

BIOETHICS AND SOCIAL RESPONSIBILITY

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The introduction of the notion of social responsibility as a basic principle of bioethics constitutes one of the major contributions of the Universal Declaration on Bioethics and Human Rights adopted in October 2005 by UNESCO.

As a message of political scope about the role that bioethics should play in the health and social sector, this reference finds its full value in a text in which “all principles should be understood as complementary and interdependent” (art. 26 UDBHR).

Any thinking with a view to deepening the reality should therefore, in our opinion, be based on a double question:

What influence can the notion of social responsibility have on bioethics?
But also: what does bioethics contribute to the understanding of social responsibility?

I Influence of social responsibility on bioethics

Without doubt, this influence essentially aims to redress the balance of bioethics, perceived as comprehending the ethical issues that affect the individual in the context of a high technology healthcare system, towards a more global, more collective approach bringing solidarity to the fore to make what really is the health of everyone as concrete as possible.

Social responsibility therefore will lead to questions about the reality and the efficiency of healthcare systems depending on concrete objectives and the search for equity. But this remains the field of bioethics and not of the whole social sphere.

--This, then, is principally **a question about the contribution (qualitative and quantitative) of biomedical techniques to healthcare**, bearing in mind the need to respect a balance of means, according to resources, between the satisfaction of individual needs and the satisfaction of collective needs, as healthcare has two faces, an individual one and a collective one, each dependent on the other (good individual health depends on a good general epidemiological state and the economic impulses that finance social solidarity depend on good individual health).

Making social responsibility a fundamental pillar of bioethics means also giving bioethics the means of responding morally and concretely to the diversity of individual needs by taking into account more fully their collective dimension.

The first consequence of this integration of solidarity into the application of new biomedical techniques is keeping in mind the fact that every medical act has as much individual significance as collective significance.

Medically assisted procreation responds to the legitimate desire to build a family but also to the idea that a society has of the role of the family as an element of social dynamics. This means accepting that every individual manifestation of a right linked to healthcare technology may find limits in a general interest that guarantees the rights of everyone.

--The second consequence of the position acquired by social responsibility is necessarily **in-depth thinking about the financial, human and material means and instruments** that the organisation of each country's own healthcare system needs.

What share of global wealth do we want to devote to healthcare? How would we like it to be used? By promoting individual spending or, on the contrary, by defining priorities of a collective sort?

On what organisation should we base the supply and distribution of healthcare services?

How can we ensure that it will give the best satisfaction possible on both the technical and the human level?

Although the world of bioethics is a recent construction, the world of “health economics” has its own history, its institutions and its “rules of the game”. Bioethics cannot either re-invent them or ignore them. It must simply take them into account to exert an efficient influence in the field of health technology.

II The contribution of bioethics to thinking about social responsibility in the health field

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The recognition and the implementation of notions of solidarity and equity in the health field are, of course, nothing new, including on the international level as is shown by the strategies and programmes developed by specialised international organisations (WHO, World Bank, ILO...).

If these organisations have been unable to fill the gap between industrialised countries and developing countries or to deal with the issues of exclusion that exists in developed countries, can bioethics then help to pursue thinking aimed at amplifying the notion of social responsibility, transforming it from a statistical parameter into a social reality?

With regard to this, there is a certain benefit to be had from the essential characteristics of bioethics: the multidisciplinary approach, pluralism and organised debate.

--**The multidisciplinary approach** provides a useful reminder that “health for all” is not only a quantitative and statistical objective. To define and implement adapted health programmes is, in effect, to understand the social and cultural geography of the populations concerned. It is not to forget the role that education and training play at every level to mobilise the health actors.

--**Pluralism** is precisely giving to each of the actors concerned his proper place in a complex process in which different types of participation of one and another combine. Our health policy should be elaborated in this “common house” which is the political society in which we live.

--**Organised debate**, which could be qualified as a positive vision of bioethical proceduralism aims to introduce into processes of choice, where technical expertise has an important place, a “democratic” dimension promoting the way for an organised debate because it is argued and transparent; a debate turned more, in fact, towards action than towards an absolute search for “consensus”.

Thus bioethics makes the quest for solidarity a shared responsibility according to the speciality of each of the actors, their knowledge, their arguments, and their involvement in a common process. Social responsibility towards healthcare is no longer then only a question of economic resources; it becomes the manifestation of ethical and society choices made in a determined socio-political context.