

# Global bioethics from the perspective of critical bioethics

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## Abstract

Since the 1990s bioethics has increasingly approached the discussions related to international health and life sciences, which led some authors to refer to the “global bioethics”. This article examines this concept as elaborated in the theoretical perspectives of three formulations of North American bioethics: Van Rensselaer Potter, the Tristram Engelhardt, and Beauchamp and Childress. By balancing the strengths and weaknesses of the approaches of these authors, it is proposed the “critical bioethics” as the best qualified alternative theoretical to address the global issues of bioethics from the historical perspective of the countries of the Global South.

**Key words:** Bioethics. Global bioethics. Critical. Global health.

## Resumo

### Bioética global na perspectiva da bioética crítica

Desde os anos 1990 a bioética tem se aproximado cada vez mais das discussões internacionais relacionadas à saúde e às ciências da vida, o que levou alguns autores a referir-se à “bioética global”. O presente artigo analisa este conceito tal como elaborado nas perspectivas de três formulações teóricas da bioética norte-americana: a de Van Rensselaer Potter, a de Tristram Engelhardt e a de Beauchamp e Childress. Ao balancear as potencialidades e as insuficiências das abordagens destes autores, propõe a “bioética crítica” como alternativa teórica melhor capacitada para enfrentar os temas globais da bioética a partir da perspectiva histórica dos países do Sul global.

**Palavras-chave:** Bioética. Bioética global. Crítica. Saúde global.

## Resumen

### Bioética global desde la perspectiva de la bioética crítica

Desde la década de 1990 la bioética se ha acercado cada vez más a los debates relacionados con las ciencias de la vida y la salud internacional, lo que llevó a algunos autores a referirse a la “bioética global”. En este artículo se examina este concepto desarrollado en las perspectivas teóricas de tres formulaciones de la bioética estadounidense: Van Rensselaer Potter, Tristram Engelhardt y Beauchamp y Childress. Al evaluar las fortalezas y debilidades de los enfoques de estos autores, propone la “bioética crítica” como una alternativa teórica más calificada para hacer frente a los problemas mundiales de la bioética desde la perspectiva histórica de los países del Sur global.

**Palabras-clave:** Bioética. Bioética global. Crítico. Salud global.

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With the intensification of globalization after the 1990s, bioethics began to address the ethical conflicts of life sciences and health in an increasingly global scale. Recently, the consolidation of the new field of practices, policies and studies called as “global health” has brought new challenges to the discipline, especially for its traditional epistemology, which is historically dedicated to the analysis of micro-problems and moral, biomedical and biotechnological conflicts<sup>1,2</sup>.

The challenges arise from a peculiarity of global health, whose conceptualization requires recognizing, at least descriptively, the deep inequalities in health and disease among different populations of the globe. From a prescriptive point of view, it requires reflection on the ethical responsibilities of the international community concerning the maintenance of structural conditions that perpetuate global inequalities in health and in the transformation of these conditions.

Before this background, this article examines the so-called global bioethics from the perspective of three U.S. theoretical formulations of recognized importance to the field: Van Rensselaer Potter, Tristram Engelhardt and Beauchamp and Childress. To this end, we developed a theoretical research from methodological guidelines given by Pedro Demo, for whom this type of study allows us to *reconstruct the theory, concepts, ideas, ideologies, controversies, in order to, in immediate terms, enhance theoretical foundations*<sup>3</sup>.

When the potential and shortcomings of the formulations of Potter, Engelhardt and Beauchamp and Childress are compared and discussed, the paper proposes the approach of “critical bioethics” as a more appropriate theoretical alternative for the analysis of global issues of bioethics and health since the historical perspective of the global Southern countries.

### Bioethics from a global perspective

As outlined in 1970 by Van Rensselaer Potter, bioethics proposed a moral reflection on the development of science and technology and their impact on the survival of planetary life, which has given it, since birth, an eminently global vocation<sup>4</sup>. More than a new field of study, Potter outlined bioethics as *a bridge to the future, a science of human survival*, viewing it as a new field of global militancy. It was in this sense of a strong planetary engagement that he proposed the five bioethical creeds, whose name

and affiliation would be critical for those who seek to approach the new “science”<sup>4</sup>.

However, *bioethics bridge* was not taken over by the scientific community or social movements, so that the approach had no significant immediate effect. One of the reasons for the decline of Potterian bioethics can be attributed to *principalist reduction* occurred from the late 1970s, when bioethics has consolidated itself as a biomedical discipline strictly dedicated to guiding moral conflicts through processes and pre-established principles, as influenced by the works of Beauchamp and Childress<sup>5</sup>.

From the 1980s this reductionist version of bioethics expanded from United States of America (USA) to other countries, and even with the attempts, in the 1990s, of the International Association of Bioethics to “rescue” the initial perspective of Potter, the field only came to present a truly global feature from 2005, with the publication of the *Universal Declaration on Bioethics and Human Rights* (DUBDH) by the United Nations Educational, Scientific and Cultural Organization (Unesco)<sup>6</sup>.

In addition to approaching bioethics to the universalism of human rights, which would be sufficient to characterize a global expansion, the themes and principles included in the document privileged coordinated actions at the international level and supported by universal values such as dignity, justice, fairness, cooperation and solidarity. Article 14 – Health and Social Responsibility – reaffirms that *social development and access to the highest attainable standard of health* is central goals of governments that must be shared by all sectors of society. According to a report on the subject, published by the International Bioethics Committee of Unesco, this duty includes the entire world population, including sectors and non-governmental institutions<sup>7</sup>.

The moral basis for this globally shared responsibility stems from the realization that we live in an increasingly internationalized context in which the health determinations do not depend only on individual decisions or even on private governments, but they rely on complex political, economic, and social relations that impact on systematic cultural phenomena such as poverty, poor nutrition, unemployment and climate change<sup>7,8</sup>. Mainly and beyond internationalized social relations, global moral responsibility stems from the recognition that the Earth is geologically a single living system (Earth System) whose fate is invariably shared by all its current and future members.

Alongside the publication of the *Universal Declaration on Bioethics and Human Rights*, the return to a global perspective of bioethics – although it is not necessarily performed in the frameworks proposed by Potter – is due, according to Have and Gordijn<sup>9</sup>, to two main factors: 1) institutional expansion of the discipline through international conferences and education programs; 2) approach of eminently global issues, particularly transnational research involving humans. For all purposes, the bioethics initially developed on the perspective of Potter<sup>1</sup> had already an eminently global characteristic, consolidated in subsequent publications of the author<sup>10-12</sup>, as highlighted below.

### Global bioethics from Potter's perspective

In the late 1980s, Potter proposed expanding the *bioethics bridge* to a *global bioethics*<sup>9</sup>, whose focus should be even more interdisciplinary so that the *new science* could meet its goal of ensuring human survival. But Potter did not refer to any survival; only to the “bioethically” defensible ones. In this sense, he distinguished five states of *global survival*: 1) mere survival; 2) poor survival; 3) idealistic survival; 4) irresponsible survival and; 5) acceptable survival<sup>10,11</sup>.

*Mere survival* implies the scenario in which humans seek only to maintain their basic needs – food, shelter and reproductive maintenance – in a social system based on *hunting and gathering*, i.e., it has no “progress” beyond that state, considering the progress and the development of techniques such as writing, reading, cities etc.

In an article published with his granddaughter, Lisa, in 1995, Potter<sup>11</sup> discussed the example of isolated Inuit to indicate that this state is not morally inferior to the states of survival in which there is cultural progress. That work found that although such group (pejoratively called by the settlers as “Eskimos”) can be identified as living in *mere survival*, enjoys their own concept of what a bioethics survival could be, and based on the recognition of duties to the environment and the collective feeling of pride about their historical and social constitutions. The same example would be applied to so-called “*primitive societies*” such as the nomads of the African deserts or the Yanomami of the Amazon<sup>10</sup>.

An ethical conflict arises, however, when *primitive societies* pass from the state of mere survival for the *poor survival* as a result of the invasion of white settlers<sup>13</sup>. According to Potter, the poor survival is the condition in which societies are under the wide-

spread damage by diseases, wars and environmental destruction produced by human actions. This is the state in which potentially more than half the global population lives, including people from the global South and North, as the *poor survivor can be found in pockets around the world, including the U.S.*<sup>14</sup>.

The *idealistic survival* presupposes the universal agreement on the best way to planetary survival: there is a tacit understanding shared by all cultures based on understanding of the *health convenience* as opposed to the *inconvenience of preventable disease*. Potter believes that this universal reasonableness would be possible, since, for example, *any culture or religion, primitive or modern, has ever awarded or aspired to hunger, malnutrition, diarrhea, or parasitic infestation*<sup>14</sup>.

In turn, *irresponsible survival* is the opposite of *idealistic survival* and *acceptable survival*. It is characterized by social groups that are reproduced from generation to generation without considering the suffering of *poor survival*, which reaches other social groups and potentially will reach future generations. In this state the overconsumption is practiced, overpopulation is stimulated, the degradation of the biosphere and the progressive impoverishment of the poor. World economic model represented by the dominant culture in the U.S. is blamed by Potter as the cause of the current situation of irresponsible survival<sup>10,11</sup>.

Finally, *acceptable survival* is advocated as the goal of *global bioethics*. It is the state which has as moral basis the guarantee of human dignity, universal human rights, including the right to health, and moral restriction of human fertility through voluntary controls. The acceptable survival comprises the human species within the totality of the survival of the biosphere. In this regard, Potter points out that *the dominant, but irresponsible expansion of world culture is not an acceptable type of development, because it cannot survive in the long term*<sup>15</sup>.

Potter<sup>9,10</sup> points as the main challenges to acceptable global survival two forms of fundamentalism: the *sacredness of life*, illustrated in religious fundamentalism that prevents public discussion about the need for birth control at the global level, and the *sacredness of the dollar*, which prevents discussion on development models that are not based on the idea of uncontrolled economic and material growth.

Alongside Lisa Potter, the author pointed out: *Anyone who cares about the global survival of the human species in the long term should be aware of the relationship among population growth, resource depletion, current and future wars of ethnic and reli-*

gious nature and what is the 'almighty dollar' which drives the international weapon and fuel trade in these conflicts<sup>16</sup>. With such critical awareness, they also pointed out that the state of *acceptable survival* cannot justify the violation of the protection of dignity, health and human rights in the name of personal freedoms, since the specific and unrestricted claims may harm future generations and people in the impoverished state of contemporaneity. They conclude, therefore, that it is the duty of global bioethics challenging the economic thinking that endangers the acceptable survival.

In another article of the 1990s, Potter, now by himself<sup>12</sup>, criticized the medical bioethics produced in the USA. He pointed out that their approach falls into the same problems of other medical specialties, namely the quest for *perfect health* and the fragmentation of knowledge, which are features that made bioethics *very parish: Parish because the American search ignores the health problems of the crowds in other parts the world; it should, instead, look for "human health as the global bioethics" in the context of survival and improvement of the entire human race, not just of a few ones chosen*<sup>17</sup>.

In contrast, he strengthened the proposal of a global bioethics next and to the *social ethics* and in contrast to *economic or capitalist ethics*, as the first is linked to *the rights of workers, voluntary control of human reproduction, regulation of the privileged classes, protection of the disadvantaged, world health, human dignity and justice*<sup>17</sup>. Potter also noted that while the initial proposal of his bioethics was to build a *bridge* between the human and biological knowledge, the new approach to global bioethics proposes that the bridge extends amongst the *fragmented ethics* themselves, especially amongst medical ethics, social ethics and ecological ethics<sup>12</sup>.

### Global bioethics from Tristram Engelhardt's perspective

Recently, Tristram Engelhardt also started to discuss bioethics from the "global" nickname. In the collection *Global bioethics: the collapse of consensus*<sup>18</sup>, of which he was the organizer, he discussed from the denial of the possibility of any universal moral consensus based on the paradigm of modern thought of discursive rationality, i.e., based on *secular, rational and logical* argument, 19. According to the author, this impossibility comes from the fact of different moral communities of the globe disagree – and often contest – about the definition of basic

premises and rules of evidence on moral topics. In other words, the ethical conflict would not exist only regarding morally correct or true practices definition but about *the basic character of morality itself*<sup>19</sup>.

In this sense, Engelhardt even refuted the moral validity of human rights. Specifically criticizing the *Universal Declaration on Bioethics and Human Rights* of Unesco as a promoter of global bioethics, he said the document is a set of empty principles unable to *seriously consider characteristic of moral disparity in contemporary era*<sup>20</sup>. Such a view will subsidize his positioning and of other authors in the collection about topics such as the illegitimacy of the establishment of national or global public systems of health, since all moral communities would be forced to share a particular assumption about solidarity or altruism. In this respect, Delkeskamp-Hayes expressed that *the guarantee of social rights is incompatible with the rights of independence*<sup>21</sup>.

Agreeing with this view, Engelhardt said that *the recognition of the ineradicable character of moral pluralism provides substantive bases for rejection of arguments in favor of a single morality and universal bioethics full of content to be realized through international law and public policies*<sup>22</sup>. For this reason, any attempt to build a global bioethics with bases in a universal common morality would be doomed to failure. Erickson also confirms this perspective considering that *it is not easy to predict the effect of failed projects, such as the one of a 'global bioethics', although steps can be taken to mitigate or avoid altogether the most destructive consequences of such failures usually engender*<sup>23</sup>.

Criticism of the possibility of any substantive global bioethics (of full content) will also be a subterfuge for Engelhardt defends the health and morality itself as products to be defined through contractual procedures amongst supposedly independent agents. The author points out that *at best, there are procedural modalities of collaboration that enable negotiation and limited agreement, as in the markets. The paradigm for political discussion becomes not that of the Socratic seminar, but a limited market where there is peaceful exchanges of agreement*<sup>20</sup>. In other words, global bioethics in Engelhardtian perspective must necessarily be founded on a procedural ethics maintained by *peaceful agreements between participants in a market of moral interests*<sup>23</sup> established by only three restrictions:

- a) never use people without their permission (since people conform to this practice, for example, a person can defend themselves against murder);

- b) never act maliciously;
- c) try (as further elaboration of “a” and “b”) to act prudently in seeking the realization of more benefit than harm (and without any intention of agreement amongst moral communities on the nature of the harm and benefit, or how they should be compared)<sup>24</sup>.

Wildes, author of the last chapter of the collection, adds that even if there was a significant agreement at the global level from these procedural bases it would not be possible to establish common moral judgments, the function that would be in the *heart of bioethics*<sup>25</sup>. Thus, to deny any universal content on the right, good or virtue and relegate the axiological definition of the limits of particular moral communities, Engelhardt, followed by most book authors, postulated that the procedural perspective is only appropriate for a global bioethics concerned with radical moral pluralism identified in postmodernity<sup>18</sup>.

### Global bioethics from Beauchamp’s and Childress’s perspective

Unlike Engelhardt, Beauchamp and Childress<sup>5</sup> defended not only the possibility, but the actual existence of a “universal common morality” whose normative core is not relative to cultures, communities or individuals, given that *the common morality is applied to all people, everywhere, and we can properly judge all human conduct by these standards*<sup>25</sup>. According to the authors, this universal morality is the historical product of human experience, not an a-historical property or *a priori*, as universal morals in certain metaphysical/religious perspectives are understood.

The common morality would result of the transmission of teachings and practices over time amongst different moral communities consisted of *people living a moral life*<sup>26</sup>. Among others, some derived rules of this “core” of morality would be, for example: “do not kill”, “keep promises”, “save people in danger”, “tell the truth”, “feed the child or dependent”, “do not punish the innocent”. However, if the common morality is constituted as a set of universal, abstract and “weak content” norms, Beauchamp and Childress argue that there is another<sup>5</sup> ethical level consisting of private morals, with no universal, concrete standards with “richness of content”. These private moralities are expressed in different communities, traditions, religions and professional practices, and are distinguished only by including specificities in the application of universal

norms, which means that no particular morality can justify the violation of universal common morality.

In addition to this epistemological approach that associates Beauchamp and Childress to a conceptual discussion on global bioethics since the first editions of the book *Principles of biomedical ethics*, the authors included in recent editions some specific reflections on global health in the context of the principle of justice. Analyzing the approaches of recent theories of Peter Singer (“cosmopolitan charity utilitarianism”), Martha Nussbaum (“approach of capabilities such as theory of justice”), and Thomas Pogge (“global application of Rawls’ theory”), Beauchamp and Childress reasoned that the *principle of justice requires universal recognition of the right to a decent minimum of health care*<sup>27</sup>.

Although the minimum right to health – which the authors include public health measures, sanitation, access to clean water and related – is typically associated with national policies, Beauchamp and Childress argued that in the current context of economic globalization, the principle of justice raises the law to the global sphere. In his words: *a globalized world has brought the realization that the protection and maintenance of health conditions have international nature and require a fair restructuring of the global order*<sup>28</sup>.

They emphasize that the approach of global justice should not only focus on the issue of health care, but mainly operate in the “causes” of diseases and inequities in the distribution of health care and services, which would include topics such as access to education and other dimensions of well-being. More than that, it would require recognizing that many of the causes of those inequities in the distribution of health are not merely resulted from difficulties such as bad luck or personal failures, on the contrary, *they are often distributed by social institutions, which can be explicitly structured to reduce such inequalities*<sup>29</sup>.

However, under the justification of a realistic approach to the application of the “minimum right to health”, Beauchamp and Childress propose *the recognition of the global rights to a decent minimum of health care within a framework of allocation that incorporates both utilitarian standards as equal*<sup>30</sup>. This means that cutting spending in allocation of resources that, in turn, could be compensated by promoting incentives to healthy habits and accountability for unhealthy risk behaviors of persons entitled would be necessary to ensure “efficiency and usefulness” of a universal system for enabling the minimum right to health.



Thus, while Beauchamp and Childress do not directly refer to the term global bioethics – because its focus is not bioethics, but biomedical ethics – some approaches of the principle of justice approach them of discussions on bioethics and global health, and also in the conceptual and theoretical framework with the analysis of the universal common morality.

### Global bioethics from the critical bioethics perspective

We call “critical bioethics” the theoretical formulation that combines the critical theory of Frankfurt and studies on colonialism as a starting point for theoretical and conceptual basis of bioethics, as recently outlined<sup>31,32</sup>. Importantly, not all critical thinking and social criticism is critical theory. If we consider critical thinking as opposed to the hegemony of sustained exclusion of differences in speeches and in denial of otherness, typical regarding the ideologies of domination<sup>33</sup>, then other theoretical models on bioethics that have been developed in Latin America could be considered critical bioethics, in particular the bioethics protection of Kottow and Schramm<sup>34</sup> and the intervention bioethics of Garrafa and Porto<sup>35</sup>, which is data that both are opposed to reductionist hegemonic speeches in bioethics and make the choice to analyze and propose solutions to ethical conflicts in health and environment involving vulnerable or excluded social groups during the course of the historical relationship between science and capital.

The term “critical” of our proposition, however, is not an adjective, but a noun, since it indicates a foundation from social theory called “critical”, which has been developing steadily over the past 80 years and has well-defined concepts and principles that differentiates it from other social critiques. The proposal of the so-called Frankfurt School was to take as its starting point the economic and social theory of Marx without dogmatically sticking to his analyses, and engender interdisciplinary studies that could contribute to the development of actions aimed at the emancipation of the exploited and excluded social groups by the capitalist organization of “modern societies”. A fundamental principle used by all authors of critical theory, was that knowledge of history would, unavoidably, be the source of understanding the structures and sociocultural interactions that establish relations of domination and exclusion<sup>36</sup>.

Under this perspective, thinking of global health, critical bioethics considers that the historical process of colonization of the Americas, Africa and Asia, with the destructive exploitation of their wealth, enslaving their people and stimulating ethnic wars, besides easing enrichment of Europe, was largely responsible for the problems in politics today presented the quality of governance, social disparities and low income of most former colonies, which is reflected in the current health of the global population.

As noted earlier, Potter’s global bioethics, when it analyzes the transformation of “mere survival” of traditional peoples to “miserable survival”, rightly blamed the action of *white settlers*<sup>13</sup> – and its development model – by the damage from diseases, wars and environmental destruction which reach most parts of the world. However, Potter did not deepen the analysis of the influence of these historical processes in the generation of transnational problems currently established, nor its possible agreements toward the improvement of human health and planetary survival. In turn, the theoretical formulations of Engerhardt and Beauchamp and Childress were built in a distinctly non-historical perspective on the modern colonization process.

The reasoning of critical bioethics starts for its epistemological conception while applied ethics, and so consists of an analytical component of an interdisciplinary nature, through which it seeks to understand a particular ethical conflict involving the life sciences, and propositional and prescriptive component of procedural nature, with a view to taking a decision on actions or rules involving scientific or management practices<sup>31</sup>.

In the first of these components some concepts and ideas drawn from authors of all generations of critical theory are used as analytical categories, complemented by elements of studies of coloniality<sup>37-39</sup>. The prescriptive component relies more specifically on elements drawn from the *theory of communicative action*<sup>40</sup>. This Habermas’s proposition could be applied in appropriate public spaces for bioethics discussion, such as national or international bioethics councils, discussion forums for drafting normative research ethics, bioethics committees and hospital research ethics committees. Within the limits imposed on a scientific article we will briefly expose concepts, ideas and principles of the references that support our reasoning.

The first of these ideas is critical operated by Horkheimer<sup>41</sup> to the social isolation of science in the design of the traditional theory of Newtonian/Cartesian inspiration. This gives the scientist place of

neutrality, simple external observer of the fact or object which is being studied. Thus it becomes unable or uninterested in assessing the social consequences of the results of their studies. The industrial-technological-scientific, largely responsible for creating and distributing healthcare goods complex is born, according to critical theory, this conception of science, which hooks up to the production of knowledge generation technologies that can be exploited by capitalism in the pursuit of growing their markets.

Critical theory proposes the establishment of epistemic link between real truth and truth value in science. In other words, when science investigates the nature and societies, must be morally motivated by the quest for emancipation of human groups submitted to the suffering of exclusion and exploitation historically determined. Critical bioethics also takes this commitment to theoretical constructions, analysis practices and processes for making decisions about, for example, research protocols, application of biotechnology, public policy, international health cooperation programs, and the formulation of standards and ethical guidelines in their various applications.

While it may be stated that the axiological and axiomatic beliefs of critical theory have greater epistemic validity, *per se*, than the beliefs of the traditional scientific paradigm, the adoption of that reference to the critical bioethics stems precisely from our understanding of its ethical legitimacy, i.e., their moral commitment to social emancipation of the exploited and excluded groups in the expansion process of modernity and capitalism.

In this perspective a key concept for critical bioethics is that of *instrumental rationality*. Critical theory defines it as a form of organization of thought that first determines the mean to be obtained and then makes every effort reasoning to strategically place the necessary actions in order to achieve this, without including any reflection on the morality of these actions. For this form of rationality that human oriented since the earliest times efforts to use and mastery of nature in their favor. However, in modern times, with the development of capitalism instrumental rationality has become the typical form of rationality of economic and political powers. Habermas describes in the subjective level *colonization of the lifeworld* by instrumental rationality<sup>40</sup>, from which individuals tend to act upon selfish calculations aiming at the realization of personal projects at the expense of collective projects.

Habermas will also describe the *communicative rationality* as a means of coordinating collective actions based on the open dialogue between

those involved in a given situation to be regulated, which is able to oppose the instrumental rationality of these powers. The conditions for mutual understanding among participants of a particular discussion would be based on recognition of the validity of the arguments directed to the three worlds that make certain universe of knowledge: objective world connected to the content of verifiable (empirical or scientific) truths; the social world on the sociocultural characteristics and standards of conduct formal or informal context of the situation to be regulated; and the subjective world connected to the authenticity of the participants of the discussion in the statement of acceptance of the rational force of the better argument. In addition to these requirements for the recognition of the validity of the arguments, the resulting consequences come from action or standard determined in the process of discussing should, if possible, be accepted by all involved, free from any coercion. When this happens, decisions derive actions called as *communicative actions* and are directly opposed to their own strategic actions to instrumental rationality<sup>40</sup>.

So the critical bioethics, when adopts Habermas's proposition as procedural basis for the process of decision making, is opposed to the denial of the possibility of collective consensus of Engelhardt's procedural formulation as the *a priori* universal common morality and principles of Beauchamp's and Childress's model. In turn, the theoretical formulation of Potter did not actually propose any procedural means for the coordination of actions in the context of global bioethics.

As the Habermasian procedure itself presents some limits already recognized from the initial proposal of critical bioethics<sup>31</sup>, we propose in this work to build another important element for the construction of this bioethical perspective, especially when directed at problems in the global dimension. This is the critical analysis of Robert Cox<sup>42</sup> on the formation of the "world orders" and its political and economic developments that affect all aspects of life, everywhere on the planet, especially in the formation of a new border social division formed by "integrated", "precarious" and "excluded" groups of world order.

Although this author has not directly affiliated with the Frankfurt school, he developed his critical theory as opposed to the traditional theory of science, demonstrating how in modernity the dominant civil societies support the formation of States which, in turn, shape the world order through power relations that express the corresponding interests in civil societies themselves. As in the last decades

of the twentieth century, the globalization of the means of production resulted in the coalition of a ruling transnational civil society, States also turned out to internationalize, subject to the regulatory power of a volatile network declared and vested interests (called by Cox as *nébuleuse*) responsible for “governance without government” of world order.

According to the author, in this relationship process amongst dominant powers that are expressed at each level of the hierarchical structure that goes from the formation of civil society, state and world order, the power group that owns instrumentally simultaneous control of three “forces” prevails, as follows: 1) material capacities, represented by the financial resources and means of production; including technology 2) ideas, represented by intersubjective notions of social relationships that tend to perpetuate habits and behaviors and collective images that legitimize power relations; including the science and morality; and 3) institutions responsible for the articulation of ideas and material capacities to stabilize and perpetuate certain order, including the various state apparatuses.

Obviously, in the field of global health understanding of shared management between States and dominant corporate groups (usually represented by large companies and transnational regulatory institutions) on the production and distribution of knowledge, generating new technologies and supply of goods and services is essential the further analysis of the reasons for the discrepancies in health and the purpose of proposing actions that may change this order in favor of the emancipation of historically excluded and precarious groups.

In this sense, *critical bioethics* refutes Engelhardt’s considerations, for a *global bioethics* based radical liberal contractualism that seeks only interpersonal agreements that the author, not coincidentally, called it as *moral interest market*<sup>24</sup>. Indeed, this proposition only masks the implications of power relations involving encounters between individuals, groups or countries and it means – *a priori* – the position in favor of historically privileged groups by the power relations in the global scenario.

Similarly, although it is a commendable effort on the part of Beauchamp and Childress<sup>5</sup> to incorporate global social concerns in its principle of justice, the defense of the “minimal” right to health reproduces the logic of exclusion as it is morally accepted that small groups of individuals have full access to health goods and services, while the majority of the planetary population receive only a “*minimum*” health pack arbitrarily defined by those

in power. Moreover, the justification based on pre-tense realism and the alleged concern for “effectiveness” of the overall system expresses the use of a typical instrumental rationality, which takes current way of economic organization as impossible reality to be changed – and therefore only capable of being remedied through search of cost cutting.

It is here that the study of coloniality in Latin America formulated by authors such as Quijano<sup>37</sup>, Mignolo<sup>38</sup> and Grosfoguel<sup>39</sup> add an indispensable analytical category for our foundation proposal for critical bioethics, since, in a way, is neglected in the design of critical theory of modernity – we refer to the category of “race”.

Quijano, for example, stated that *coloniality* of power as a legacy at the end of colonization, and yet impactful legacy in contemporary geopolitics mechanism. In the analysis of the decolonization process, the author points out that the key element which constituted the relations between European settlers with their conquerors was the hierarchical concept of race. Presumably, the biological and mental structure of colonized peoples represented their “natural” inferiority to Europeans, which legitimized the exploitation, enslavement and catechesis. Currently, coloniality is how authoritative and normative power of the central countries kept updated to end the colonization and that continues to be exerted on the production of universalized knowledge beyond the conformation of their own subjectivities.

Therefore, in order to properly examine the conflicts of bioethics in issues such as global health, international research ethics, environmental destruction, production and distribution of biotechnology, maintenance and deepening of inequalities, it is necessary to add the reference of critical theory propositions of studies coloniality regarding the structuring racism of modernity, something that other bioethical approaches that use the framework of the Frankfurt School, for example, the minimum ethical of Adela Cortina<sup>43</sup>, did not even realize.

In Brazil, Flor do Nascimento and Garrafa<sup>44</sup> had already used studies of coloniality in dialogue with intervention bioethics, but in general the national and international literature in bioethics has been omitted to examine the influences of the concept of race in generating health inequities. This, in itself, can be considered the effect of coloniality of power over this field of study.

Anyway, between the three theoretical perspectives analyzed in this work to think global bioethics, the theories of Engelhardt and Beauchamp



and Childress were completely silent on the implications of colonialism, and only Potter's approached without deepening, when reflecting on the role of the white man in the exploration of the environment and traditional isolated communities.

### Final considerations

Following the assumptions of critical theory and studies of colonialism, it is considered that a critical bioethics inspiration should take that is directly involved in shaping global health conflicts, either as an instance of legitimation or questioning of established political and economic order.

When we were analyzing from the critical bioethics point of view, the so-called global bioethics

from the perspectives of Potter, Engelhardt and Beauchamp and Childress, we observed, in the case of the two last ones, a complete disregard for the historical relations and policies intrinsic to any geopolitical relationship, especially in a field as sensitive as health. More than keeping persistent situations of inequality in the planetary level, the disregard of these fundamental aspects for the formulation of a global bioethics only helps to strengthen the identified inequities.

Therefore, we understand that bioethics needs a theoretical foundation critically committed to overcoming the historical and structural constraints that maintain the reproduction of global inequalities in health and that always occur at the expense of people and the peripheral countries to the modern/colonial world system.

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### Participation of the authors

Work originated of doctoral thesis. The authors also participated in all stages of production of the article. Thiago Cunha participated as a doctoral student, Claudio Lorenzo as an advisory teacher.

