Bioethics in Latin America: challenge to hegemonic power

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Abstract

This paper proposes a discussion on relevant issues for the consolidation of Bioethics in developing countries, specifically considering the Latin American Bioethics. It seeks to encourage the debate on the construction of an alternative to the impasses resulting from the expansion of the subject scope and focus to the social dimension. For this, it succinctly outlines the viewpoint of Bioethics in these countries, starting from the characterization of this field of study and summarizing briefly its construction process. In broad terms, it outlines the main achievements of Bioethics developed in the Brazilian and Latin American context, especially emphasizing their approach to human rights, taken as regulatory milestones of ethical standards in social relations. It presents, in the end, critical considerations about the paradox implied in adopting Human Rights, seeking to encourage reflection about Bioethics as a tool to fight against the inequalities that still feature our continent.
Key words: Bioethics. Human rights. Societies. Latin America. Social power. Social control, informal.

Resumo

Bioética na América Latina: desafio ao poder hegemônico

Este trabalho propõe a discussão sobre pontos relevantes para a consolidação da bioética nos países em desenvolvimento, considerando, especificamente, as bioéticas latino-americanas. Busca estimular o debate acerca da construção de alternativa aos impasses decorrentes da ampliação do âmbito e foco da disciplina à dimensão social. Para isso, traça de modo sucinto o panorama da bioética nesses países, iniciando pela caracterização desse campo de estudo e sintetizando, em breve histórico, seu processo de construção. Em linhas gerais, descreve as principais conquistas das bioéticas desenvolvidas no contexto brasileiro e latino-americano, enfatizando, especialmente, sua aproximação aos direitos humanos, tomados como marcos regulatórios dos padrões éticos nas relações sociais. Apresenta, ao final, considerações críticas sobre o paradoxo implicado na adoção dos direitos humanos, buscando incentivar a reflexão acerca da bioética como ferramenta de luta contra as desigualdades que ainda marcam nosso continente.
Palavras-chave: Bioética. Direitos humanos. Sociedades. América Latina. Poder social. Controles informais da sociedade.

Resumen

Bioética en Latinoamérica: desafío al poder hegemónico

Este trabajo propone a discusión acerca de puntos relevantes para la consolidación de la bioética en los países en desarrollo, considerando, específicamente, las bioéticas Latinoamericanas. Busca estimular el debate acerca de la construcción de una alternativa al callejón sin salida que resulta de la expansión del alcance y enfoque de la asignatura a la dimensión social. Para ello, describe de manera sucinta el panorama de la bioética en estos países, a partir de la caracterización de este campo de estudio y que resume, en un breve historial, su proceso de construcción. En líneas generales describe los principales logros de las bioéticas desarrolladas en el contexto brasileño y latinoamericano, destacando, sobretodo, su acercamiento a los Derechos Humanos, considerados hitos regulatorios de los estándares éticos en las relaciones sociales. Presenta, al final, las consideraciones críticas acerca de la paradoja implicada en la adopción de los Derechos Humanos, tratando de fomentar la reflexión acerca de la bioética como herramienta de lucha contra las desigualdades que aún marcan nuestro continente.
Palabras-clave: Bioética. Derechos humanos. Sociedades. América Latina. Poder social. Controles informales de la sociedad.

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*"A minority is only thought of as a minority if it constitutes some kind of threat to the majority, real or imaginary" **

Bioethics is a field of reflextion that questios power, both in the relation between professionals and users in Health, and in the social dimension, specifically in those areas of public politics designed to promote life quality. Although it can also be taken as another disciplinary device of biopolitics, dedicated to produce, organize and manage the power of the *status quo* [1] and, therefore reify the domination strategies of biotechnosciences, its role as inciter of new parameter in Health is udeniable.

It is under the protection of bioethics that it is possible to reflect on individual and collective rights in Health, as well as to debate autonomy, altering the ancient paternalistic medical practice. However, if the construction of bioethics is marked by the creation of neologism from the growing development of biotechnoscience [2], is history reveals the idea of *bio*, related to biomedicine by common sense, has prevailed over the notion of *ethics* in the characterization and classification of the form of study, even though, not in a single moment, ethics would cease to be the keynote of analysis.

It is undeniable, however, the proeminence of the first of these terms (*bio*) over the second (*ethics*) in collective representations on this field of studies even because, since Darwin, science in general has based the construction of knowledge from biological parameters (in a greater or lesser degree), even when life in society is interpretated, as Social Sciences do. Such criteria prevail in the scientific imaginary and disseminate throughout all societies (in different levels), establishing itself as interpretative model of social representations on science and its *locus* of truth status. This process of knowledge construction from biology consolidates the emergence of phenomena as *medicalization* [3], seen with varying emphasis in market societies, both in East and West, as pointed in the reflux of this hegemonic position, both Social Sciences and Collective Health.

Despite being this focus historically consecrated and stragthened by the value given to the different lines of knowledge (especially in the value hierarchy established between biological sciences and humanities, giving privilege to the first one), the detailed analysis of the term shows how bioethics field is used to human and relational dimension: *the ethics is an aspect of human relations and regards values from social practices; to individual and collective behaviors and its impact in the environment and life in society*. Such character is more evident on the logical conclusion that there is no ethics neither in chemical reactions or physiological processes. Ethics is attribute – unique and exclusive – of human life [4].

Therefore, strictly speaking, there is no bioethics *in* translational research or *in* medicine validation studies. Bioethics is diligent to these investigations, contributing for the use of ethical criteria to ensure hysical, mental, moral and social integrity of human beings, directly or indirectly involved. Beyond the experimental stage, the discipline also contributes to the ethical reflection on biomedical practice when debating the effect of a new drug or exam in social life, as an example, the case of contraceptives, anxiolytics and antidepressants, as well as DNA test for paternity, which gave morality to the contemporary social life.

The importance of this statement refers to what nowadays is still usually considered bioethics: a knowledge field related only to biomedicine and to the analysis of the consequences of its findings in social life. Such conception directly influences how we comprehend the production of knowledge in this field and its classification in the list ok knowledges. Although, in fact, bioethics is a more complex area of knowledge, requiring the integration of acquirements of different areas to produce the answers demanded by reality.

The expanded scope of bioethics reflection, specifically the Brazilian bioethics, enfoques a confluence by identifying as transdisciplinary field [5] do knowledge production, where biomedical issues become *subject* on which theoretical and methodological tools of different areas lean over, from Environmental Engeneering to Humanities, passing by Philosophy, Law, Social Sciences, Education and Theology, besides Health Sciences and Medicine. From the interface arises a singular reflection type, defined as a field of knowledge production by exposing a situation, analyzes the phenomena observed and compares the identified ones in this process, producing its own ceonceptual contribution, designed to support theories and practices in this areas. Bioethics uses the discourse of different areas that approach to this field and incorporates its conceptual frameworks, dialoguing with them to produce case analysis, the ethnography of ethical conflict, identifying practices of Health or social life (taken broadly, considering not only ttthe aspects related to practices in health, but also the process healt/illness in the collective dimension).

From this anthropophagic [6] process of appropriation and elaboration of knowledge in the con-

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tributory areas, bioethics produces a knowledge presented to these areas as reflection about their practices, allowing them to apply ethical guidelines emanated in the process of transforming social reality (either in health or collective dimension). Due to the resulto f this reflexive (and anthropophagic) process that establishes the possibility of effectively conduct towards the transformation of reality by the action of involved areas, that bioethics may be characterized as applied ethics. Without this interface, it would not be a field of creation of knowledges, restricting to one more area of knowledge production.

The process of knowledge production in bioethics, established by the association of distinct areas of the same field, is feasible by the fact that bioethical reflection substantiate from the example, from a situation in where a conflict manifests, to which a bioethical analysis applies casuistry [7].

It is averred, however, that for bioethics the identification of a conflict may result from the *evidence* (concrete manifestation) or the *suspicion*, which may be detected as existence of a silent conflict, in where one of the opposing forces may not have power to be manifested or that this manifestation is not decisive enough to echo throughout the collective.

Such hodiernal signification of bioethics may seem strange (as frequently does) to all who became used to the univocal identification between bioethics and principialism, and to debate solely directed to new technologies and procedures introduced in biomedicine. To reduce the hiatus between these two conceptions and accomplish their primary function of promoting transdisciplinar and pluralistic debate, many scholars (specially in Latin America) have been working to liberate themselves (in fact) from the tutelage of this unilateral classification of scope and theme [8-65], supported since 2005 by the recognition of the social dimension of the discipline in the Universal Declaration on Bioethics and Human Rights, UNESCO [66].

Brief history of Bioethics

Originaly coined in the United States in the 70s, the term bioethics sought to designate the necessary interface between biological sciences and humanist reflection, in order to establish parameter to deal with environmental issues and the discoveries of biotechnoscience, which appeared in the occasion [67]. The most diffused signification associated bioethics to the biomedical área, especially to the Principalist Theory [68], which conceptual frameworks (*beneficence, non-malevolence, autonomy and justice*) were identified as "the" bioethics [69]. This primal perspective, under which the term was globally spread, implied that concepts of principialism become synonymous of this field of study and that biomedical area would be considered its only legitimate sphere of activity [70].

Under this concept, the discussed themes would focus on the biotechnological findings and in tis application by Medicine. Thus, bioethics acquired as "exotic" character for the common sense, relating scientific "news" that were emerging: cardiac transplants, assisted fertilization and genomics, even because the conflicts and issues deriving from this findings would predominate within discussed themes by who was dedicating themselves to the discipline. Hence, the focus of bioethics converged to the impact on moralities of newly-discovered treatments and procedures, which were usually applied in the individual perspective, contributing to obnubilate the collective dimension in the ethical analysis for heald/illness processes.

In the first of these themes, transplants, the ethical debate would revolve the characterization of death by the creation of the *brain death* concept, replacing the classical notion associated to a cardiac arrest. This definition has transferred the place of death in the body, from the heart to the brain, which thus became consolidated (also in the physiocogical level) as the ground of processes that characterize (and allow) the being. By establishing the technical and ethical criteria to define death and assist the procedures involved in transplants, the transference of the *locus* of life gave rise to another range of conflicts related to brain death status, to techniques of resuscitation and maintainance of organic life, as well those from anencephaly, eventually linked to abortion – obviously, in those societies, as in Brazil where abortion is still considered under the morality of the *sacredness of life* and not the *quality of life* and human rights for women, apart, then, from the dimension of public health [29].

The assisted fertilization theme has generated debates in multiple sources: techniques of insemination, sperm and egg banks, surrogacy, have challenged the moral presuppositions involved in the definition of kinship ties and notions of family. These conflicts have spread throughout all the societies that begun using these techniques, conseidering that in all of them the regulatory laws of kinship ties in social life were not capable of, at least until then, responding to the new relational web triggered by the originality of these procedures.

In this context, genomics had a cruial role once it enabled attributing consanguine paternity unequivocally, contributing to change traditional notions of family and kinship. Cloning (with the ineffable component of immortality) and its various derivations, related to the creation of artificial organs for transplants and to new therapies in that specialty, as marrow transplant, as an example, played a key role in the consolidation of what was understood as bioethics – that in the beginning leaned on the conflicts derived from the use of all those new techniques, opening space for debates and confrontation within the moral parameters of society; the morality and inherent norms of professional practice in Health; and the legal dimension, guardian of the social order. In the restrict dimension to biomedicine, the bioethics that emerged in this initial period introduced the questioning of individual power into the relation doctor-patient (which extends itself, in a greater or lesser degree, to the other professional categories of health), with *paternalism* as a tool. It was also put in doubt the power of choice in the relationship user and professional, within health services with respect to testing and treatment, in the *autonomy* concept [71].

The *paternalism* idea arises from the hegemonic interpretarion of the doctors' responsibility (that "*cannot be presumed*") [72] on the choice of the best treatment for "their" patient. In this case, the argument comes from the genesis of the construction of medical knowledge, from the fact that this professional training give to those who engage in such position a differentiated knowledge in anatomy and physiology, as well as pathology, what, in contrast, requires from this professional responsibility over the good use of this knowledge towards the other, who is using the services. The critique to paternalism, implied in the principialism, led to the questioning of asymmetry in the exercise of that role, resignificationg the dynamics of practices in Health [73].

The *autonomy* (concept incorporated into the medical area by the principialist bioethics) [73] refers to the ability and right of the user to exercise the choice while receiving or not a treatment, in the clinic or in the research. In the debate of autonomy, the main arguments would associate to the double imposition that falls into this choice for who seeks the service; which arises from a health state of the "patient" [25] or from the information of risks and benefits the "user" has for making the decision, discussion moving primarily for the *beneficence* and *non-malevolence* in accessing the diagnosis, but that in some cases, expanding the clinical context, walks toward the social dimension with concepts of *equality/inequality*, from which derives *equity*, approaching to the notion of justice. Points out that, while the users' (OR CLIENT?) autonomy in clinics and research, currently the debate is divided abruptely: the right to receive and not receive treatment; and the right to participat or not on a test.

Under the effect of the critique to principialism, focused on the *modus operandi* of biomedical practices, bioethics has become broader, incorporating ideas based in other values as parameters for ethics debates in practices within Health. In the Brazilian bioethics [15] it can be mentioned especially those proposed to answer to the conflicts in Health, within its social dimension, as vulnerability and vulneration; protection [20-28]; equality; and equity [18,33-38] – which, generally, is a trend throughout Latin America [49,51,52,55,56,58,59]. It is noticed that besides proposals of the own developing countries, other perspectives also suggest these conceptual frameworks [8,60-65]. However, despite these attempts to expand bioethics debate to the social dimension, the principialists parameters and the biomedical focus are still the most significative ones in terms of number of academic studies and scientific articles.

The emphasis on principialism may be attributed to several interrelated factors, from which the four most relevant were named: 1) historical characteristic of the training field from biomedics; 2) the training area of most researchers (Biology, Health Sciences, and Medicine, in which the Hippocratic principles adopted in the clinic are part of the professional formation); 3) the facility of transposing the relational parameters of medical deontology (beneficence, non-maleficence and justice) to the principialist bioethics, which has "only" added the notion of autonomy [73]; or, finally, 4) the fact that the restricted relational envioronment of clinic and research propitiate the application of bioethical parameters more easily than it can be achieved considering the complexity of variables that impact social reality.

The unquestionable importance of bioethical debate around biomedical news has not stopped that, with time, its scope would reveal itself insufficient to respond to conflicts related to health/illness processes within the collective dimension [8]. Such insuficiency became significantly problematic in countries there social conditions (economic and sanitary) were deficient for most part of population [36-38]. In these circusntances, the possibility of health care access was not minimally distributed among different segments and groups, leaving a vast contingent aside

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the transformative findings of biotechnosciente and also from the access to health, considering it as a basic condition of citizenship. It is worth noting that, by this time, the parameter to define *health* was no longer the *absence of disease*, but *quality of life*.

Under such questioning, that in Brazil was the flag for the Sanitary Reform and base for the Unified Health System (SUS), emerged from initiatives to contextualize the bioethical debate to different realities of developing countries. Researchers dissatisfied with the principialist tool [10,11] turned their attention to the rescue of collective health concepts, as well as from social movements that were emerging [16,18,26-28], in an attempt to respond to conflicts that arose from the Reform, proposed by SUS, associated to a new conception of health [74].

The initiatives to build original perspectives for bioethics accentuate the divergence regarding the North American perspective [12,33,42-45], questioning principialism – identified as a normative checklist [13] – and its focuses on healing practices. The individualism inherent to the principialist model began to be put in doubt when considering that it was put aside the ethical questioning on moral judgments that would influence health in a collective dimension, conditioning health and illness. In this sense, it is appropriate to credit bioethics as a device to the production of docile bodies that will serve to power strategies [1].

Currently, the theoretical and conceptual tools for studies in bioethics, within its social dimension, are still being outlined, but the social inequality issue between segments, groups, populations and societies was already identidied as the core reflection in the collective dimension, especially regarding health access and quality of life. Followed by the environmental debate [32,75,76], this theoretical milestone (MARCO) has been increasingly ponting language of human rights as the conceptual grammar for bioethics in various theories and proposals of analysis of relational and procedural ethics, within collective and social dimentions [8-65].

Thus, in a condensed manner, it can be stated that either in Brazil or in different Latin American countries, bioethics congregates two analytical perspectives: the clinical bioethics, that also reflects on the guiding parameters of ethics in research involving human beings, and another initial social bioethics, that tries to define and apply ethical parameters on the debate of conflicts in health, within the collective dimension.

Social bioethics and the human rights

The notion of Human Rights (HR) must be considered unequivocal gain for all manking, once it was what allowed the emergence of the need of ensuring to all people the same inherent dignity. Thinking in terms of equality, inequality and difference – for all human beings – is an achievement of the twentieth century, as a result of the consolidation of this notion.

By defining that all human beings have rights and that those rights are indefeasible, the notions of human rights made possible to be applied into a collective dimension concepts – as *equality / inequality* – designed to stimulate greater power sharing among the members of that collectivity, especially among those who question the traditional authority. Those concepts and the idea of a greater symmetry were fundamental to equate social practices and moralities that traditionally regulate power sharing among populations, segments and groups.

This universal milestone allowed all those who would not usufruct the same rights, traditionally granted to "Men" (to which HR would originally refer, according to the first title of the 1948 Declatarion) [77] could perceive something wrong, once the inherent human rights and dignity should extend to all human beings, with no exeption, not restricting males, adult, white, middle or upper class, who preferably live in Western societies and share values and the culture of these contexts [74]. It is also likely that the awareness towards this horizontal conception made possible that, worldwide, women, young, black and traditional populations (as they are named ethinical and cultural minorities in the context of HR), to think about the historical inequalities that would victimate them and, subsequently, on differences on their world view, necessary to preserve their identity.

The notion of human rights has grown throughout the twentieth centure in Western societies, extending from the right to life to the right to life of quality of populations, incorporating in this last parameter the cultural debate that, from mid 60s, became considered as essential element to this quality, especially to groups or segments with different social-cultural characteristics [78-84].

Based on notions still not completely delineated of what such rights were, social movements that emerged or strengthened from the second half of the twentieth century questioned the authority of the elderly, the powe decision of *pater familias*, the regula-

tory power of men on women, the primacy of white on black people, as other ethinical groups. In all those questionings, the arguments focused on a more equitable division of power among individuals, segments and groups, as proposed by HR. It is stressed that, at least in initially, these movements (which proposals changed sociability patters in the twentieth century) would not weave their flags formally using the instruments of human rights as their guide, although these notions were underlying claims for greater equality and asymmetry in social relations.

Among these movements, the ones that could be applied individually have been more sucessful in the promotion of effective changes of behavior in Western societies, that is, the movements related to roles and social value assigned to individuals from different age and gender segments: young, adults and seniors; women and men. For regarding a large number o people in any country of the world, its ideas were generalisable and could be applied to most individuals, reflecting world-widely and producing the transformation of social reality easily. For the same reason, the movements would relate to parcels of population, as those related to the racionalization and ethnicity, did not obtain such unanimous results in the global context.

Leaving aside the considerations on power relations under the state of exception, as well as those fought by the use of brute force, it can be deduced from this process that the transformation of reality will tend to occur as a value (and its behavior) is shared by the majority, as well as the maintainance of *status quo* (and the moralities sustained by it) becomes real by the activity of majority in the collectivety. Thus, in one or the other case, when the values that guide individual behavior are echoed into collectivity, they then become objective reality, consolidating the reproduction of the morality associated to them.

The confirmation about the action of the majority on the dynamics of reproduction or transformation of social reality evidences that the size of population (which demands maintainance or alteration of the *status quo*) is directly related to its hability to accomplish what is pleaded. In a social group, the closer to the majority individuals who claim a change in reality, the greater the chance to accomplish it for the entire population. One must note, however, that the power of the majority in the consolidation of reality is a force in itself, acting in any direction to promote transformations in equality and symmetry, or to produce more inequality, prejudice and discrimination [4].

Taking recent history to illustrate cases in which positive results in the transformation of social reality towards a greater symmetry, it is notable when considering the movements based on age, from the 50s and the 60s, that multiplied and imposed in Western societies by the increase of people in this age group, reflect of *baby boom*. It is also seen that most of women movements, who represent more than half of the planet's inhabitants. Considering the strong motivation of women to welcome the change and improve its status and power, once women's subordination was, despite the cultural differences in each society and at least then, universal [85].

Besides being a choice of the majority, the *structural permeability* of the segment or group who claims certain social value (and the behavior associated to it), also influences the transformation of reality. That is, the dispersion in the social web of population who demand the permanence or change of certain social value has also a direct relation to the possibility of performing it within the collective dimension. In the case of the youth movement from that decades, it is because there were people in that age group in all levels of society. More than what has happened to the youth, women's movements has reached notable results once the female population is scattered throughout the web, considering in this case not only differences in social class, color and ethnic background (considering, at last, specifically the cultural dimension), but also covering all ages, a variable that (obviously) does not apply to youth movements. In the case of women's movement, it should also be considered the *temporal permance* around a set of demands, once the feminine condition is associated to the physical constitution, almost indelibly, being therefore marked as "inherent biological truth", giving to the confition of being a woman a more permanent status than youth, a transient situation by nature.

Due to referring to the majority in different societies and permeate into its various levels, the identity components of the social movements of the second half of twentieth century – age and gender – have significantly changed the social reality of Western societies, regarding the transformation of places of power traditionally consolidated. These two combined movements happened to question and dissemble the traditional authority of *pater familias*, contributing to change the traditional division of power.

It then suggests that permeability, as well as permanence, are factors that propiciate reivindica-

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tions claimed by majority to be reached. Note, also, that permeability is a factor that hamper (or difficult) the intensification of conflicts inherent to the process of transformation of value or morality, once it dilutes the social structure the stigma of segment or group that is proposing change. It would be impossible, for example, to put into the 60s all women in ghettos or youngs in concentration camps, as they were segregated by the hegemon power of groups in the past.

However, if it is unforgettable the gain for humanity allowed by HR, one cannot disregard an adverse consequence of applying its intrinsic universalistic perspective, which manifests in cases where groups or segments claim these garantees and are not disperse into the social structure, neither represent majority. In contrary of previous examples, it is observed a strong tendency to eliminate dissenting voices, as happened in relation to Native American populations at the time of the European occupation took place (named "discovery") or as occurred in the twentieth century in Africa and Europe, in the withdraw of colonial governments and totalitarian regimes, respectively, led to massacres of minority groups. One can also observe the tendency in isolating real or simbolicaly the minority segments or groups, increasing the prejudice and discrimination by segregation, as the Jews throughout Middle Age, for example, or how it operates nowadays by the construction of walls to separate Latin Americans from the United States and Palestines from Israel. History shows also that in such situations, "in the best cases", the search for "adequation" into the hegemonic moral parameters in a forced process of assimilation of values and culture – as the current dynamics of coloniality [6,78-84,86] in Latin America. Even disregarding the examples from historical periods in which HR was not outlined yet, current worldwide situations illustrate human tendencies to deal ith differences.

Regarding the current situation, in which the set of countries begins to incorporate egalitarian parameters of human rights, the difficulty in applying those values into different segments and groups is due to the fact that, even being intended to safeguard the rights of nations, HR should – necessarily – express itself by documents based in consensus among nations, delineating therefore a set of essential minimums [87]. Signed in international instruments focused on Health, Education, Economy, Civil Rights, and Political, Labor and Environmental Rights, as an example, human rights do not respond to particularities of the social context or attend to the cultural specificity of peoples and subsets of the population of party States, even in those cases in where these instruments are intended to ensure specific rights.

The need to cover the majority of cases in which violation of human rights is detected, and to achieve consensus among signatory countries on best providences to be taken, essential to an anarchic structure in excellence, as the United Nations, hampers the identifications of particular nations, as the ones pointed by social movements in each country. By establishing standards for intrinsic needs for quality of life for all human beings, and that are able to be applied by national governments in different realities, RH indirectly allow the maintainance of social asymmetry that structures the dynamics of these societies. Given that are, by nature, uncapable of preventing the reproduction of asymmetries in the internal dynamic of these societies, it application inhibits the enforcement of parameters that ignore differences, specially the cultural ones, indiscriminately superposing the values of majority.

This is because the application of recommendations signed within the United Nations lies to governments of countries, which should adequate the general provisions to their own social reality. What often happens is that the hierarchical dynamics of each society, historically consolidated, hampers minority and traditional groups to effectively claim adjustments for their specific case, as observed in Brazil with a significant part of indigenous people, even when articulated through their claims.

Given the contingences that mark the implementation of HR in public policy, these instruments are often identified by minorities as another form of vertical imposition of values of minority and, therefore, rejected. It can be observed then how the transformation of reality by taking values of majority may not necessarily mean the change of *status quo* for minority, but its maintenance. Still guided by the arguments based on equality given by HR, the reproduction of asymmetry strengthens impositive processes and vertical social dynamics among majority and minority groups, contributing for that cultural rights, related to notions of identity and belonging, are forgotten and human rights rejected as a whole, identified as one more reproduction element of the colonial dynamics.

The difficulty of minorities to consolidade their autochthonal claims, especially those related to differences in cultural values, which manifests in almost every sectors enclosed by HR (Education, Law, Economics, Environment), is particularly strong in Health. In the individual perspective, it arises from circunstances in which the area is named to

act in social life, in the illness process that implies physical, psychological and social vulnerability, as well as facing unfavorable circunstances of asymmetry, inherent to professional practices and to helath systems, as observed by the principialist bioethics. In Brazil, as in all Latin America, one must add the difficulties of access to systems and the precariousness of services.

In the collective dimension of social bioethics, the difficulty may be attributed to the growing influence of the medicalization phenomenons in the construction of the truths in the social imaginary, related to health/illness processes. Resulting from the sum of technological contributions in Health and the power of pharmaceutical industry and its equipments, this phenomena has been consolidating by the use of common sense medical categories to identify and classify social practices and life habits, conditioning the "transformation" of behaviors and emotions into pattologies. The phenomenon of medicalization has become hegemonic in Western societies, extending from aesthetic to sanitary conditions, always mediated by the economical interest. Thus, almost everything that "must" or not be done originates from "health" reasons, associated to quality of life and the biomedical paradigm. By constituting itself as hegemonic discourse, the medicalization contributes to blurring the limites of clinical practice, once it disarrays with the own discourse that legitimates contruction of knowledge and the reproduction of behavior in the collective dimension.

Identifying as quality of life the biomedical paradigm extends throughout all aspects of social life. Under this framework, which represents the *piéce de résistance* of HR in Health, the imperatives generated by medicalization end up confused to the guidelines proposed by the human rights to minimize (or eliminate) social inequality and ensure (through equity) quality of life for all. For this unjust association, the biomedical paradigm is imposed widely spread, reinforcing the power asymmetry among speakers when particularities of minorities do not correspond to the parameters established by majority. For contrasting to the hegemonic paradigm, the claims of segments and minority groups end up delegitimized; classified as ignorance, deviation or aberration by majority that, as seen, represents the power to impose their parameter of truth to the social dynamics.

It becomes then fundamental to point the gap of bioethics regarding the implementation of HR, both in Brazil and the other developing countries, even if the conceptual gains from the consecration of the *Universal Declaration of Bioethics and Human Rights* [64], that has legitimated the application of the discipline into the social dimension. However, it remains the hiatus between the bioethical reflection within academy and the demands of social movements for giving visibility and legitimacy to claims that arise from a specific cultural reality that (at least potentially) may put into question the assumptuins of the hegemonic paradigm.

By keeping its focus in Health (and, therefore, subsumed to the argument of medicalization that impregnates it) and forgetting, largely, the own transdisciplinarity essential to its constitution as a field of knowledge production, the social bioethics has not fully reached its goal of mediating ethical conflicts in Health, in its collective dimension.

For basing its arguments in patterns that do not reproduce the morality of majority, even if they are shaped by HR, the social bioethics does nt question the authority in cases where the biomedical paradigm conflicts with cultural parameters of minority groups and segments or, even with individual predispositions of those who make part of the majority's social dynamics, but paradoxically do not compactuate all values or habits of life given by biomedical paradigms.

Due to the reproduction of the vertical dynamics, which marks the social biomedics currently implemented by the academy context, the hierarchical *modus operandi* is reproduced at the expense of horizontality proposed by HR. Therefore, the critique of hegemonical positions, which belongs to these perspectives, does not give the desired result, considering that such approaches have failed – effectively – on delineating tools capable of congregating differences in horizontality milestones of HR; the asymmetry values from the biomedic area are reproduces in the attempts to analyze and mediate conflicts in Health, in its collective dimension. It derives, largely, from the separation between academy and social movements, from the unfamiliarity of this first one on native discourses and local dynamics and the difficulty of the second in leading with the strength og a global market, which is the articulate principle of social dynamics in Western societies. In these circusntances, it is impossible to not point that the Brazilian and Latin American social bioethics could not act to facilitate the overcoming of vertical dynamics, decontextualized and that stigmatize the implementation of milestones of human rights in public policies for minority groups.

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Final Considerations

Despite being possible to evidence that Brazilian and Latin American bioethics are seeking to build milestones for a reflextion on ethics in Health in its collective dimension, it is also noted that the dynamics of this "inheritance" were not transcended to realize and reflect on differences concerning rights that scape the verticality inherent to the biomedical model.

To transcend this context it is needed to strengthen transdisciplinarity, seeking symmetry in the discourse of different areas that contribute to bioethics area, which will relativizes the hierarchical inheritance inherent to biomedical paradigm, that determines the vertical application of HR by social bioethics. We can also encourage dialogue with social movements, what will incorporate the authoctonous reflection and the categories emanating from these struggles, focusing on expanding the visibility and legitimacy of claims derived from s specific cultural reality, as well as updating categories and concepts of social bioethics itself.

At this moment when it begins the maturation of social bioethics, Brazilian and Latin American, such challenges must be faced and debated so that the consolidation of ethical parameters applicable to the collective dimension must continue. Only then bioethics in our continent will effectively be questioning power and fostering critical ald libertarian culture

**The epigraph is a free translation of the main character in the movie A Single Man (USA, 2009), directed by Tom Ford and based on the homonymic book written by Christopher Isherwood.*

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