

## IAB PRESIDENTIAL ADDRESS

# IMAGINING A NEW WORLD: USING INTERNATIONALISM TO OVERCOME THE 10/90 GAP IN BIOETHICS

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### ABSTRACT

*The IAB Presidential Address was delivered by Alexander Capron to the internationally gathered audience at the Closing Ceremony of the 8<sup>th</sup> World Congress of Bioethics, Beijing on 9<sup>th</sup> August 2006.*

## SALUTE TO THE 8<sup>TH</sup> WORLD CONGRESS OF BIOETHICS

Ever since Professor Peter Singer organized the first World Congress of Bioethics in Amsterdam in 1992, the development of our field and particularly the building of bridges among individual bioethicists and scholarly centres around the world have been greatly advanced by these biennial meetings. These gatherings would not have been possible were it not for the vision and dedication of a group of brave (and foolish!) people, the Presidents of the successive world congresses, a number of whom have actually survived and are present with us today in Beijing.

Since Juan Carlos Tealdi, the President of the 2<sup>nd</sup> World Congress held in 1994 in Buenos Aires, Argentina, is not here with us, and since I was the President of the 3<sup>rd</sup> World Congress in 1994 in San Francisco, let me begin by welcoming Professor Hyakudai Sakamoto, the President of the 4<sup>th</sup> World Congress held in Tokyo in 1998. The Fifth World Congress, held in London in 2000, was led by Professor Alistair Campbell. The President of the Sixth World Congress, held in Brasilia in 2002, was

Professor Volnei Garrafa, who was ably assisted by Professor Leo Pessini, who is here with us. Finally, the 7<sup>th</sup> World Congress, held two years ago in Sydney, was skilfully led by Professor Paul McNeil, of the University of New South Wales.

I ask my fellow Congress Presidents to join me in expressing our admiration and solidarity to two people, so that all of us at this Congress can manifest our enormous gratitude to them, for they are principally responsible for making the 8<sup>th</sup> World Congress the magnificent gathering it has been: the President of this Congress, Professor Qiu Renzong, along with Dr. Zhai Xiaomei, the Congress' General Secretary.

## THE MORAL IMPERATIVE TO HELP A CHANGING WORLD CHANGE FOR THE BETTER

Here at the 8<sup>th</sup> World Congress, all of us have had an exhilarating but also a very busy – perhaps exhausting – four days, or for those who were at the satellite conferences, six days. Now at the end, comes

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another lecture – the Presidential Address. And you are all dutifully here, just waiting for me to finish so that you can grab your bags and head for the airport, or for one of the world-renowned tourist sites you haven't yet gotten to visit. Therefore, instead of burdening you with a complex, analytic lecture, I would like to invite you to think with me about the topics on the bioethics agenda. I come to this process not only from the perspective of having been your association's president for the past two years but also as the director of the World Health Organization's activities in ethics (and related fields) for the past four years.

Beijing conveys many meanings, many messages – but you don't have to have been coming here for years to be struck, on a daily basis, by one of those messages, which is so palpable as you look at what is going on all around us here, and that is the message of constant change. When we wake each morning and realize the world will have changed in many large and small ways before we go to bed that evening, we can ask ourselves a simple question – what am I going to contribute today to the world and particularly what part am I going to play in making it a different (and, we each may hope, a somewhat better) place?

Imagine a world in which that question went unanswered, not just on one day, but everyday, and not just by one person but by all. That would not be a world in which I would want to live – and I strongly suspect that your presence here indicates the same is true for you. To be involved in the International Association of Bioethics, to attend its World Congress, is to recognize the importance of this multidisciplinary and wide-ranging field in which we are all engaged not only to the life of the mind but to life as it is experienced by people around the world as they encounter – or, often more tragically, fail to encounter – the people and institutions that provide public health services, health care, and biomedical and behavioural research.

I say bioethics has importance because as a field of enquiry it adds to our collective understanding of the human condition and particularly of the duties and values involved in health care and research, in the creation of life and in its manipulation, and more broadly in the relation of humanity to the living world. And I say importance because bioeth-

ics as a field of action can help to advance fair processes in biomedical science and practice, respect for persons, protection of well-being, and the achievement of human flourishing. In these ways, serious engagement with the field of bioethics may contribute a bit – in a positive way – to our societies and to the way people are treated.

## ACCESSIBLE BIOETHICS PIONEERS AND HEALTH POLICYMAKERS

It's very easy to be cynical or blasé about big meetings like this, but imagine a world in which it would not be possible for young scholars and practitioners, especially those who may not previously have had the privilege of travelling outside their own country, to come to such a meeting. Some of you are so used to seeing each other, that you may not fully appreciate what an extraordinary experience it must be for these students and younger colleagues to come to such a congress and to find among the speakers the very people whose names adorn the spines of the books in their libraries. Ours is such a young field, that many of the pioneers, the people who have made great, seminal contributions on a wide range of bioethical topics, are gathered here from around the world: Battin, Blumenthal and Brock; Campbell, Chadwick, Qiu, and Kahn; Doering, Draper and Fagot-Largeault; Engelhardt, Emanuel, and Francis; Harris, Häyry and Holm; Luna and Macklin; Lie, Pogge, and O'Neill; Sakamoto and Savulescu; Sass, Song, and Sugarman; Tangwa and Tao; Wikler, Yudin and Zoloth. And who would not be thrilled to meet people whose outspoken advocacy of human values in medicine and the life sciences – people like Benetar, Cash, and Diniz, like Greco and Moazam, and like Kaufman and Khan – set such an inspiring example of how bioethics can make a vital difference in the world?

Likewise, what a privilege it is for us all to listen to the rising stars of the field – Patrao Neves, Verweij, London and Rogers; Dawson and Dodds; Zhai, Zilgalvis, and Zoboli; Nie, Jafarey and Ballantyne; Hamano, Levinson and Selgelid; to say nothing of Wolpe and Fan.

To get another sense of the difference that a meeting like this can make, imagine a world in

which senior leaders from government and the professions in any field came to listen and to share their own experience and vision with a group of international scholars. Imagine that world and you would be in the very place we have been these last days, not only with governmental advisors on bioethics from countries around the globe but also from the highest levels of the Chinese health establishment, thanks to the participation of Zeng Guang, Zhang Konglai, Wu Zunyou, Chen Zuh, Liu Depei, Peng Ruicong, Qi Quoming and Hu Ching-Li. Listening to these names – and thinking of all the others whom I will soon be embarrassed to discover that I have unintentionally omitted (for which I apologize in advance) – you can see one great value in the opportunity that our World Congresses provide, the opportunity for an international group of bioethicists to confront the real problems of health care and research with the people who are charged to address those problems every day, and perhaps in some small way to assist in finding a resolution for some of those problems and thereby help to achieve a more just and healthy society.

In a world scarred by sectarian violence, disfigured by ethnic strife, and endangered by the conflict of nations, imagine a place where there is deep and respectful listening, intellectual exchange, and acceptance of cultural, religious and philosophical differences. Imagine a world in which people may passionately disagree but are still open to learning and to the possibility of change. Imagine a place where people do not believe they need to dictate to others or to impose their views on them. Imagine that world and you will have the world of bioethics.

We have not, of course, arrived at nirvana. The agenda of bioethics still needs our careful attention. In particular, I do not think we have yet fully reaped the benefits that arise from being not merely an association on bioethics but an international association.

### **THE FIRST FOUR STAGES IN BUILDING THE BIOETHICS AGENDA**

In its early days, bioethics arose from the tension between beneficence (in the guise of medical

paternalism) and self-determination (in the guise of patient autonomy). It was fed also by a horrified reaction to the wrong that occurs when neither beneficence nor autonomy apply – whether in the concentration camps of Nazi Germany or the clinics of Macon County, Alabama, or more commonly if less dramatically in the wards of hospitals where patients became material for medical education and experimentation with no one bothering to give them any real choice in the matter.

Bioethics was soon fed by a growing concern in many segments of society (initially, only the high-resource societies, of course) over the powers of scientists to transform living things – especially human beings – through implanting electrodes and developing powerful drugs, through genetic engineering and manipulations that seemed aimed at producing creatures as amazing as the ancient Chimera, and especially through manipulation of the reproductive process, with test tube babies and surrogate motherhood. Finally, in recent years, bioethicists have given serious attention to the ethical aspects of public health and populations: What limits may be placed on individuals' pursuit of their own objectives in order to secure, or to more fairly distribute, good health for the population as a whole? How are life-saving resources allocated and to which particular ends? By what measures can we determine whether the processes and the outcomes are fair and respectful of persons? In what way does health express a community's values, and should traditional knowledge and practices that have long been integral to a culture be married to scientific medicine, and if so, how?

As each of these sets of issues – individual care, human research, biotechnology, and populations – have been added to the bioethics agenda, the field has been enriched, more able to have more significant effect. Yet what exactly has the international aspect added?

### **GIVING THE AGENDA THE FULL BENEFITS OF CONDUCTING BIOETHICS INTERNATIONALLY**

I think that like the other changes, internationalism has great potential which has not yet been fully

realized. First, I suggest that we need to take much more seriously the comparative aspects of international work. For example, we could press further the debate between universal and particular ethics, and we could attend more carefully to national differences at the legal, political, cultural, and socioeconomic levels as they affect public health, healthcare organization and financing, and biomedical research. It is simply naïve for a field of applied ethics to suppose that 'ethical' policies can be divined at a wholly abstract level. Why would what is right look the same in countries with radically different systems of government, research sponsorship, and healthcare professional training and licensure, much less differences at a social or cultural level?

Plainly, given the effects of social determinants, not merely the distribution of wealth and goods in society but also the absolute levels of wealth, education, and the like can have enormous effects on health outcomes. But so too can the presence or absence of freedom – in the press, in the marketplace, in the political process – and likewise the degree of personal security experienced by the population. There is no way to imagine a world in which these factors are irrelevant because they are the very substance of our world as a social and not merely a physical reality. And so, whether the bioethics issue is the distribution of anti-retrovirals for HIV/AIDS, the manner in which organs are donated for transplantation, the rules about what ways physicians can aid patients in dying, or the standards for caring for research subjects found to have illnesses unrelated to their research – whatever the issue, political scientists, anthropologists, economists, psychologists, and sociologists with real knowledge of differences among cultures and nations need to be participants in our discussions if we expect the results to be defensible as applied ethics. And, I believe, the likelihood of such fully fleshed out discussion is greatly increased if the dialogue moves in a comparative direction, through a careful exploration of the thinking, and the policies, found in different parts of the world.

Besides this comparative move, we should also develop the truly international aspects of the IAB, by which I mean those that relate to the new global architecture for health and those national and international structures that affect access to the many global public goods which contribute to health. We have begun to see discussions of some of these, such as the surveillance system for communicable diseases provided by WHO's newly reformulated International Health Regulations, which has profound implications not just for health but for liberty and solidarity. And many bioethicists have participated in the development of international guidelines by groups such as the Council for International Organizations of Medical Sciences (CIOMS) and UNAIDS. Yet there are many other non-governmental organizations and non-health inter-governmental organizations, such as the World Bank and the World Trade Organization, which deserve more attention from bioethicists.

If we seriously embrace this next step in the evolution of bioethics, we should be able to imagine a world in which health systems treat patients with respect and are able to provide the care they need on a fair basis. And we can imagine a world that overcomes the 10/90 gap in health care, that is, one in which researchers are encouraged to pursue new knowledge aimed at truly relieving the global burden of disease and not simply to provide small improvements for diseases of the richest fraction of the world's population.

To reach this goal, however, I think we must imagine a world in which bioethicists not only work internationally and comparatively but in which we too address our own 10/90 gap – in which too much of the energy of our field is spent on the most esoteric problems and too little is spent addressing the ethical outrages of inadequate primary health care for all and lack of access to drugs for common diseases that kill and cripple tens of millions of people. Let us, then, imagine that world . . . and work to make it happen.