Reflections about medical ethics, bioethics, and the Brazilian reality

Thiago Paes de Barros De Luccia

Abstract

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This article seeks to resume the reflection about ethics from a universal point of view and to discuss particular questions, referring to medical ethics, bioethics and the Brazilian reality, as well. In the more specific field of health ethics, topics like modalities of scientific studies, public health policies, and medicines advertising stand out. Relating philosophical ethics and health ethics, there is a wider basis for reflective and creative actions that have an important role in the social process.

Key words: Medical ethics. Bioethics. Philosophy. Politics.

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I met good and evil, sin and virtue, right and wrong. I judged and was judged, I went through birth and death, through joy and suffering, and in the end, I acknowledged that I am in everything and everything lives within me.

Thorwald Dethlefsen and Rudiger Dahlke [1]

About ethics

We can understand ethics, in a simplistic way, the area of knowledge regarding human behavior split between *good and evil*. It is field of knowledge that, for *being human, too human*, critically encompasses our worldly acting under many aspects. Allusion to Nietzsche's work makes it clear that it is not fit to us to ponder on the ethics of a lion just about to attack his prey in the savanna.

It is not fit to us, as far as we know it, as humans such pondering.

Reflection about good and evil, which at the beginning seems an obsolete dichotomous reflection, cannot escape us because the social process has its basic elements in human actions. Human acts comprise the value of choice, needs, and historically constructed possibilities. It is the relation between individuals' private acts and society that the requirement of evaluation arises, the concern both with choices and with consequences of human behaviors. This necessity of appreciation is the ground of ethics.

An initial question can be asked, in as much as one understands ethics in the dimension of human interrelation: what types of social relations are been produced in our capitalist political-economic reality? Which are the consequences of such relations in health sector, for example?

Sartre, in his text *Determination and freedom*[2], puts the following question: *what is ethics experience in its objectivity?* In order to answer it, he starts by eliminating imperative morals, which would be, together, attempts to unify empiric prescriptions of its own time, attempts to reconstruct the "slates of values" or the *imperatives, objectifying under the ethical form (therefore, universal) subjective and singular impulses.* Once these imperative morals were set apart, what would remain? Sartre himself answers: *remain the social objectives that have certain ontological structure in common, which we shall call norm. Such objects are many: there are institutions, specially laws that prescribe behavior and define sanctions; there are non codified traditions but rather diffuse that manifest, objectively, as imperatives without institutional sanction or as diffuse sanction (scandal); finally, there are values, normative qualities that refer to behavior or to its outcomes, which constitute the object of axiological judgment*[3].

The author observes also that, sometimes, law and tradition identify themselves. For example, not killing is imperative of the Penal Code and, at the same time, a diffuse moral interdiction. Thus, Sartre calls as moral the set of values, imperative and axiological criteria *that constitute the common places of a class, of a social environment or of an entire society*[4]. He highlights that, in the other hand, individuals of a group act in contradictory way regarding the objective character of prescriptions. In one hand, they are who keep moral prescriptions firm and, at the same time, do not hesitate in transgressing them. As example, he mentions a research carried out in a girls' school. When questioned, "do you lie?", 50% answered many times; 20%, often; and 20% sometimes; 10% never. To the question, *"should one condemn lie?"* 95% answered yes; 5%: no [4].

Sartre calls attention to the issue of possibility, as a point of reflection when we think about the objective forms of ethics related to institutions. Will my possibility of action in the world be a simple compliance to norms? Does the norm represent my possibility to show myself as a subject?

From these initial settings, presenting a certain ambiguous character of ethics (encompassing a sense in which all ethical dilemmas are unique, dependent on the subject of action, and not purely a submission to universal moral rules), one will seek herein to propose ethics defined by act that takes into account the reflection of each one, aggregating to individual actions an universal value of the historical needs and possibilities. To think ethics in these terms, and leaving aside any possible dogmatism, it may be faced as a central reference in searching for a certain zone of *community* [5] between humans for a historical project denying reduction of social relations to relations between merchandises, denying the exercise of man's power over man. However, it is precisely in health sector that such problematic social relations are evidenced markedly.

Taking this premise as basis, this text will present some more generic features of ethics, in addition to others targeted more to health practices and related to medical deontology itself.

Bioethics

We can say that, in scientific research, ethics issue is primary. The decision on using embryonic stem cells, for example, in studies with frozen embryos in fertilization clinics, whose discussion was important for raising a critical stand on the issue in many people. Society mobilized itself, in a certain way, trying to assume what was the best or worse. Many questions were put about when does life start? Is it right to use embryos in researches? Is it fit for Man such manipulations?

Researches with stem cells from human embryos were approved in March 2005, with the Biosecurity law, whose constitutionality was questioned by the former the General Public Attorney of the Republic, two months after its approval by the Congress. Celso Lafer [6], in a official letter sent to the Federal Supreme Court (STF), in 2008, on behalf of the State of Sao Paulo Foundation to Support Research (Fapesp), stressed the importance of such research regarding science progress in defense of life. Also, regarding Law no. 11,105/05 to the ethical standards of our society: *Fapesp reiterates, therefore, its confidence in the prudent opinion of this Court in defense of values sheltered in our Constitution and on application of Law, according to own criteria and concepts of a laic ethics of science and of the States*[6].

In a discussion found in the Internet, in March 2008, Adilson Jesus Aparecido de Oliveira [7] stated that the advocates both of the Church and of Science would be discussing the issue too emotionally. He states that on part of the Catholic Church there is defense of life as they consider that life starts with fecundation and, therefore, according to its dogmas, there would be already a soul connected to that body. *Thus, to use these embryos would be l ike to undertake researches with human beings, been similar to, in this line of reasoning, that used by Nazis with war prisoners. On the part of Science, many advocate that this type of research may save millions of lives*[7]. It argues still: *there is, without doubt, there is an*

enormous difference between a bunch of cells and a human being. Over this, those who advocate that law stays as it is currently (...)state that, *if those embryos have the right to life, the State should guarantee this, that is, a formed embryo should be necessarily implanted in a female's womb in order to develop*[7].

Finally, in May 2008, the Federal Supreme Court judged as constitutional the Article 5 of the Biosecurity Law, thus, allowing researches with embryonic stem cells. It was understood that they have social importance and, despite controversies pertinent on the topic, availing themselves from bioethical point of view. Moreover, in that same year, it became public a Vatican's doctrinal document considering life as sacred in any stage of its existence, condemning artificial fertilization, researches with embryonic stem cells, human cloning, and the contraceptive pills [8].

VemosWe see here an ethics dictated by higher institutions, like the STF and the Church, and an ethics derived from critical reasoning of each, that fills in the cyber space and rearranges the ways of thinking about a determined problem. In this exercise of assuming a stand in the world, people endlessly produce a new means, a new conversation network, and may set laws, politics, and static ethics at stake.

Philosophical ethics

Renato Janine Ribeiro [9] shows that in the 18th Century, ethics underwent a turn around, particularly due to Kant's reflection. The German philosopher questions an ethics exempt of a punitive God to determine it: Man. could coin its foundations. He argues briefly that when we act, we are announcing that our acts have the universal rule validity. Thus, each action is a choice for the entire humanity.

Franklin Leopoldo e Silva stresses that Kant *makes effort to find the universal criterion that should guide moral judgment*. He comments that the *radicalism he conceives such criterion enables him to find it only at the formal realm. Such universal norm would be in the intelligible world*: *Kant tells us that, within such parameters, there was never just a sole moral act practiced by humanity. However, this does not prevent him to formulate that the moral act should be, in the logical coherence that should characterize it, independently of the concrete conditions of undertaking*[10].

Later, as Ribeiro notices, Marx [11] and Freud [12] found problems in this ethical formulation. They question human motivations as essential element for us to announce *moral opinions* (not making distinction between moral and ethics). As, basically, ethical questions are *questions of conscience*, how do we know that if this conscience precisely is not too limited, stresses the author? Marx points to how the economics would be at the back of decision-making, and he argues that the social class status would influence the formation of the deliberating subject. The subject would be a reflection of objective conditions.. Freud points to the relation with the unconscious, and the

implicit importance of sex in our choices. For both, conscience would be a very limited dimension of life [9].

Regarding motivation for action, one understands that, in one hand, there is the real *objective world* of economic conditions, tangent to choices. In the other hand, the subjective world, mysterious, related to primary instincts, influencing acting. From this play of primary forces arises the great problematic for ethics since the 19th Century, which, according to Ribeiro, would be how discern if our judgments are valid or if they just reflect our preconceptions[9]. In this line of argumentation, one could ask: when one criticizes the right of women to abort, for example, instead of defending life, is one recriminating female sexuality? Even if the answer is not positive for such questioning, a deep discussion of the issue cannot be taken away by preconceived stands.

According to Sergio Lessa, from the Marxist point of view, politics and ethics would be two social complex totally different. Politics would have as social function, the exercise of men's power over other men, something proper to a society of classes. One highlights that the State is the place, by excellence, for politics. Ethics, in its turn, would attend a different function than politics: it would consider human acts, either universal or individual, as the basic elements for the entire social process. Quoting the author: (...) *this relation between singular acts and social totality requires, with absolute necessity, that both choices and consequences of its objectivity be evaluated. Moreover, in order to meet this evaluation need, the evaluative complexes emerge, among them ethics and moral* [13].

With the emergence of class societies and politics, evaluative processes acquired new quality, namely: the *antagonism between classes is reflected in the genesis and development of antagonic values as well*[13]. Lessa notes that capitalism is the first production mode that effectively builds social relations that interrelates each individual's life with the entire humanity (for example, the world market). And the capitalist production mode starts these generic social relations, in large measure mediated by capital, where human beings become the *guardians*[14] of merchandises. A Marxist ethics would be feasible only through the overcoming of capital governance, a transition process that would point to historical trends through which ethics could be converted into a daily dimension of human life.

Ethics becomes, with the existentialist philosophy, a sort of burden, as it mixes with the notion of freedom itself. Considering that we are constantly in face of dilemmas, how do we choose paths, to discern, without been based in absolute criteria such as, for example, the religious ones? The history of our lives was made and it is made by means of options. We have to invent, for each action, the value from which one chooses. Leopoldo e Silva comments that *freedom is not a way of God test Man, it is a way of Man existing, it is the first datum,*

there are not previous criteria on how to use it, it is built in the continuity of acts that express it, since Man projects himself in his own construction. In other words, according to author, *this is what means to say that existence comes first than essence and that Man is doomed to be free*[10]. Through this view, even in an oppressive society, there is not anyway to abdicate freedom, and if we abdicate of it, we abdicate of our being. We have, then, an ethical responsibility that derives from the recognition of what we are ontologically, Even with all difficulty for freedom to historically be exerted, we would be free to free ourselves or, at least, to try it.

Medicalization of society and ethics in health

The definition of health stated in the Final Report of the VIII Health Conference, of 1986, is an example of application of certain ethical premises in a more specific realm: *in its more comprehensive meaning, health is the result of food, housing, income, environment, work, transportation, employment, leisure, freedom conditions, and access and possession of land, in addition to access to health services*[15]. We see in the text a search for more concrete values. We depart from an intelligible world ethics, seeking for practical undertaking of certain principles. However, questions arise: which are these values? What do they imply?

Currently, the period in which the expression *medicalization of society* got proportions without precedence, researches in the pharmaceutical field are intense. Such complex phenomenon regards both copious advertising of of medicines in the media and to government health public strategies themselves.

Medicalization may be understood as a fact inherent to the liberal economic system itself, implying that products connected to health sector are available to consumers as a large *supermarket*. In parallel, one may consider this phenomenon as State strategy of control over society, as well. Just look at the old assistance programs for pregnant women by government, closely related to maintenance of healthy generations of productive individuals. Improving infantile health indicators guided such programs, for many years.

According to Arruda[16], in the 20th Century, mainly after WWII, labor undertaken at hospitals becomes predominant. Routines and standards are set aiming at controlling woman's body. Such women related routines, for Zampieri, *depersonalize them, set them apart from family and give priority to babies' care, who need to develop healthy in order to meet work force needs required by industries in expansion* (...) *historically, labor constitutes itself in a power struggle between woman, power of life, and the medical order, control power over the body, sexuality, and emotions*[17]. Campos makes the following comment regarding inhuman relationships: *one tends to qualify as inhuman social relations in which there is a large imbalance of power, and the powerful side profits of this advantage to non-consider interests, and desires of the other, reducing him to a status of object that could be manipulated in function of dominant's interests and desires* [18].

The current Prenatal and Birth Humanization Program, developed within the scope of the Single Health System (SUS), aims at setting into practice a new model of female's health care, focusing pregnant as women with rights and not mere reproducers. However, in Brazil, care for woman during pregnancy and labor continues to be a challenge for assistance, both regarding quality and the philosophical precepts of caring, still centered in a technocratic, hospital centered, and medicalizing model [19].

In this medicalization context, it is important to question what is the role of medicine in our society?. What is behind medical practice at each prescription or verbal medication? How much of this practice does not translate into a police feature of medicine, in a representation of the State power? Donnangelo sets, in a very generic way, that *specificities of medicine's relations with the economic structure and the political-deontological structures of societies in which capitalist production predominates is expressed in a way that medical practice participates in the reproduction of these structures through maintenance of the working force and participation in controlling social tensions and antagonisms*[20].

Medicine would not create and recreate just material conditions needed for economic production, but would participate still in the determination of the historical value of the working force. Such perspective stresses its role in the plus-value production process, more specifically of the relative plus-value, through increase of work productivity. It is possible, with worker's health improvement, to get a maximum of products in less working time, and the production of goods with more reduced cost. Thus, medical practice would contribute to *increase the plus-value through the reduction of time needed to get a product in which this working force is applied and, consequently, decrease of its value in relation to the product*[21].

Lessa states that, when criticizing the terms "*for ethics in politics*", such appeal is summarized in the persuasion of the individual that his life as private owner would be better in a society where social inequalities were not so intense. And he quotes: *it deals, always, of distributive policies proposals that expect to count on the support of moral values to set a limit to individualism/egoism that, as they understand, is the real responsible for misery. If we were all carriers of more solidarian values, misery would disappear!* [9]

The issue about the State role in society was complex always, either in capitalist or in communist ideology. Hobbes, in the 17th Century, by denying Aristotelic conception that Man would be a political being (*zoon politikon*) – that is, in his nature a social being who tends to group – brought in a contractual notion that in determined moment he donated his freedom (from a state of primary nature, which would be a

generalized state of war) to a sovereign who would reign. Thus, Man creates the State, setting social companionship standards and political obedience to answer a basic elementary question: how can peace be possible? [22]

Marx critical stand warns us that the State itself would represent the dominance of a dominant class over another exploited one: the holders of the production means and the owners. The Commune of Paris and the Bolshevik Revolution are examples of responses to the dreadful workers' living conditions in the ascending industry and to the atrocities of the Russian servile system, and of the Czarism. It is from this idea that Marx will understand communism as a stage in which the State does not have function anymore. Another form of social organization would be necessary. Concerning what happened after the Russian revolution, however, related to such attempt of State suppression, Trotsky comments: *bureaucracy did not win solely the leftist opposition: it won over Lenin's program, which pointed as major danger the change of State agencies "from servers of society into lords of the society"* [23]. Trotsky indicates in this text the tortuous path that the Union of the Soviet Socialist Republics (USSR) government took after the 1917 October Revolution, which ended with the Stalinist totalitarian regime, where the State oppresses any popular participation, and acquires a authoritarian and bloody character.

Nowadays, one sees that the State has a marking role in the control of economics throughout the world, and social expenditures are one of the constitutive phenomena of modern societies. Rezende, when analyzing the State's role in social protection, comments that *despite the argument that the welfare state would be in erosion, and of a movement toward market societies in globalization contexts and growing interdependence, comparative evidences show that States continue to show strong intervention patterns in social policies*[24]. According to author, great portion of governmental expenditures are social expenses and, contrary to thesis on possibility of the State leaving the social sector, what one observes is the enlargement of social policies.

Therefore, the dilemma that contemporary societies live is to legitimate the speech of reduction and control of public expenditures expansion, at the same time that there are many factors leading the State to continue producing heavy intervention in social policies. The issue is: *up to which point would be reasonable to argue that structural changing processes such as globalization, privatizations, economic liberalization, and deregulations would be redefining a new role for the State in the issue related to social protection?* [25]

The debate on health system reform in the United States exemplifies the dilemma regarding public expenditures. In March 2010, the Democrat majority approved a set of changes to include 32 million American citizens previously with health security. Barack Obama, going against Republican opposition in the Congress, and the public opinion polls themselves, signed the

preliminary version of the package of changes in the American health system. In the discussions of the process, it was observed conflicting symbolic stands, represented by the *noticeable division between a large group of Democrats clearly leftist and a smaller and more central group, more conservative in fiscal terms*[26]. According to the *Congressional Budget Office*, the amended legislative reform for health will, among other goals, cover until 2019, and an estimate of *32 million Americans who did not have health insurance, remaining approximately 23 million non-elderly individuals without insurance (of which, about one third would be illegal immigrants)*[27]. One sees in this reform, the State taking force again regarding social protection, in opposition to a minimal and liberal State.

Pharmaceutical industry

There are many ethical issues, in the topic of pharmaceutical researches, related to modalities of study, experimenting with animals, clinical essays with human beings. Additionally, there are political issues such as break of patents and pharmaceutical firms' lack of interest in studying drugs for diseases that affect, mainly, poor countries.

In majority of countries, clinical essays, fundamental studies to validate effectiveness of medicines, should be evaluated previously by ethical commissions. In these, a group, named *experimental,* is exposed to a pharmacological intervention that one believes to be better than current alternatives. Another group, called *control group*, is treated similarly, except that its members are not exposed to experimental intervention[28]. Until recently, under the support of the *Helsinki Declaration,* the use of placebo in the control groups could be considered as feasible alternative only when there would not be any therapeutics for the disease treated with the medicine under testing. Changes in the Declaration introduced the possibility of testing medicines in face of the placebo, which may generate maleficence to people involved in studies.

Such statement finds support in Article published in 2003, which analyzed in caricatural way the use of placebo, showing that there is not clinical essay pointing to effectiveness of using parachutes in human jumps higher than one hundred meters[2 9]. Of course, it not ethically feasible to promote a study in which one compares a group that jumps from airplanes using parachutes with other that jumps using *placebo parachutes*. Applying the rationale to the health sector, we may mention studies on prophylactic therapy targeted to HIV transmission from mother to child, controlled by placebo, carried out in some *developing countries*. Zidovudine (AZT) was used already to decrease the risks of HIV vertical transmission since 1994. In certain experiments with AZT studies against placebo were used, in which half of the research population remained without treatment. Such studies carried out, mainly in African countries, were later criticized since they violated Hippocratic principles that guide clinical practice, as well as the governing Helsinki Declaration

precepts, which at the time guided ethical standards in research involving human beings. [30]

The ethical issues related to medicine research are to polemic because they involve conjuncture pillars of society: the political-economic system and the underlining ideologies. There is not anyway to approach them without touching in terms such as *profit, private interest, and public interest*. Is it possible that medication research, which may have as laudable end easing of human suffering, should be carried under the logic of financial interests? Is it correct to ensure protections to individuals and firms regarding knowledge and technologies that may help humanity? Such questionings are necessary even before speaking in break of patents.

Angell [31] describes well the face of the pharmaceutical industry that throughout the past twenty years *distanced greatly from its noble original purpose of discovering and producing new useful drugs to become essentially a marketing machine to sell medicines of doubtful benefits* [32]. Such industry, with gigantic profits, and one of the most profiting in the United States, has, according to author, the power to co-opt each institution that may interpose in its path, including the American Congress, the *Food and Drug Administration, the academic medical centers, and the medical profession itself* [32].

The industries owes large portion of its success, besides profitability, to researches financed with public funds – in the case of the USA, almost all of them under the patronage of the *National Institute of Health*. Several works financed by government agencies, patented, and licensed exclusively to pharmaceutical laboratories in exchange of *royalties*[33]. The author, in view of this, advocates that the large pharmaceutical laboratories spend little in research and development, but much in marketing. Thus, the industry actually would not be innovative, since the majority of new drugs are but variations of older drugs, often developed by universities, small biotechnology firms, and public institutions. Laboratories, by means of clinical essays,, seek to make feasible patents of new drugs as quick as possible in order to not losing the exclusiveness time over their products.

In Brazil, Law no. Lei 9.279/96 sets forth on guarantees to prevent abuse by producers, which implies in break of patent or compulsory licensing. This is exactly what happened in the program to fight AIDS, which depends on very expensive cocktails of drugs, values often justified by their patents. By means of compulsory licenses, one fights situations such as these, in which life is despised in detriment to private interests. In the one hand, this is a pro-society mechanism, which can yield more affordable prices for drugs, with competion among pharmaceutical firms; in the other hand, as allegations by industry, it is a mechanism that may influence negatively the direction of researches in the area, in as much as many drugs are developed by

private firms, which target profit in priority. Anyway, one should remember that licensing does not imply suppression of payment for *royalties* to industry.

The issue of profit in developing a medicine seems to be crucial when one thinks in the directions and priorities for research. É It is what one verifies in antibiotics case, a class of drugs used in short periods of time and with limited indications contrasting to certain drugs (like those for diabetes, cholesterol, depression, among others) administered for long periods in several individuals. Additionally, these later drugs do not present problems such as bacterial resistance. In a reality where just one out of eight developed drugs pays the investment undertaken by the firm, the study of new antibiotics is jeopardized[34,35]. The bioethics issued raised herein is a contradiction existing between research that aims society's good, and research that aims private gains.

Advertisement

We see that, in the same rationale of the financial interests, often, the advertisement of drugs surpass medical literatures base in evidences regarding construction of truth. Examples of this are the advertisement of several types of oral contraceptives.

Older contraceptives, in a first phase of studies, with larger amounts of hormones, were associated to several complications, such as pulmonary embolism [36].

Contraceptive with smaller amounts of hormones were developed, then, to provide greater safety to users. From a certain generation of contraceptives, increase in safety was not so evident related to increasing smaller hormonal doses. Theoretically, one supposes that pulmonary embolism should be smaller with more updated oral contraceptives, which was not shown [37]. Currently, there is intense advertisement favoring last generation of contraceptives and, despite there is no consensual scientific literature regarding its higher safety, they are in the market with higher prices than previous contraceptives. One has, then, a curious situation in which a pill that has small doses of certain active principles is more expensive that a pill that has a higher dose.

The Advertising Self-regulation Council (Conar), regarding advertisement in general, has the enforcement function of ethical standards of commercial advertisement. Nevertheless, in experts' opinion, it should enjoy the broadest freedom of expression, ensured by the Article 5, item IX, of the Brazilian Constitution: it is *free the artistic, intellectual, scientific, and communication expression, independent of censorship or license* [38]. However, regarding specifically drugs advertising, the agency responsible for its regulation is the National Sanitary Surveillance Agency (Anvisa), which by means of the Collegiate Board Resolution (RDC) 96, of December 17, 2008, sets forth on advertisement, publicity, information, and other practices whose objective is the dissemination or commercial promotion

of medicines. RDC 96/08 sets criteria for advertising, defining, for example, which information on drugs should be evidence scientifically, among many other information [39].

Despite criteria set by Anvisa for drugs advertisement, what one see is the unleashed attempt to profit by the industry, boosted by advertisement that, in general, yields one more need for people. Such advertising practices, with benefits often doubtful, not speaking in malefaction, touch delicate bioethical issues.

Pharmaceutical industries, in face of restrictions promoted by RDC in Brazil, as well as legislation and standards in other countries do, replied by intensifying the astute strategy for dissemination and sales of drugs based, mostly, with their representatives' visits to medical offices. As physicians are the agents prescribing medicines, particularly those with sales by controlled Ministry of Health stamped and numbered prescriptions, the contact between the industry representative and the medical professional would provide the dissemination of information on therapeutical novelties. Thus, the ethical issue arises, what should be the physician's function in face of such interests' rationale? Should he have a contesting role, evoking reflections, clarifying or play the game of appearance, much appropriated in advertisement?

Bolguese[40] shows that, generally, pharmaceutical industry development since 1950s was supported by post-war (World War II) scientific development. He argues that *it is not possible to dissociate progress in pharmacology area* (...) *from pharmaceutical industry structuring and development, which needed scientific advances to attend its obvious capitalist requirement* [41]. The author notes, in text that she analyzes publicity advertisement of antidepressant, aimed mostly to physicians, that in *relation to pharmaceutical industries, the use of advertising intensified in such manner as to change health and medicines into products to be consumed* [42]. She concludes by stating that, in the specific case of depression, *the objective evidenced in advertising material is not to offer cure, but to ensure, imaginarily, the well being that the continued use of medication may provide* [43].

Finally, regarding advertising or mere dissemination of drugs and therapeutics, one should consider the emergence of the Internet that started having great influence in the physician-patient relationship. Currently, it is usual that people study their diseases and the drugs that they consume in the network, seeking for clarifications that, often, they are not able to get from physicians themselves. Internet, however, may cause confusion as well, since it has thousands of information on a same topic, many of them doubtful, without foundation or scientific evidence.

Public and Private Health Systems

In Brazil, the Health Single System (SUS) had its benchmark with the 1988 Constitution.

With the European countries health system as example, it was ensured universality in access to health attributing health as citizenship right and State's duty. This was an important historical moment since the country passed from a social security model – in which health was not a right to all, just for those who contribute through social security programs – toward an universalist model.

Thus, access to health began to be offered by public services. It is important to remember that health did not become free, but its universal access. Logically, the financing of such model had to come somewhere: taxes. Elias and Viana[44] state about such process that the most striking phenomenon in health sector, in the last sixty years, was the process that yielded, in one hand, non-mercantilism of the access to health and, in the other hand, it create a huge industrial park linked to the area, represented by basic chemical and technology, mechanics, electronics, and material industries. That is, the Brazilian public health system started to be purchaser of products from the so-called health industrial complex, with huge expenditures to ensure the right to health. At the side of this public system, institutions integrating the segment of private medical-hospital secondary care work.

The interaction between public and private health in Brazil is complex and opens space for many criticism and ethical issues. As practical example of such complexity, we could mention the measure that requires reconciliation of accounts between private health plan operators and the National Complementary Health Agency (ANS) when their clients are assisted by the public network. The charge for reimbursement to SUS by ANS is not pacific. Since 2000, when charges started, group medicine firms contest the payment by means of unconstitutionality legal suits. The law that regulates this process stayed for eight years in the National Congress until approval in 1998, opening brackets for the firms to appeal of fines applied due to lack reimbursement to SUS. Currently, the debt of firms with the SUS achieves millionaire amount.

In Brazil, the richest stratum of the population normally is the one that counts on the private health insurance operators. In the possible deduction of income tax includes medical expenses[45]. Therefore, when users of the private health system (who can use also the public system, which is universal care), deduce their disbursements related to medical expenditures from the computation basis, they are contributing less to the National Treasure and,. consequently, to finance the public health system.

t is worth highlighting, still, the studies that estimate tax load by income stratum from the Family Budget Survey (POF) from the Brazilian Institute of Geography and Statistics (IBGE). Individuals who earn up to two minimum wages would pay 26% of their income with indirect taxes, while those who earn over thirty minimum wages pay just 8%.

Even when direct and indirect taxes are added, those who earn over thirty minimum wages have a tax load of 18%, while it is 27% for those who earn up to two minimum wages[46]. This is the so-called concentrating tax system in force in Brazil, which accentuates even more the struggle on health financing. The richest have a relatively lower tax load, private health plans, and when there is attempt to adjust the account between such plans and the ANS, it is not fully accomplished.

Constitution itself carries the argument that use of public health services cannot be restricted just to those who do not have private plans, since one of the system's principles is universal access. Nevertheless, health operators, by having their associates using the public system, they can get higher yielding, as they do not have to bear services provided by SUS, which often are of high complexity.

Dain comments that the Health System universality mark in Brazil is that it did not configured a complementarity relation between the public and private sectors. There is, contrarily, a competition between the two segments. Private health care plans, for the author, act in the Brazilian health system compromising its universality, and setting themselves as one more factor generating social inequalities in accessing and using health services, since they cover just a specific portion of the Brazilian population with higher family income, inserted in the formal labor market, in capital cities/metropolitan regions *In cities with more than 80,000 inhabitants* [46].

It is usual to observe at the basic health units (UBS) such competition between the private and public segments. Users that can count also with private plans often seem to see UBS more as place where it is possible to get medicine "for frer", financed by SUS than as entrance door to the System, which could lead to a more integral form of care.

How should health professional and users behave in face of such interaction between the private and public service? Amidst this interaction, are professionals and users aware of the responsibility that they got in hands? Does one dealt, here, with an issue of better regulating such interaction ?

Final considerations

The punctual issues discussed in this text serve to illustrate that ethical reflection is not mere theoretical lucubration, but practical actions as well. Concerning health sector, in general, ethical issues have multiplied with time. When one talks about pharmaceutical industry immersed in the rationale of capital, of advertisement of drugs or on the contradictions in the interaction between public and private health in Brazil and in the world, one tries to show that such issues are part of the discussion about ethics, bioethics, and medical ethics.

Regarding the moral issue, there are two important stands: one has as foundation

the tradition of the majority. One stresses that the Latin term "*more*" means *traditions*. Many state that moral refers to traditions valuated by society. Other position pronounces in relation to the term '*ethos*', a Greek word meaning *character*. The terms moral and ethics generally are taken as similar, in as much as ethics can remit to moral choices of each individual, through his character, without considering the opinion of majority. Moral would belong to the group in determined perspective; ethics to the individual who reasons on his own. Ribeiro shows us that the *ethical challenge* (or moral) is precisely to be able to leave thoughts rooted in traditions, group, to build own thoughts [7]. When the physically disabled claim for the legality of embryonic stem cells research in the Senate, in Brasilia, or when women argue about their right to abortion, we see practical examples of this reflection that challenges preset concepts.

To finish, it is necessary to state that this text sought to expose ideas, to confront diverging stands, and to stimulate polemics, without the artifice of hiding confrontation of thought. One did not deal, here, to set a single view or a Manicheist dichotomy of ethics. One sought, however, to generate some nuisance, and to show that answers are not given. Who knows if one should go beyond *good* and *evil* [47] in a dialectic search for the best possible stand? Will it be that we must be satisfied with the achieved stands? Such pondering on the potentialities of action, individual social creation and change are part of ethics and of the constant reinvention process of human being in society.

Resumen

Reflexiones sobre la ética médica, la bioética y la realidad brasileña

En este artículo tratamos de reanudar la reflexión sobre la ética desde un punto de vista universal y discutir también situaciones referentes a la ética médica, bioética y la realidad brasileña. En el ámbito más específico de la ética de la salud hacemos hincapié en algunos temas como: métodos de estudios científicos, las políticas de salud pública y las propagandas médicas. Asociando ética filosófica y ética de la salud, tenemos más bases para reflexión y acciones creativas que tienen un importante papel en el proceso social.

Palabras-clave: Ética médica. Bioética. Filosofia. Politica.

Resumo

Este artigo busca retomar a reflexão sobre a ética de um ponto de vista universal e também discutir questões mais particulares condizentes à ética médica, à bioética e à realidade brasileira. No campo mais específico da ética da saúde ressalta alguns tópicos, como: modalidades de estudos científicos, políticas de saúde pública e propaganda de medicamentos. Relacionando a ética filosófica à ética da saúde, há mais fundamentos para ações reflexivas e criativas que têm importante papel no processo social.

Palavras-chave: Ética médica. Bioética. Filosofia. Política

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