

1: French bioethics body backs IVF for all women | www.enganchecubano.com

*In writing *The body in Bioethics*, Professor Campbell seeks to re-invigorate discussions regarding the role that the human body plays in bioethical www.enganchecubano.com doing so, he has created a disarmingly readable book that will serve as a useful aide for those with an interest in the topic.*

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2: French bioethics body backs IVF for all women who want children | Reuters

'The Body in Bioethics is an eloquent and essential argument for taking the reality of human embodiment seriously rather than treating the corporeal body as a mere container for the mind.'

Ethical issues raised by abortion and euthanasia are part of the subject matter of bioethics, which deals with the ethical dimensions of new developments in medicine and the biological sciences. Inherently interdisciplinary in scope, the field benefits from the contributions of professionals outside philosophy, and indeed the whole field of applied ethics as currently understood is a fairly recent phenomenon, there have been discussions of moral issues in medicine since ancient times. Bioethics emerged as a distinct field of study in the early 1970s. It was influenced not only by advances in the life sciences, particularly medicine, but also by the significant cultural and societal changes taking place at the time, primarily in the West. The perfection of certain lifesaving procedures and technologies, such as organ transplantation and kidney dialysis, required medical officials to make difficult decisions about which patients would receive treatment and which would be allowed to die. At the same time, the increasing importance placed on individual well-being contributed to changes in conventional attitudes toward marriage and sexuality, reproduction and child rearing, and civil rights. Issues in bioethics

The health care context

The issues studied in bioethics can be grouped into several categories. If a patient with a life-threatening illness refuses treatment, should his wishes be respected? Should patients always be permitted to refuse the use of extraordinary life-support measures? These questions become more complicated when the patient is incapable of making rational decisions in his own interest, as in the case of infants and children, patients suffering from disabling psychiatric disorders such as schizophrenia or degenerative brain diseases such as Alzheimer disease, and patients who are in a vegetative state or in a coma. Traditional philosophical questions

Another category of issues concerns a host of philosophical questions about the definition and significance of life and death, the nature of personhood and identity, and the extent of human freedom and individual responsibility. At what point should a fatally injured or terminally ill patient be considered dead? When his vital functions cease. When the brain stem has ceased to function? Should the presence of deep coma be sufficient to establish death? These and similar questions were given new urgency in the 1980s, when the increased demand for human organs and tissues for use in transplant operations forced medical ethicists to establish guidelines for determining when it is permissible to remove organs from a potential donor. At about the same time, the development of safer techniques of surgical abortion and the growing acceptability of abortion as a method of birth control prompted increasing debate about the moral status of the human fetus. The central issue was whether, and if so, at what stage the fetus is a person in the moral sense. In slightly different terms, the issue was whether the class of persons is coextensive with the class of human beings—whether all and only human beings are persons, or whether instead there can be human beings who are not persons or persons who are not human beings the latter category, according to some, includes some of the higher animals and hypothetical creatures such as intelligent Martians. These questions were raised anew in later decades in response to the development of drugs, such as RU 486 (mifepristone), that induce abortion up to several weeks after conception and to the use of stem cells taken from human embryos in research on the treatment of conditions such as parkinsonism

Parkinson disease and injuries of the central nervous system. A closely related set of issues concerns the nature of personal identity. Recent advances in techniques of cloning, which enabled the successful cloning of animals such as sheep and rabbits, have renewed discussion of the traditional philosophical question of what, if anything, makes a particular human being the unique person he is. Is a person just the sum of the information encoded in his genes? If so, is the patient who has undergone gene therapy a different person from the one he was before? Would he and his parent be the same person? If multiple human beings were cloned from the same parent, would they and their parent all be the same person? Dolly the sheep, the first clone of an adult mammal, at the Roslin Institute, near Edinburgh. To what extent, if any, is human personality or character genetically rather than environmentally determined? Are there genetic bases for certain types of behaviour, as there seem to be for certain types of diseases e. If so, what kinds of behaviour are so influenced, and to what extent are they also influenced by environmental factors? If behaviour is at least partly genetically determined, should individuals always be held fully responsible for what they do? Finally, the possibility of developing technologies that would extend the human life span far beyond its current natural length, if not indefinitely, has led to speculation about the value of life, the significance of death, and the desirability of immortality. Is life intrinsically valuable? In cases in which one is not suffering physically or emotionally, is it always better to be alive than dead? If so, is it rational to desire immortality? What would be the significance of death in a world in which dying was not biologically inevitable? Social and legal issues Many of these philosophical questions, however they are answered, have significant social and legal dimensions. For example, advances in medical technology have the potential to create disproportionate disadvantages for some social groups, either by being applied in ways that harm members of the groups directly or by encouraging the adoption of social policies that discriminate unfairly against them. Accordingly, questions of discrimination in bioethics have arisen in a number of areas. In one such area, reproductive medicine, recently developed techniques have enabled parents to choose the sex of their child. Should this new power be considered liberating or oppressive? Would it be viewed positively if the vast majority of the parents who use it choose to have a boy rather than a girl? Similar concerns have been raised about the increasing use of abortion as a method of birth control in overpopulated countries such as India and China, where there is considerable social and legal pressure to limit family size and where male children are valued more highly than female children. The same criticism has been leveled against the practice of diagnosing, and in some cases treating, congenital defects in unborn children. Research on the genetic bases of behaviour, though still in its infancy, is controversial, and it has even been criticized as scientifically invalid. Whatever its scientific merits, however, it has the potential, according to some bioethicists, to encourage the adoption of crude models of genetic determinism in the development of social policies, especially in the areas of education and crime prevention. This last point suggests a related set of issues concerning the moral status of scientific inquiry itself. The notion that there is a clear line between, on the one hand, the discovery and presentation of scientific facts and, on the other, the discussion of moral issues—the idea that moral issues arise only after scientific research is concluded—is now widely regarded as mistaken. Science is not value-neutral. Indeed, there have been ethical debates about whether certain kinds of research should be undertaken at all, irrespective of their possible applications. It has been argued, for example, that research on the possible genetic basis of homosexuality is immoral, because even the assumption that such a basis exists implicitly characterizes homosexuality as a kind of genetic abnormality. In any case, it is plausible to suggest that scientific research should always be informed by philosophy—in particular by ethics but also, arguably, by the philosophy of mind. Consideration of the moral issues related to one particular branch of medicine, namely psychiatry, makes it clear that such issues arise not only in areas of treatment but also in matters of diagnosis and classification, where the application of labels indicating illness or abnormality may create serious disadvantages for the individuals so designated. Many of the moral issues that have arisen in the health care context and in the wake of advances in medical technology have been addressed, in whole or in part, in legislation. It is important to realize, however, that the content of such legislation is seldom, if ever, dictated by the positions one takes on particular moral issues. For example, the view that voluntary euthanasia is morally permissible in certain circumstances does not by itself settle the question of whether euthanasia should be legalized. The possibility of legalization

carries with it another set of issues, such as the potential for abuse. Some bioethicists have expressed the concern that the legalization of euthanasia would create a perception among some elderly patients that society expects them to request euthanasia, even if they do not desire it, in order not to be a burden to others. Similarly, even those who believe that abortion is morally permissible in certain circumstances may consistently object to proposals to relax or eliminate laws against it. A final class of social and legal questions concerns the allocation of health care resources. The issue of whether health care should be primarily an individual or a public responsibility remains deeply controversial. Although systems of health care allocation differ widely, they all face the problem that resources are scarce and consequently expensive. Debate has focused not only on the relative cost-effectiveness of different systems but also on the different conceptions of justice that underlie them.

Approaches Traditional and contemporary ethical theories As a branch of applied ethics, bioethics is distinct from both metaethics , the study of basic moral concepts such as ought and good, and normative ethics , the discipline that seeks to establish criteria for determining what kinds of action are morally right or wrong. Contemporary bioethicists make use of a variety of different views, including primarily utilitarianism and Kantianism but also more recently developed perspectives such as virtue theory and perspectives drawn from philosophical feminism , particularly the school of thought known as the ethics of care. According to one common formulation, an action is right if it would promote a greater amount of happiness for a greater number of people than would any other action performable in the same circumstances. The Kantian tradition, in contrast, eschews the notion of consequences and urges instead that an action is right only if it is universalizableâ€™i. The Kantian approach emphasizes respect for the individual, autonomy, dignity, and human rights. Unlike these traditional approaches, both virtue ethics and the ethics of care focus on dimensions of moral theorizing other than determining the rightness or wrongness of particular actions. Virtue ethics is concerned with the nature of moral character and with the traits, capacities, or dispositions that moral agents ought to cultivate in themselves and others. Thus, the virtue ethicist may consider what character traits, such as compassion and courage, are desirable in a doctor, nurse, or biomedical researcher and how they would or should be manifested in various settings. From this perspective, reflection on abortion would begin not with abstract principles such as the right to autonomy or the right to life but with considerations of the needs of women who face the choice of whether to have an abortion and the particular ways in which their decisions may affect their lives and the lives of their families. This approach also would address social and legal aspects of the abortion debate, such as the fact that, though abortion affects the lives of women much more directly than it does the lives of men, women as a group are significantly underrepresented in the institutions that create abortion-related laws and regulations.

The first principle, autonomy , entails that health care professionals should respect the autonomous decisions of competent adults. The second principle, beneficence, holds that they should aim to do goodâ€™i. The third principle, nonmaleficence, requires that they should do no harm. Finally, the fourth principle, justice , holds that they should act fairly when the interests of different individuals or groups are in competitionâ€™e. According to proponents of the four-principles approach, one of its advantages is that, because the principles are independent of any particular ethical theory, they can be used by theorists working in a variety of different traditions. Both the utilitarian and the Kantian, it is argued, can support the principle of autonomy, though they would do so for different reasons. Nevertheless, this adaptability may also be construed as a disadvantage. Critics have contended that the principles are so general that whatever agreement on them there may be is unlikely to be very meaningful. Thus, although the utilitarian and the Kantian may both accept the principle of autonomy, the principle as it is formulated allows them to understand the notion of autonomy in very different ways. Another criticism of the approach is that it does not offer any clear way of prioritizing between the principles in cases where they conflictâ€™as they are often liable to do. The principle of autonomy, for example, might conflict with the principle of beneficence in cases where a competent adult patient refuses to accept life-saving treatment. Despite these problems, the principles remain useful as a framework in which to think about moral issues in medicine and the life sciences. This is not an inconsiderable contribution, for, on at least one conception of the field, the main task of bioethics is not so much to provide answers to moral problems as to identify where the problems lie. The significance of public attitudes Since its inception the field of bioethics has been populated by specialists from

a number of different disciplines , including primarily philosophers, lawyers, and theologians. In the last decade of the 20th century, however, the contributions of social scientists to bioethical research became particularly important. Work of this type involved surveys of public attitudes to advances in the life sciences, including xenotransplantation and genetic modification. These topics have been important from both a practical and a theoretical point of view. At the same time, research on public attitudes may reveal that some bioethical principles, such as the principle of autonomy, may not be suitable for some societies, particularly those with cultures that are not particularly individualistic. Nevertheless, it would be a mistake to assume that one of these principles must apply to the exclusion of the other—it is possible for a society to value both autonomy and solidarity. Policy making The importance of the social and legal issues addressed in bioethics is reflected in the large number of national and international bodies established to advise governments on appropriate public policy.

3: The Body in Bioethics (Biomedical Law and Ethics Library) - Ebook pdf and epub

Why the Body Matters: The Symbolic Significance of Human Tissue by Campbell, Alastair V. () "My Country Tis of Thee" -- the Myopia of American Bioethics

Subjects Description Recent debates about uses and abuses of the human body in medicine have highlighted the need for a thorough discussion of the ethics of the uses of bodies, both living and dead. Thorough and comprehensive, this volume explores different views of the significance of the human body and contrasting those which regard it as a commodity or personal possession with those which stress its moral value as integral to the personal identity of individuals. The Body in Bioethics addresses a number of key questions including: Should it be legal to sell human organs for transplantation? Are public displays of plastinated bodies or public autopsies morally justifiable? Should there be restrictions on the uses of human tissue in teaching and research? Is the rapid increase in volume and range of cosmetic surgery a matter for moral concern? This careful study of moral values provides essential background to many of the current controversies in medical ethics and is essential reading for all students of law, medical law and medical ethics. Alastair Campbell melds a subtle understanding of philosophy with abundant experience as teacher, scholar, and public intellectual to challenge regnant ideas about the body as property, tissue donation, and trade in human organs among other controversial issues. Rich with philosophical insights and practical wisdom, The Body in Bioethics will enlighten all who read it. Swimming against the tide of much of current bioethical debates, Professor Campbell draws both on his distinguished record in moral philosophy and his recent practical engagement with the Retained Organs Commission and the Ethics and Governance Council of UK Biobank. The Body in Bioethics ought to prompt all its readers to reflect again on the centrality of those bodies we inhabit. Why the Body Matters 2. My Body – Property, Commodity or Gift? The Tissue Trove 5. The Branded Body 6. Gifts from the Dead 7. He is founding editor of the Journal of Medical Ethics, a past President of the International Association of Bioethics and the author of ten books and numerous articles in the field. About the Series Biomedical Law and Ethics Library Scientific and clinical advances, social and political developments and the impact of healthcare on our lives raise profound ethical and legal questions. Medical law and ethics have become central to our understanding of these problems, and are important tools for the analysis and resolution of problems – real or imagined. In this series, scholars at the forefront of biomedical law and ethics will contribute to the debates in this area, with accessible, thought-provoking, and sometimes controversial ideas. Each book in the series will develop an independent hypothesis and argue cogently for a particular position. One of the major contributions of this series is the extent to which both law and ethics are utilised in the content of the books, and the shape of the series itself.

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6: French bioethics body backs assisted reproduction for all women - France 24

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7: human body | Bioethics Research Library

*Part of the Routledge-Cavendish Biomedical Law and Ethics library, *The Body in Bioethics* is not an attempt to construct a new kind of ethical theory of embodiment or to offer solutions to the many bioethical dilemmas of our day.*

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9: The Body in Bioethics - Review | Trevor Stammers - www.enganchecubano.com

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