BIOS AND *Biology*

by Gilbert Meilaender

In one sense, bioethics is something quite new, a development of the last half-century or so. The term itself is of recent coinage, and only in the last few decades has bioethics gradually come to be regarded as an academic discipline.

Nevertheless, much of what we call bioethics has been around for centuries and is known as "medical ethics." As long as there have been physicians, they have reflected on what a proper practice of medicine means. The Hippocratic Oath probably dates from the fourth century B.C. from one of the philosophical schools in ancient Greece, and codes of medical ethics have been drawn up in the West for several centuries. Hence, in many contexts it may make sense to use the terms "medical ethics" and "bioethics" interchangeably.

There are also some reasons to distinguish the terms. Bioethics may, for example, have a somewhat broader meaning. It can include ethical problems in the biological sciences outside of medicine (for example, attempts to manipulate the genes of nonhuman animal species, or the use of animals in research). Roughly speaking, we can say that, even when we set to the side issues involving the use of other species, bioethics has come to include three (not entirely homogeneous) areas of concern.

First, it includes the sorts of issues treated for centuries as part of medical ethics: matters that shape the clinical encounter between physicians and their patients. It asks how this encounter should be structured. We want to know whether physicians are obligated to tell their patients the truth about their condition (and, even more, what exactly "truth-telling" means). We need to ask ourselves how much personal responsibility patients have for their health or illness, and we need to think about whether health is a purely biomedical good or whether it has more expansive spiritual and emotional dimensions.

If we do think of health in such expansive ways (as religious people, in particular, may be tempted to do), we will have to be careful lest we begin to turn the doctor into a kind of savior and ask of clinical medicine more than it can provide. These sorts of questions—about the goals of medicine and about the doctor/patient relationship—have been and will continue to be an important area of bioethical concern.

Second, bioethics includes a range of issues that have to do with our coming into and our going out of existence. Some of these issues will also be part of the traditional concept of medical ethics—how best to care for the dying, for example. Other aspects of this second area will, however, be more philosophical in nature. What do we mean by an "individual human being" or a "person"? How shall we understand the place of human beings in nature? How are body and spirit related in human beings? Our views on bioethical questions of this sort will inevitably be shaped by our philosophical and religious beliefs.

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Third, bioethics deals in questions that involve political life, questions—much in the news and debated today—about how a community organizes itself to pay for and allocate health care. What we decide about these questions has a kind of rebound effect on other matters. It inevitably shapes to some degree the relation between physicians and their patients. It helps to form our thinking about the goals of medicine. And (even while studiously claiming to bracket metaphysical questions about the beginning and ending of human life) it regulates medical care in ways that give a privileged position to some among the competing answers to those questions. And bioethics—or, at least, bioethicists—will surely help to frame some of those regulations.

In one of the first histories of bioethics, David J. Rothman, a well-known scholar of the social development of medicine, wrote of the movement from "bedside ethics" to "bioethics," a movement from a traditional patient-centered medicine to one in which other "players"—bioethicists among them—are now gathered around the bedside and involved in decisions about medical care. A move to increased presence of government regulators is a still further step in that transformation.

Christians cannot help but care about many of the questions that fall within the domain of bioethics and must, therefore, care about the shape bioethics takes. The meaning and point of suffering, the body as the place of personal presence, the importance of human freedom and its limits, the physician as one who cooperates in God's healing work—such beliefs move us to attend to the place of bioethics in our society. Because in Jesus God has taken our Bios into His own life and will one day raise us as Jesus has been raised, issues that fall within the scope of bioethics must surely demand our attention and concern.

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