent medical issues include reproductive decision

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making, organ transplantation, just distribution of healthcare resources, access to healthcare, and most recently vital issues concerning healthcare systems and (global) public health. In the twentieth century, medical ethics was focused on–but not limited to– two main issues: the concept of personhood (for example, the Singer debate) and the principle of autonomy (that is, individual informed consent). The rise of autonomy in the context of the physician-patient relationship can be seen as the counter-movement to paternalism in healthcare. Both vital issues pervaded many debates in medical ethics in the past and can been seen as key issues that shaped the discussions in academia, at the theoretical level, and were highly influential on the ward, that is in practice, as well.

3.3 Animal Ethics

The history of ethics is to some extent a history of who is and should be part of the moral community. Roughly speaking, in Antiquity only men of a particular social status were part of the moral community; several hundred years later, after a long and hard social struggle women achieved equal status with men–even though there is still a long way to go in many parts of most societies (for example, in the job market and equal pay for equal work). The idea that animals should be part of the moral community mainly evolved in the context of the ethics of utilitarianism in the nineteenth century, most notably spearheaded by Jeremy Bentham, who famously argued that it does not matter morally whether animals can reason but rather whether they can suffer. In addition, animal rights groups were founded in the USA and Europe (in particular, in Protestant England and Germany) by virtue of a new awareness of sensitivity towards cruelty against animals (for example, vivisection) and a growing feeling of compassion for the suffering of animals in general (see Schopenhauer). This new paradigmatic moral shift was supported by the scientific findings of Darwin's evolutionary theory. The findings undermined the sharp (empirical) distinction between human and animal posed by the traditional natural rights position that only rational human beings are part of the moral community (see also the objection of speciesism, §3d). Evolutionary theory provides convincing empirical evidence that there is a natural kinship between human beings and animals in the sense that human beings evolved from animals through a long, gradual process.

Current problems include research on animals (including vivisection), livestock farming and animal transports, xenotransplantation, human-animal chimera, meat eating versus vegetarianism/veganism, the legitimacy of zoos

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and circuses, religious freedom versus animal protection, recreational hunting, and the growing conflict between the protection of the environment and animal welfare. These pose complex moral issues that need to be addressed appropriately by responding to the question of whether animals have a moral status in general (and why), and, if they do, what their exact moral rank is.

All ethical viewpoints defending the protection of animals broaden the scope of the traditional position by claiming that the ability to suffer is the key point and hence sentient beings should be protected as part of the moral community. Two ground-breaking and highly influential books written by the utilitarian Peter Singer (1975) and Tom Regan (1983), who favors a Kantian-oriented approach, were the starting point of a more sophisticated discussion in academia and which also influenced many laypeople across the world. Singer argues for a utilitarian animal ethics based on the equal consideration of interests of sentient beings in combination with the criterion of the ability to feel pain. Regan claims instead that sentient beings who are able to see themselves as "subjects of life" do have an "inherent value" which provides them with strong defensible moral rights that implicate *prima facie* duties for human beings towards animals. Other ethical approaches contribute important insights as well. Virtue ethics calls for one not to undermine the aspiration of the good life by acting in a cruel way towards animals but acknowledge the animal-like part of one's existence (Midgley 1984). Feminist care ethics implies animals stand in an asymmetrical relation of care and responsibility towards human beings (Donovan and Adams 1996). Discourse ethics implies animals are part of the moral community through the voice of a surrogate decision maker (Habermas 1997).

3.4 Environmental Ethics

Generally speaking, environmental ethics deals with the moral dimension of the relationship between human beings and non-human nature–animals and plants, local populations, natural resources and ecosystems, landscapes, as well as the biosphere and the cosmos. Strictly speaking, human beings are, of course, part of nature and it seems somewhat odd to claim that there is a contrast between human beings and non-human nature. At second glance, however, it seems reasonable to make this distinction because human beings are the only beings who are able to reason about the consequences of their actions which may influence the whole of nature or parts of nature in a positive or negative way.

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Ideas about the “right” conduct concerning the environment are as old as humankind but the establishment of environmental ethics as an academic discipline dates back to the 1970s when issues of vital importance emerged, such as the global threat to the natural basis of existence, the growing number of extinct species, the destruction of ecosystems and natural resources, as well as the more recognized dangers of technological inventions—for example, nuclear power, including its radioactive waste, and the new biotechnologies like genetic engineering. The exploitation of the environment was first justified by the religious teachings of the Old Testament (such as the stewardship of the environment in the Bible) and, during the secular period of the Enlightenment, supported by Francis Bacon’s scientific program to (rigorously) disclose all the secrets of nature. René Descartes’ famous and influential dualism of rational beings, on the one hand, and soulless matter, on the other hand, led to the debasement of nature, including animals, since the objects of morality were by nature rational beings only. The first serious counter-movement can be traced back to the Romantic philosophies of nature of the eighteenth and nineteenth centuries. In the non-Western context, the idea of respect for and valuing nature is more prevalent and at least 2500 years old, referring to the general teachings of Hinduism and Buddhism which influenced the Western view in Europe in the eighteenth and nineteenth centuries (for example, Schopenhauer). Of course, contemporary environmentalists, particularly feminist ethicists and supporters of the idea of natural aesthetics, have refined the criticism of the traditional view by claiming that animals and nature are not valueless but deserving of moral protection.

It is possible to make the following broad distinctions regarding environmental ethics. Environmental ethics is commonly divided into two distinct areas: (i) anthropocentrism and (ii) non-anthropocentrism (or physiocentrism). *Anthropocentric approaches* such as virtue ethics and deontology stress the particular human perspective, and claim that values depend on human beings only. Values are relational and require a rational being, hence animals and non-human nature are not *per se* objects of morality, unless indirectly, by virtue of a surrogate decision maker. According to the anthropocentric view, only (rational) human beings deserve moral protection although one should respect and protect nature either for the sake of human beings (instrumental view) or for the sake of nature itself (non-instrumental view). Anthropocentrism is faced with the *objection of speciesism*, the view that the mere affiliation to the species of Homo sapiens is sufficient to grant a higher moral status to human beings in comparison with animals. Singer has powerfully claimed,

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however, that the “mere difference of species in itself cannot determine moral status” (Singer 2009: 567).

Non-anthropocentrism (or physiocentrism) mainly consists of three main branches: (1) pathocentrism, (2) biocentrism, and (3) ecocentrism, which can be further divided into an individualistic and holistic version. All non-anthropocentric approaches share the common claim that there are “objective” or more straightforward naturalistic values which are non-relational (intrinsic) and do not presuppose rational human beings. Nature (including animals) itself is valuable, independently of whether there are any human beings or not (non-instrumental view), even though one has to acknowledge the fact that many arguments about intrinsic value also have instrumental underpinnings. Supporters of *pathocentrism* argue that all *sentient* beings deserve moral consideration and protection, equally/egalitarian or non-equally/non-egalitarian with reference to human beings (see Singer 1975, Regan 1983, Wolf 1996). Adherents of *biocentrism* claim that all beings should be part of the moral community. Finally, supporters of *ecocentrism* argue that the whole of nature deserves moral protection, either according to an individualistic or holistic approach. If individualistically, all “things” in nature are bearers of moral values and are of equal moral worth. If holistically, there are traditionally at least three main positions: (a) ecofeminism, (b) deep ecology, and (c) the land ethics. *Ecofeminists* believe that there is a parallel between the systems of domination that affect both women and nature. Therefore, if human beings are willing to change the way they act towards nature, they must understand the real causes of the problem–the idea that nature is rather irrational and passive as well as needing to be controlled by human beings (Plumwood 1986, Warren 1987). According to *deep ecologists*, human beings should view themselves as being a part of and not distinct from the natural world by virtue of a refined notion of the self. All living things, according to the founder of deep ecology, Arne Naess, have an equal right to flourish (“biospherical egalitarianism”). Proponents of *the land ethics* argue that one should stop treating the land as a mere resource, but view it as a precious source of energy. Aldo Leopold, the founder of land ethics, famously claims: “A thing is right when it tends to preserve the integrity, stability, and beauty of the biotic community. It is wrong when it tends otherwise.” (Leopold 1949/1989: 218-225).

4. The Idea of Moral Status in Bioethics

Bioethical debates, particularly in animal ethics and environmental ethics, are concerned with issues of moral status and moral protection. The vital

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question is, for example, whether all animals have a moral status and hence are members of the moral community enjoying moral protection or whether they do not have a moral status at all (or only to some degree for some animals, such as higher mammals such as great apes, dolphins and elephants). But, even if animals do not have a moral status and hence have no moral rights, it could be the case that they still are morally significant in the sense that human beings are not allowed to do whatever they want to do with them (for example, to torture animals for fun). The fundamental idea of granting a living being a moral status is to protect the particular being from various kinds of harm which undermine the being's flourishing. For example, one can protect the great apes by granting them a moral status which is important for their survival since one can then legally enforce their moral right not to be killed.

But what are the prerequisites for ascribing a being a moral status and hence moral rights and (legal) protection? And, furthermore, what about non-sentient nature, such as tropical rainforests, the Grand Canyon, mammoth trees, and beautiful landscapes? Do they have a moral status as well? Are they morally significant at least to some degree? Or are human beings allowed to do whatever they want to do with non-human nature?

Traditionally, philosophers made the distinction between sentient beings and non-sentient beings (including the environment) and argued that only beings who have an intrinsic worth are valuable and hence deserve moral concern and (legal) protection. Therefore, it is the intrinsic worth of the particular being that is important for the ascription of the being's moral status as well as the being's moral and legal protection. If a being has no intrinsic worth, then it has no moral status, and so forth. It has been commonly argued that the intrinsic worth of a being can be fleshed out by claiming that it is rationality or the capacity to reason which is the underlying motif for ascribing "intrinsic worth" (for example, Kant). This line of reasoning is anthropocentric and is faced with the objection of speciesism (§3d). A somewhat different view is, for example, to claim that even the Grand Canyon has an intrinsic worth by virtue of its uniqueness and great beauty. In this respect, the notion of intrinsic worth is fleshed out by the idea of uniqueness and beauty and hence one avoids (to some degree) anthropocentrism and the objection of speciesism. But, on the other hand, this position seems questionable for at least two important reasons. First, "being unique" seems to be of no moral importance at all. For example, if a dog was born with two heads, one might say that this is unique but it would seem awkward to grant the dog protection by virtue of his two heads. Rather, one would be more likely to protect him in order to study the

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dog's particular abnormality. This, however, has nothing to do with the dog's supposed intrinsic worth based on his uniqueness but everything to do with his instrumental value for some scientists. Secondly, to say that something (or someone) is "beautiful" seems to presuppose a sentient being that values the particular thing in the first place; hence we are not concerned with an intrinsic worth but rather with an instrumental worth with reference to a particular valuer. According to this reasoning, the Grand Canyon should be protected since it causes great experiences in people who stand in awe of this landscape when they appreciate the great beauty of it and simply feel good about it.

Some scholars argue that one has to be cautious of examining the moral status of non-human nature through the lens of a purely anthropocentric line of reasoning because it conceptually downplays the value of animals and the environment right from the start. However, on the other hand, many people find it questionable to argue for the moral rights of stones, sunflowers, and earthworms. Even so, it seems plausible to consider that there might be a significant distinction between the moral status of stones, sunflowers, and earthworms by virtue of their instrumental value for human beings. For example, the Grand Canyon might have a certain moral status because this *unique* stone formation makes human beings not only *view it with awe*, but also *aesthetically admire it,* which is the reason not to deliberately destroy the Grand Canyon. Sunflowers are nice to look at and hence are *enjoyable* for human beings, therefore one should not deliberately destroy them; earthworms are *useful* for the thriving of plants (including sunflowers) which is good both for animals and human beings since they loosen the ground, and hence they should not be deliberately destroyed as well. The differing moral status of stones, sunflowers, and earthworms—if there is any—could then be eventually ranked according to their particular instrumental value for human beings. Or one could argue that stones, sunflowers, and earthworms have an intrinsic (that is, non-instrumental) value in so far as they are valuable as such. Then, a possible ranking concerning their moral status might either depend on their supposed *usefulness* for other entities (a case of intrinsic value with instrumental underpinnings) or on a *fixed general order* of non-instrumental values: first, animals, second, animated plants, and third, the most inanimate, such as stones. Against this fixed order, however, some people could object that mammoth trees—the gigantic several hundred years old majestic trees—should be ranked higher than simple earthworms because they are very rare and make human beings view them with awe. That is, it might well be the case that sometimes animated plants such as majestic mammoth trees morally outweigh

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lower forms of animals such as earthworms. Furthermore, one could even argue, then, that the Grand Canyon morally outweighs a group of majestic mammoth trees and so forth. As a result, it seems reasonable to acknowledge the fact that there is no easy way to determine: (1) The exact moral status between different life forms within the animated group, as well as the moral status between the animated and the most inanimated in non-human nature, and (2) the exact moral status between human and non-human nature, if one does not hold the view that human beings have the same moral standing as animals and plants (that is, human beings and non-human nature).

Thus, one might eventually conclude that, in general, morally appropriate conduct towards non-human nature should focus on paying attention to the many details of the particular case and the consequences of one's actions. In sum, do no premeditated harm (for example, do not torture animals for fun, restrain large-scale livestock farming), preserve nature wherever it is possible (by, for example, avoiding water and air pollution and protecting tropical rainforests from clearing). As Hans Jonas famously put it, be responsible in your dealings with non-human nature.

5. Theories in Bioethics

5.1 Introduction

Bioethics is an important inter-disciplinary and rapidly emerging field of applied ethics. The traditional but deficient view concerning ethical reasoning and decision making in applied ethics is that one simply "applies" a particular ethical theory such as utilitarianism or deontology in a given context such as business (business ethics), politics (political ethics), or issues related to human health (medical ethics) in order to solve the moral problem in question. This top-down approach of ethical reasoning and decision making adheres to the idea that ethics is quite similar to geometry, in that it presupposes a solid foundation from which principles and general rules can be inferred and then applied to concrete cases independent of the details of the particular case. The locus of certitude, that is, the place of the greatest certainty for principle ethics—approaches using one master principle—concerns its foundation; the reasonableness of the ethical decision is passed on from the foundation itself.

This picture is awry. In the twentieth century it was clearly shown that the traditional ethical theories had great difficulty in solving the new contemporary problems such as nuclear power and its radioactive waste, issues related to the new biotechnologies (for example, genetic enhancement, cloning), and

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so on. The consequences were, first, that the two main classical theories in principle ethics—deontology and utilitarianism—were modified in order to deal more properly and successfully with the new situation. For example, Christine Korsgaard modified Kantianism and Richard Hare modified utilitarianism. Secondly, new approaches of ethical reasoning and decision making were developed, such as Beauchamp and Childress's four-principle approach in bioethics and feminist bioethics. Casuistry and virtue ethics—the bottom-up approaches—were rediscovered and refined in order to examine complex bioethical issues. The rise of applied ethics in general and the rise of bioethics in particular has been faced with an overwhelming variety of details and complex circumstances with regard to the rapidly emerging ethical issues against the background of the fast development of new technologies and the process of globalization, accompanied by an awakening of individual autonomy and the rejection of being submissive to authority. Sound ethical approaches in applied ethics must at least fulfill two criteria: (1) They must be consistent and (2) they must be applicable. These are the minimum conditions for any successful ethical theory in applied ethics.

In addition, one might raise the issue of reaching an agreement about what to do in practice against the background of competing moral theories. There is a twofold response to this well-known problem. First, most cases (for example, clinical ethics consultations, commission work, and so forth) reveal that there is a broad consensus among people concerning the results (practical level) but that they—quite often—differ considerably in their justifications at the theoretical level. Secondly, it might well be the case—as some scholars such as Gert and Beauchamp claim—that some people without adhering to moral relativism have *equally good reasons* about what to do in practice but, nonetheless, still differ about *what* and *why* it should be done. Contrary to the first response, the second response is more alarming since the idea that people could have equally good reasons for differing suggestions seems odd, at least at first sight. At second glance, however, moral judgements might not only depend on pure reason alone but are influenced by different cultures, religions, and traditions that would substantiate the claim of different outcomes and justifications. Whether one is, then, necessarily committed to a form of moral relativism can be reasonably questioned since one can still make the convincing distinction between a hard core of moral norms that is universally shared (for example, that one should not commit murder or lie and that one should help people in need) and other moral norms which are non-universal by nature. If that is correct, then this would solve the issue of moral relativism.

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The following brief depiction of (bio)ethical theories, including their main points of criticism, provides an overview of the approaches (see also Düwell and Steigleder 2003: 41-210; Kuhse and Singer 2009: 65-125).

5.2 Deontological Approaches

Deontological approaches such as provided by Kant (1785) and Ross (1930) are commonly characterized by applying usually strict moral rules or norms to concrete cases. Religious approaches, such as those of the Catholic Church, and non-religious deontological approaches, such as Kantian-oriented theories, are prime examples of applying moral rules. For example, the (extreme) conservative position of the Catholic Church justifies that one should not abort fetuses, under any circumstances, including in cases of rape (Noonan 1970) and forbids the use of condoms. Furthermore, the Catholic Church regularly defends its strict religious position in end-of-life cases to prolong human life as long as possible and not to practice euthanasia (or physician-assisted suicide) because human life is sacred and given as a gift from God. In this respect, religious approaches are necessarily faced with the objection of speciesism, if they claim that it is *sufficient* to be a member of the human species in order to be protected. Kantian-oriented approaches, instead, are not necessarily faced with this objection because—at least, in the original version—moral status is assigned according to “rationality” and not according to “membership of the human species”. Other Neo-Kantian deontological approaches, however, might emphasize “human dignity” and hence run into serious troubles with regard to the objection of speciesism as well. In other words, there is a fundamental disagreement inherent in the notion of *human* dignity—roughly, the idea that there is something special about human beings—and the ascription of moral status to non-human nature such as animals and plants.

Kantian-oriented deontological approaches (or Kantianism) generally adhere to the basic Kantian ideas of respect for persons and human dignity; both central ideas are rooted in the human being’s capacity to act autonomously. Kantianism has been adopted in order to provide a justification for strict truth telling in medical contexts, for example, in cases of terminal cancer, bedside rationing, and medical experiments. This development can be seen as a counter-movement against previous malpractice. The former practice consisted in not telling the truth to the patient in order either not to cause additional harm or not to undermine the goals of the medical experiments (for example, the Tuskegee Syphilis Study). In the late 20th century, this has changed by

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virtue of acknowledging the patient's right to be told the truth about his or her health condition. Likewise, regarding the patient's involvement in research studies—including research with placebos—in order to enable the patient to make adequate autonomous decisions (that is, individual informed consent). The second formula of Kant's Categorical Imperative—"Act in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means to an end, but always at the same time as an end" (Kant 1785/1968)—has been successfully used in different medical contexts in order to avoid abuses. In particular, it is nowadays used to avoid abuses in research experiments on human subjects. The sad examples of the Tuskegee Syphilis Study and the Human Radiation Experiments clearly show the dangers of researchers acting in a highly dubious and immoral way (see, The Belmont Report 1979). Additionally, deontological approaches have been used in the fields of animal ethics (Regan 1983, Korsgaard 1996, 2004, Wood 1998) and environmental ethics (Taylor 1986, Korsgaard 1996). Altman (2011) offers a thorough examination of the strengths and weaknesses of Kant's ethics concerning a vast range of important bioethical issues in contemporary applied ethics.

Genuine religious approaches are problematic by virtue of their strong commitment to religious presuppositions such as the existence of God as the ultimate source of morality or the absolute sacredness of the human life. In modern—or rather secular—societies, this line of reasoning cannot be taken as a universal starting point to justify moral norms for religious and non-religious people alike in medical contexts on issues such as abortion, euthanasia, the use of contraceptives, and genetic enhancement. Despite the *prima facie* reasonableness of Kantian-oriented deontological approaches in cases concerning truth telling and in the context of medical exploitation, they particularly suffer from using moral norms too general and abstract to be applied without difficulty or stiltedness to concrete cases. The upshot is that deontological approaches are less effective at providing adequate guidance since their application is too complex and possibly misleading (for a different view, see Altman 2011) or causes strong counter-intuitive intuitions in the case of religious positions.

5.3 Utilitarianism

One of the most prominent and influential ways of ethical reasoning and decision making in the field of bioethics is based on utilitarianism. In the late twentieth century, utilitarian approaches were so influential that many people

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Index

A

Abortion
- conservative 33, 150, 153, 268, 269, 276, 284
- liberal 48, 83, 96, 105, 185, 195, 227, 268, 269, 273, 274, 284, 354–357
- moderate views 269, 275, 284
- personhood and potentiality arguments 19, 25, 35, 36, 49, 50, 100, 102, 112, 119, 122, 212, 229, 268–273, 276, 278, 279, 290, 291, 295, 299, 301–304, 312, 331, 365, 374, 377

Advance directives 61, 62
- living wills 376

Ageing 202, 204, 205, 207, 220
- dignity and old age 216

Animal ethics 17, 20, 23, 26, 28, 34, 35, 38, 378
- moral status of animals 17, 23

Authenticity 231, 237, 246–248

Autonomy
- right not to know 292, 360–363, 365, 367–372, 374, 378

B

Balancing (of principles) 37, 49, 51–53, 59–62, 65, 66, 71–73, 75, 76, 84–86, 88, 89, 169, 375–377

Beneficence 16, 24, 36, 48, 49, 51, 52, 55–57, 60, 71, 85, 88, 155, 224, 226, 227, 230, 254, 291, 329, 374, 378, 379

Biotechnology 15, 18, 107, 128, 129, 135, 204, 357
- chimeras 19, 25, 116, 135
- cloning 17–19, 31, 104, 107, 116, 118, 124, 135, 136
- gene technology 18, 19

Birth (as moral threshold) 102, 106–108, 126, 128, 148, 178, 186, 229, 254, 268, 269, 274, 280, 282, 283, 289, 316, 317, 371

C

Capabilities approach 160–162

Case studies (clinical and research) 52, 53, 72

Clinical ethics consultation 22, 229, 231, 236, 237, 243, 245, 251, 265, 285, 288, 376
- moral expertise 227, 229–237, 240, 241, 248, 249, 251, 287, 376, 378

Common morality 36, 37, 49, 52, 53, 59, 62–66, 68–79, 81, 82, 84–86, 88–90, 93, 137, 375–377

Competence 24, 56, 60, 61, 120, 239, 245, 248, 250, 259, 264, 296, 327, 366

Consciousness (as moral threshold) 16, 36, 123, 229, 268, 270–272, 275, 278, 282, 294, 299

Cultural diversity 68, 74, 81, 84, 86, 88, 90, 94, 179, 224
- bioethics and human rights 201

D

Declaration of Helsinki see Research ethics 19, 20, 24, 48, 50, 93, 94, 96, 98, 104, 127, 204, 224, 226, 263, 296, 365, 377

Deontology 298

Depression 54, 56, 58, 60, 61, 228, 257, 260
- decision-making capacity 95, 225, 227, 228, 287

Dignity 95, 97, 106, 111, 112, 116–118, 120, 121, 123, 125, 126, 133, 135–138, 160, 201, 206, 207, 210–212, 214–216, 218–220
- conceptions of dignity 38, 210, 287
- dignity 95, 97, 106, 111, 112, 116–118, 120, 121, 123, 125, 126, 133, 135–138, 160, 201, 206, 207, 210–212, 214–216, 218–220
- dignity-conserving care 215, 216
- indignity 95, 98, 112, 136, 137, 201–205, 207–210, 212–214, 216, 218–221, 224, 376, 377, 379
- vulnerability 98, 102, 103, 110, 129, 175, 201, 212–214, 216, 218, 219, 221, 230, 288, 314, 363, 375

Disability 144, 146, 147, 160, 164–167, 171, 178, 289–291, 294, 295, 297, 301–303, 308–310, 316, 321, 323, 326, 328, 333

E

Education, inclusive 97, 144, 148, 149, 153, 155–158, 160, 166–169, 328, 329
- exclusion 146, 149, 152, 155, 160, 164, 218–220, 225, 289–291, 299, 308, 309, 313, 319, 321, 329, 332, 362, 374, 378
- inclusion 97, 155, 156, 159, 166–168, 170, 224, 289, 291, 299, 308, 309, 315, 317, 323, 325, 327–329, 331, 332, 379
- inclusive 97, 144–149, 151, 153–171, 204, 205, 220, 224, 293, 315, 317, 324, 325, 327–330, 332, 377

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- integration 40, 96, 229, 230, 242, 292, 299, 308, 314, 317, 319, 323, 327, 332

End-of-life care 17, 376
- withdrawal of nutrition and hydration 65

Enhancement 289, 290, 292, 337–339, 341–344, 350, 351, 356
- cognitive enhancement 337, 341, 342, 352
- moral enhancement 290, 292, 337–358, 374

Environmental ethics 17, 20, 23, 26–28, 34, 35, 38, 41

Euthanasia 18, 21, 24, 33–35, 38, 137, 206, 214, 256, 259, 298, 300, 304

F

Female genital circumcision (FGC) 96, 97, 128, 175–180, 183–194, 196–198
- cultural sensitivity 99, 175–179, 192, 198, 225
- human rights framework 103, 111, 291, 377, 378

Feminist ethics 19, 41, 42

Fetus see Abortion 16–18, 24, 34–36, 38, 42, 43, 180, 229, 230, 268–286, 288, 289, 292, 297, 298, 300, 303–305, 321, 331, 362, 364, 370, 374, 377

Four principles see Principlism 48, 50–53, 59, 62, 68, 70, 71, 78, 79, 84, 90, 259

Free will 211, 337, 338, 343–345, 347

G

Genetic testing 289, 292, 360, 364, 374

Global bioethics 39, 42, 50, 68, 73, 80, 84, 90, 93, 97, 99, 103, 112, 116, 117, 129, 132, 133, 136, 201, 315, 376

H

Health care access
- right to health care 100, 110, 111, 315

Hippocratic Oath and Corpus 22, 24, 101, 253, 254, 264, 295, 365

HIV 42, 129, 175, 177, 360, 361, 363
- right not to know 292, 360–363, 365, 367–372, 374, 378

Human experimentation see Research ethics 19, 24, 48, 50, 93, 96, 98, 224, 377

Human rights 80, 94, 96, 98, 100, 102, 103, 113, 122, 126, 129, 131, 144, 149, 150, 201, 308
- dignity and human rights 36, 95, 97, 104, 107, 117, 123, 133, 135, 201, 298, 337

Huntington's disease 292
- right not to know 292, 360–363, 365, 367–372, 374, 378

I

Incompetent patient 227, 263
- surrogate decision-making 257, 263, 264

Indignity see Dignity 95, 97, 106, 111, 112, 116–118, 120, 121, 123, 125, 126, 133, 135–138, 160, 201, 206, 207, 210–212, 214–216, 218–221

Informed consent 128
- history 16, 19, 23, 25, 54, 73, 96, 100–102, 108, 109, 119, 126–128, 139, 151, 183, 204, 208, 217, 254, 256, 268, 277, 288, 296, 299, 304, 306, 308, 310–312, 316, 319, 321, 332, 333, 352, 357, 361, 362, 364, 366, 367, 372, 375

J

Justice 16, 36, 41, 42, 48, 49, 51, 52, 65, 71, 83, 85, 87, 88, 94, 95, 97, 100, 106, 110, 111, 124, 146, 158, 160, 164, 167–169, 190, 224, 227, 230, 290, 291, 293, 298, 300, 305, 311, 313, 315, 327, 330, 332, 338, 339, 345, 364, 374–379
- distributive justice 100, 111
- global justice 48

L

Living will see Advance directives 61, 62, 257, 264

M

Medical paternalism 94, 204, 226–228, 253–257, 260, 262–265, 287, 376

Moral character 229, 238, 240–245, 247, 249, 287, 340, 346, 350

Moral enhancement 290, 292, 337–358, 374

Moral expertise 227, 229–237, 240, 241, 248, 249, 251, 287, 376, 378

Moral motivation 341, 343, 347–349

Moral status 17, 18, 22, 23, 26–31, 33, 106, 119, 120, 128, 269, 279, 291, 295, 297–299, 301–304, 331, 342, 374, 375, 377, 378
- animals 17–19, 22, 23, 25–31, 33, 35, 36, 100, 110, 150, 152, 188, 210, 258, 275, 278, 338, 341, 350, 351, 355, 358
- fetus 16, 36, 229, 268–283, 297, 362, 364, 370
- persons with disability 318, 322

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Moral testimony 228, 229, 231, 232, 237–248, 250, 251, 287, 288, 376

N

Nazi medical experiments 94, 226
Non-maleficence 16, 24, 36, 48, 49, 230, 254, 291, 363, 367, 368, 370, 372, 374, 378
Nuremberg Code see Research ethics 19, 20, 24, 48, 50, 93, 94, 96, 98, 104, 127, 185, 204, 224, 226, 258, 263, 296, 365, 377

O

Organ transplantation 22, 25

P

Palliative care 60–62, 65, 137, 215
– dignity-conserving care 215, 216
Pandemic 16, 95, 202
– resource allocation 16, 22, 49, 374, 378
Paternalism see Medical paternalism 25, 49, 94, 108, 203, 204, 218, 226–228, 230, 253–257, 260–265, 287, 295, 296, 365–367, 375, 376, 378
Personhood 271, 302
– criteria 32, 35, 76, 87, 124, 138, 233, 240, 245, 268, 270–273, 369
Physician-patient relationship 24, 25, 228, 255, 261, 262, 288, 295, 365
– deliberative 228, 261, 262, 288
– informative 228, 261, 262, 288
– interpretive 228, 261, 262, 288
– paternalistic models 261, 262
Potentiality argument 268, 276
Prenatal diagnosis 16, 331
Principlism 16, 36, 39, 41, 48–53, 57, 59, 61–66, 68–71, 73, 74, 78–80, 83, 84, 86–90, 93, 259, 347, 375–377
– common morality 36, 37, 49, 52, 53, 59, 62–66, 68–79, 81, 82, 84–86, 88–90, 93, 137, 375–377
Privacy 16, 17, 98, 104, 130, 219, 220, 276, 278, 327, 378
– genetic information 289, 292, 374
Professional autonomy 56, 61, 62
Public health ethics
– pandemics 95, 133
– resource allocation 16, 22, 49, 374, 378

R

Research ethics 19, 24, 48, 50, 93, 96, 98, 224, 377
– informed consent 16, 21, 25, 34, 48, 50, 51, 56, 60, 68, 69, 72, 79–83, 85, 93, 94, 96, 97, 108, 117, 122, 138, 156, 188–190, 192–194, 196, 204, 226, 227, 247, 257–260, 263, 266, 290, 296, 301, 303, 354, 360, 365–367, 374, 376, 378
– vulnerable populations 15, 48, 94, 98, 224, 226, 376
Resource allocation 16, 22, 49, 374, 378
Right not to know
– HIV 42, 129, 175, 177, 360, 361, 363
– Huntington's disease 292
Rights 94–98, 100, 101, 103–105, 109–111, 116, 126–129, 132, 133, 138, 144, 145, 149–151, 153, 154, 161, 162, 171, 175, 178, 180–183, 186, 191, 192, 204, 210, 211, 219, 263, 269, 273, 278, 279, 291, 295, 298, 299, 301, 302, 308, 309, 311–322, 324–328, 378

S

Self-determination 48, 57, 65, 135, 226, 254, 256, 257, 262, 278, 290, 300, 301, 303, 304
Stem cell research 17
Surrogate decision-making 26, 27, 297, 301, 303
– best-interest standard 287
Syphilis studies 20, 33, 34, 85, 94, 107, 127, 226, 253, 263, 296, 365
– Guatemalan 15
– Tuskegee 15, 20, 33, 34, 85, 94, 107, 127, 226, 253, 262, 263, 288, 296, 365

T

Truth-telling 259, 287, 376

U

Universal Declaration of Human Rights 94, 101, 103, 149, 151, 191, 204, 210, 211, 263, 291, 309, 312, 316, 317
Utilitarianism 22, 25, 31, 32, 34, 35, 39, 41, 63, 64, 69, 84, 86–89, 111, 251, 273, 297, 299, 347

V

Viability (as moral threshold) 229, 239, 248, 268, 269, 274, 275, 368
Virtue ethics 26, 27, 32, 37, 38, 40, 42, 64, 161, 273, 347

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Vulnerability 212
– vulnerable populations in research 15, 48, 94, 98, 224, 226, 376

W

Weak paternalism 228, 253, 254, 287, 376
Withdrawal of treatment see End-of-life care 17, 56, 57, 59, 60, 376

X

Xenotransplantation 17, 25

Z

Zygote 268, 269, 273, 274, 276–278
– moral status 17, 18, 22, 23, 26–31, 33, 106, 119, 120, 128, 269, 279, 291, 295, 297–299, 301–304, 331, 342, 374, 375, 377, 378

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