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MEDICAL BIOTECHNOLOGIES FROM THE ETHICAL PERSPECTIVE OF THE RESPONSIBILITY OF THE COMMON GOOD

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Abstract

An essential component of quality of life is accessible and performant medical care, provided through responsible medical acts which guarantee the safety and security of the patient. The substantial increase in the medical needs of man and society lead to the development of various medical fields which, in turn, generated a wide area of applicability for biomedical technologies, thus facilitating new perspectives in the world wide management of health issues. Currently, ensuring an adequate standard of the medical act using new technologies is conditioned by standards of medical practice in accordance with internationally and locally accepted ethical and legal directions. In the public space, the advances achieved with the help of biomedical technologies are generally associated with the common good at dimensions amplified by a level of expectation sometimes too high. Moreover, practical evidence accumulated at a provable level, enable the statement that under the influence of science and technologies, moral changes are constantly generated in the lives of the actors involved (medical staff, patients). The potential of medical biotechnologies to change the perception of good and of responsibility towards the human body appeals to the involvement of an ethical determinism in practical applications. In the current paper we will investigate the manner in which the usage and management of biomedical technologies acknowledges the necessity of assessing the common good in an ethical framework, the essence of which is given by the defining principles for the social and professional responsibility.

Keywords: ethics, biotechnology, common good, responsibility

Introduction

An essential component of quality of life in the contemporary society is accessible and performant medical care, ensured through a responsible medical act, which would guarantee the safety and security of the patient. Currently, ensuring an adequate level of the medical act through biomedical technologies based on individual needs, with the potential to increase the quality of medical care to an advanced level, is conditioned by standards of medical practice aligned with the ethical and legal orientations accepted at the international, as well as local level.

Inclusion of ethics in providing healthcare services and institutionalization in medical units (hospitals) aim to provide fair policies and procedures which would maximize the probability to do good, following ethical and moral values. But scientific progress, maintained by the application of biomedical technologies for treatment, prevention, as well as research is assailed by many ethical challenges and moral issues (Dresser, 2010). Ethical debates on therapeutic or reproductive human cloning, genetic engineering or *in vitro* fertilization are but a few examples which relate to the manner in which biotechnologies

redefine concepts such as beginning and end of life, statute and rights of the human embryo, and physical integrity of the individuals (Luca et al., 2015). Moreover, the ethical discussion provides a multidisciplinary forum where opinions and points of view from the medical, legal and political fields may coagulate for the analysis and approach of the manner of applying ethical standards involved in patient biotechnology based care. Furthermore, we have to mention the concern for the professional education of the medical staff and the interests of the medical community, which contribute significantly, from the ethical perspective, to the quality of the medical act.

The purpose of this debate focuses on the rights of the patients which are to be protected and promoted through health policies and equitable procedures, centered on the patient, in order to maximize the probability of obtaining good results. In order to attain these goals, a unified approach is necessary, targeting the establishment and maintenance of a balance between the respect for the rights and obligations of the patients *versus* the rights and obligations of the medical staff. Thus, the premise for an ethical climate is created, which emphasizes the importance of a double involvement of ethics, respectively in:

- ✓ promoting the climate between professionals in healthcare and between them and institutions which provide healthcare,
- ✓ as well as in the extension of its involvement in promoting transparency and predictability in making decisions, and promoting measures of lack of conditioning for the medical act and its quality (Asveld, Osseweijer & Posada, 2020).

The ethical supervision of the technologic environment is mandatory, especially when biotechnologies are articulated to the human good, at the individual level, as well as to the common good, in the community. In the circumstances where, existentially, life in the XXI century has become a reality marked by technological immersion, generating a series of bioethical issues and a form of ethical (im)potency in the medical and social culture.

Philosophical perspective on the applicability of medical biotechnologies

Gabriel Marcel, french philosopher, (1963), refers to medical biotechnologies even before the affirmation of bioethics and considers them a set of optimistic promissory notes. In the opinion of Marcel, the issue of biotechnology in the ethical discussion is addressed to the understanding of what happens to the human dignity in the technicality process delivered to today's man (Marcel, 1963).

Ben Mitchell, (2007), provides a careful and well substantiated ethical perspective on the new developments in biotechnology such as genetic engineering, cloning, nanotechnologies and cybernetics. The author underlines, on one side, the utility and value of biotechnology but, on the other side, cautions on the potential morally damaging and corrosive consequences. Moreover, he draws the attention on the necessity of a clear distinction between approaches with therapeutic and medical improvement purposes, stating with good arguments that technology should be used in order to reestablish human health or in order to treat disease, and not for the improvement of human features (Mitchell et al., 2011).

Pellegrino, (2008), refines these opinions, declaring that biotechnology and bioethics, together, transform what it means to be human and what the human being actually is. Thus, biotechnology has expanded beyond any imagination, such as its powers threaten to overshadow humanity itself. But, simultaneously, bioethics has expanded as well beyond its medical limits, specifically in order to challenge the pretensions of humanity to a unique dignity and to the moral rights that such a statute entails (Pellegrino, 2008).

Julian Savulescu, (2014), philosopher comes with a more pragmatic perspective on the manner in which science, through biotechnology, can improve the life of man, especially when nature has not been too generous on the individual. Concerned with this theme,

Savulescu discusses subjects in which he values the human being at the interface with ethics and genetic interventions, trying to provide answers to questions referring to the manner in which one could control deviations. Or if, through genetic therapies, parents could choose for their child to have longer arms, for example, in order to have more strengths. Summarizing, the questions focus on the establishment of limits in the application of biotechnologies, specifically in order to avoid their expansion *how far*, which (may) become *too far*? Furthermore, people often ask themselves, what are the limits of such a program which could make every one of us better, or our children, because *whatever a good life means to you, science can help!* (?) (Savulescu, 2016).

In this dual context of good and evil, an ethical framework is mandatory for the acceptance of such experiments, a framework developed on the basis of bioethical principles which would provide a guideline for the moral assessment and for the regulation of new technologies. Also, equally as necessary are estimates regarding their impact on society, as well as ethical responses to social expectations, sometimes too high and unrealistic, with respect to the application of medical biotechnologies (van de Poel, 2016).

Medical biotechnologies in the ethical perspective

1. *Benefaction* and *do-no-harm*, fundamental principles of classical ethics become, through the perspective of normative ethics, the foundation of healthcare for the medical staff, destined to ensure protection of welfare and rights of afflicted individuals, as well as of those with whom professional interaction is achieved. Benefaction and do-no-harm are the result of concerted action through which the avoidance or solution is possible, in a responsible and fair manner, for a series of conflicts between the concerns, the rights and obligations of the medical staff and the rights and obligations of the patient. In this manner, prejudice resulting from the actions of the staff working in healthcare is avoided and/or minimized. Simultaneously, the production of effects regarding professional actions and decisions which may afflict the life of others is prevented.

The ethical standards of benefaction and do-no-harm principle in providing healthcare appeal to the deontology, since we are interested in the measures through which benefits can be obtained and risks can be avoided. Moreover, in the ethical language of standards, utility is also called for, in the sense of the classical theory of utilitarianism, *of the greatest good for most people*. This approach involves solicitude and responsible solidarity, as premises for security and welfare, in direct relationship with professional integrity (Tsioumani, 2021).

2. *Professional competence*, defined by the law as the ability to accomplish the activities required by the work place, at the level of quality specified in the occupational standard. From the ethical perspective, the term comes with a distinction for the rigors of the medical profession of theoretic and practical training, associated with honesty, sincerity and committed responsibility for the situations which may lead to distrust in the medical act. The partnership with the professional integrity, the morality of which, from the double perspective of personal and professional aspect, both in the relationship with the patients, as well as with respect to colleagues and within the team and the institution where the activity is performed can bring added value in confirming professional competence.

Ethical standards of competence capitalize, by promoting altruism, solidarity and integrity, the ethical essence of the concept of healthcare, namely, *care*, through the respect for the promises for the quality of the medical act, while avoiding the application of unwise or unclear decision. It is noteworthy the distinction between *care* and the expression *medical care*, which is not always a participative activity, the involvement in the medical act being limited only to assistance. This distinction brings forward the need for the customized subjective standard, which would respect the promises for the subjective standard. Thus,

premises are created for the insurance and promotion of the professional climate, which prevents the conditioning of the medical act and, implicitly, its quality. An increased attention must be granted to the cultivation of the therapeutic privilege, only applicable for the purpose of minimizing negative effects and, through options and approaches, ethically justified, regarding non-disclosure of truth. Moreover, promotion of measures to rectify distrust or the damaging effects resulting from the conditioning of the medical act and its quality, brings more value to the ethical standards of competence (Treanor et al., 2021).

3. *Professional responsibility*, manifested in relation to the responsibility towards patients, widens the inclusive circle of the actors within the professional community and of society towards the medical profession. At a symbolic level, these unions, through the binding of the relationships based on collaboration, trust and cooperation between professionals and specialized institution are concurring for the common purpose, of serving the best interest of the patient. We must also take into account the degree of conformity with the professional experience corresponding to the specialization and qualification earned.

Ethical standards of the professional responsibility imply standards of responsible professional conduct, which imply, on one hand, the professional aspect, and on the other, the limits of professional competence and performance, with delineations and partitions in accordance with the principle of subsidiarity and the common objective of security in matters of public health (Snell, 2009).

4. *Observance of human rights* is adopted and explored from the ethical perspective, even if their paternity is acknowledged by legal sciences, both in theory and, recently, in practice, since it refers to:

- ✓ compliance with personal values and dignity;
- ✓ compliance with the rights of the natural person to a private life, confidentiality and self-determination;
- ✓ protection of rights and welfare of individuals and communities whose vulnerabilities interfere with the process of taking autonomous decisions;
- ✓ individual and collective vulnerabilities

All these aspects are important due to their significant impact on the decisional process, especially in situations of confrontation with issues regarding the compliance with autonomy and the rights specific to the culture to whom the individual belongs to.

Ethical standards imply the need for special measures for the protection of vulnerabilities, as a form of assertion and compliance with the principle of non-discrimination, of cultural differences, national origins, religious orientations, disabilities, social and economic status, etc. The observance of personal preferences of the patient, in according with and correlated with the obligations of the health staff, represent another ethical request for the standard. Moreover, another manner of affirmation of this right is the right to autonomous choice, which value the promotion of professional correctness, through measures of interdiction for intimidation and nullification of coercion (Shah, 2021).

5. *Social responsibility* In an ascending approach, from the basis to the top of the healthcare system, the social responsibility focuses, as purpose, on the protection of public health, observed on the axis of respect for the human being, of protection for the human rights, trust, security and quality of the medical act, in the context of social solidarity and mutual support, in a social framework which would ensure the protection of public health. A society which undertakes such a purpose, the exertion of the right to benefit from medical care according to necessities, must identify the limits and creation of premises to promote this right at social level, with the observance of the principle of equality in the insurance and protection of the right to health.

Ethical standards of social responsibilities focus on the common good in the achievement there of being involved:

- ✓ individual *responsibility*,
- ✓ *confidentiality* medical act;
- ✓ *inappropriate risks* for the health of others; in the clinical applications of medical technologies the principle do-no-harm states, as a supplementary ethical dimension, the need for medical competence at the level of professional standards;
- ✓ *distributive justice* – through granting *equal chances*, *the complex ethical principle of distributive justice becomes an area of ethical sensibility* because, within the clinical setting, application of justice is often a challenge which requires constant vigilance, in order to ensure that its intentions are supported;
- ✓ the identification of the limits of accessibility to the *right to health care* and correlation with adequate social measures;
- ✓ respect for *cultural diversity*;
- ✓ *diminution of disparities* and offsets between the medical performance and the degree of absorption and the ability of social usage of medical progress;
- ✓ social measures which would prevent *discrimination* in the exertion of the right to health on the basis of differences generated by affiliation to specific social groups;
- ✓ *social responsibility* regarding the right to unhindered access to health care;

Benefaction, as foundation of health care based on application of medical technologies, has as objective the suppression of the distress of the patients and the promotion of their welfare. The sense of helping, of providing individual or collective benefits, exuded by the benefit of applying medical technologies, bestows to this principle, through the moral distinction of its practical utility, an ethical signification that must be interpreted in correlation with equity and equality of chances (Bouchaut & Asveld, 2020).

Conclusions

Within the context of modern medicine, where biomedical technologies may change the significance and the manner in which we experience health and disease, the way in which we live and die, ethics makes inquiries regarding the complex interaction between science, technology and the human life.

Taking this framework into account, to the questions regarding the manner in which the morality of a biotechnological intervention is established and the modality through which the individuals using biomedical technologies gain moral knowledge, we expect answers which would promote within the public space the moral comprehension of scientific progress in the field of medical assistance.

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