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**Bioethics: A New Health Philosophy**

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I should like to offer a few comments and join author Gracia in briefly discussing the question of "What constitutes a just health services system and how should scarce resources be allocated?"

**A HEALTH DILEMMA**

Health, understood as "absence of illness" achieved through an approach to medicine that appears to harmonize the scientific, artistic, and spiritual, has ceased to be a private matter. Today health is a public matter whose object is "welfare," and whose approach is one based on a kind of medical care that produces conflict between industry, trade, and politics.

Health advances aimed at improving the quality of life may have become the most significant advances in the recent history of mankind. However, the price of success has been high and has produced a variety of problems. Possible benefits have come to conflict with the ethical and economic limits of the system, which is undergoing a crisis of values related to well-being and financial resources.

All this has made medicine the new Pandora's box of industrial society. Medicine has many fine attributes, but at the same time is the source of many evils. It nurtures the sort of hope that mankind used to place in ambrosia—the "bread of health and immortality" capable of being transformed into the bread of disease and madness. In both life and mythology such transformations are disconcertingly commonplace—as illustrated by the fate of Asclepios, who was punished for engaging in anti-Darwinian behavior, because his revival of the dead was de-populating Hades.

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Within this context, the metaphorical Pandora's box of the modern health system is commonly found in the intensive care unit, where the desire of men to fight death ends up as denial of the right to die, reduced quality of life, and increased health expense. In this manner the technologic requirements of modern medicine produce questionable benefits and sometimes lead to tragic situations causing people to redefine medical objectives. The discipline known as bioethics attempts to organize these objectives by appealing to the moral principles of autonomy, welfare, and justice.

HEALTH AND JUSTICE

The economic recession of the seventies resulted in a greater awareness of the price of health care, and an explosion of health costs without results terminated belief in the equation "health care equals health." Since then, in a situation where health has been treated as a consumer good in an increasingly ailing and aging society, and where technology, malpractice, and social security abuse have made the expansion of medical services expensive, there has been a general increase in health service use and health expenditures accompanied by a dearth of available resources that have to be carefully allocated. The matter of paying for health is now at the center of health policy, and is, in turn, a very significant aspect of politics generally in the aftermath of the crisis of the "welfare" State.

The result has been to make the theory and practice of justice encompass health concepts and health care. The problem of distributive justice, the main element of health policy in bioethics, involves both ethics and economics. It is a question of principles and results, a deontologic and utilitarian matter with general and specific levels in terms of resource application. The three main doctrines of social justice (based on equality, liberalism, and redistribution) are founded on alternative systems of access to health care (socialized, free, and mixed).

In addition to these theories, however, justice must be applied. Justice, understood to be the most appropriate means of allocating scarce resources, provides the basis for proportional analysis of costs and benefits. Such analysis, based on laws of economic rationality and principles of profit and utility, seeks to derive the maximum benefit from possible actions. In short, the question of justice as it applies to health is curiously reminiscent of the first physiologic concept of health—Alcmene's concept of isonomy or equilibrium and equal rights, which is also related with the order of the cosmos seen as justice in Anaximander, that outstanding political and legal model of the natural philosophy of the Ionians.

ECONOMIC ETHICS

The nature of health as a social good makes health care a cornerstone of justice in terms of "moral minimums"—a cornerstone in the sense of health policy that reconciles financial rationalization with ethical rationality and deontology or equity criteria with the "right" to medical care. In short, health is justice that should be administered, and for that reason ethics should not ignore economics and vice versa. To paraphrase Kant, ethics without economics is useless, economics without ethics is blind.

If available resources are to be rationally used, a cost-benefit analysis of just health care must be undertaken. Relative to other goods, and within the health context, this should articulate the applicable criteria of descriptive or quantifiable economics (as opposed to esoteric and prescriptive economics) and relate them to the moral principles of liberty and equality.
"Minima moralia, ethical economics or moral economics" is a topic that might be proposed for an imperative dialogue between economics and medical ethics within the framework of health policy. Questions of justice, efficiency, and equity with regard to health care should no longer be of interest only to health care officials who work at the social level of large-scale allotment of resources. These questions should also interest physicians in charge of small-scale allotment of resources, since the socioeconomic reality of health cost has an important bearing on clinical decision-making. The challenge to the Hippocratic ethos, expressed as serving the interest or welfare of the sick person, presents physicians with the need to control care costs without infringing upon their obligations to their patients. Perhaps the most dramatic question involved in this new "Doctor's Dilemma" is that of how to earmark scarce resources for medical treatments such as hemodialysis and organ transplants: "Who should live when all cannot live?"

**PRO DOMO SUA**

Justice is at the heart of the new health philosophy proposed by bioethics. Indeed, bioethics itself is a product of the postindustrial welfare society and that expansion of "third generation human rights" (toward peace, development, the environment, and respect for humanity's common heritage) which marks the transition from a state of law to a state of justice. The question no longer involves just "negative" individual rights to health or even the broader general right to health care, but also the obligations of a just and responsible "macrobioethics" confronted with life-threatening situations (e.g., population growth, genetic issues, ecological catastrophe, nuclear strategy) and the need to preserve the rights of future generations. This trans-generational perspective reveals the worth of the biological and bioethical revolution, as well as of health promotion, education, and environmental, antinuclear, biogenetic, epidemiologic (AIDS!), and preventive medicine.

The Constitution of the World Health Organization states: "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States." This broadened policy view of medicine and ethics has intensified since the meeting at Alma-Ata and other international forums where developing countries appealed for greater access to health care. In brief, it appears that if health is understood holistically as welfare and medical care is regarded as the appropriate technical vehicle for achieving welfare, then it seems reasonable to ask in the name of international justice whether the richest nations of the world do not have a moral obligation to offer other nations more health resources than those they are currently providing.

It is also fitting to examine the heart of Latin America's bioethics vision using the example provided by Argentina. After the United States and Canada, Argentina is the country of the Region that spends the most on health (8% of the gross domestic product). Most Argentines could not accurately describe their lives in economic terms as "first-class," but many might say that Argentina's health care and attention to the dying are indeed "first-class," if one applies the paradoxical guideline of "rescue" medicine as opposed to the community health or preventive care model. Unfortunately, this latter assertion would not be true, because the quality and cost of medical care pose major problems within the context of present national disorder. We must therefore ask why inefficiency and inequity exist in the area of health ser-
vices. It is within this context that bio-
ethical rationality could come to provide
the intellectual and moral stimulus
needed to effectively transform the sys-
tem into one where the theory and prac-
tice of the new health philosophy of
bioethics will no longer be a marginal
consideration.

A Place for Empathy in Medical Practice

Medicine is often called an art as well as a science, and it is among the
oldest of both. However, these two faces of medicine have become po-
larized. In general, the science of medicine places patients into broad cate-
gories, whereas the art of medicine recognizes the uniqueness of each
individual. The emphasis that is placed nowadays on the scientific face re-
legates the human and empathetic aspects of medicine to the status of a
moral obligation beyond the physician’s usual call of duty. But suppose
empathy were essential to the scientific understanding of disease? The
clinical experience narrated by Oliver Sacks in his books *Awakenings*, *A Leg
to Stand On*, and *The Man Who Mistook His Wife for a Hat and Other Clinical
tales* is testimony to the idea that the relationship between the disease pro-
cess and a patient’s individuality has not been adequately recognized. The
author’s point is not that scientific medical practice is wrong, only that it is
incomplete, and that an empathetic physician-patient relationship is not
only desirable but essential for elucidating how a disease works, since each
patient’s symptoms can be seen as expressions of his or her individuality.

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