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## U.S. Bioethics, Moral Absolutism, and Apolitical Humanitarianism

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## **Introduction**

Dr. Renee C. Fox states that United States bioethics is morally absolute, lacking diversity in our policies and laws. However, three major on-going bioethical debates in the U.S., abortion, brain death, and organ transplants, reflect that US bioethics is a transient ongoing, internal debate. Additionally, Dr. James Orbinski believes in the dualism concept where humanitarianism must remain apolitical while only being aware of the political consequences that it could have. However, politics lead to changes in policy and law, which directly alters the very parameters by which people can live their lives.

## **Moral Absolutism**

Abortion may be legal, but its nuances are still not in consensus. The U.S. is generally divided into two perspectives: pro-choice and pro-life. On one hand, the U.S. cherishes autonomy, so we want to protect the interest of women's liberty to choose. On the other hand, the State has a compelling interest to preserve the life of a child. This issue is further divided regarding human life and personhood. When does a fetus become a human? Is it a person with tangible rights recognized by policies and laws? The ethics behind abortion is not absolute, especially with conflicting evidence and new discoveries being made in the neurological field.

There are many differing views on when death actually occurs. Brain death is also not absolute. Does it occur on the last breath? Inability to breathe on one's own? Heart-beat? Functioning lungs? Higher brain capacity? There is no consensus and while our laws acknowledge brain death, most individual states have differing enforcement policies. We simply cannot agree on an absolute definition of brain death, nor agree on the ethical justifications supporting one view over the other. Furthermore, due to the concern of prematurely killing someone, we are constantly questioning ourselves to make sure that the dignity, autonomy, and personal wishes of patients are respected and honored.

Organ transplant has its complexities and many people have differing viewpoints, especially regarding distributive justice. Should there be different standards for prisoners? How do we assess who is in the most need? Again, there is no absolute answer. Dr. John Harris proposes a lottery system where all individuals needing an organ transplant are given a number and those numbers are drawn out of lottery. Some argue that Dr. Harris' method is morally fair since the transplants are left up to chance without relying on subjective standards.

On the other hand, the lottery system ignores the fact that some patients are in need of organ transplants more so than others. There is no absolute answers and we are constantly reassessing our laws and policies, evaluating effectiveness and conducting research. Our legislative histories are filled with constant self-questioning, debates, and assessments on the fairest and most cost-effective way of distributing a scarce resource. Even the debate surrounding fairness is not absolute and is heavily debated in universities, among legislators and hospital ethics boards.

## **Apolitical Humanitarianism**

In order for humanitarianism to effectuate change, it cannot remain separate from politics. Dr. Orbinski provides examples of how a doctor cannot stop genocide, ethnic cleansing or make peace. He argues that these are political responsibilities, not humanitarian imperatives. However, remaining apolitical while being aware of the political consequences is irresponsible. For example, maternal mortality is a serious issue in South Africa. In order to decrease maternal mortality, such as increasing the standard of care in hospitals, increasing access to pre-natal care, and providing legal protections provided by the right to health, there needs to be data provided to the legislature and policy-makers to help them understand and pin-point exactly what the problems are and how to address them to develop the appropriate laws and policies. The people in the best position to provide such data are the medical professionals since they treat the mothers directly and can attest to what is lacking.

A medical professional can treat patients all day and night, but if the environment (i.e. political, cultural, and physical) causes the patient to keep coming back and the main source of the medical problem is not addressed, what good are the humanitarian efforts in the long-run? There is no sustainability and only the symptoms are being treated at best. Should the doctor just consider the medical conditions while ignoring the environmental structures causing the illnesses and injuries in the first place? Medical professionals should not treat patients strictly with bandages and a scalpel. Otherwise, it is too robotic and ignores the intrinsic values that make up human-beings.

Does this mean the medical professional should become a politician or lobbyist? Not necessarily, but it does mean they should at least respond to their awareness of political consequences. If excessive hemorrhaging is a problem during birth, the medical professional can treat that symptom, but s/he can also address with the legislature the fact that there are no geographically close hospitals from various villages, no ambulatory system or vehicles, and a lack of sanitary equipment and access to proper medical equipment so that policies and laws can address these root issues.

Professor Lawrence Gostin, a public health lawyer and policy-maker, made an observation regarding a problem he saw in the public health field, which I think applies here. He stated that sometimes professionals become too compartmentalized and they become too narrowly focused on their work and fail to see anything else outside their "tunnel vision", or respective fields do their own specific work without much collaboration with other fields, therefore stunting progress.

While medical professionals do not necessarily have to become political, they can still communicate with other professionals (i.e. human-rights attorneys) about their observations and what they can do collaboratively to not only address the medical needs of these people, but aid in changing the laws and policies as well. Of course, this will take time, but I think a more unified front between international humanitarian doctors and human-rights attorneys would be extremely effective. It has been my observation, however, that this collaboration either does not exist or is very faint.