

Complexity in Bioethics

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Editorial

Complexity (L-complexitas) is perhaps the most essential characteristic of our present day global networking interdependent society. The traditional scientific method, which is based on analysis, isolation, and the gathering of complete information about a phenomenon, falls short when dealing with such complex interdependencies. Belgian cyberneticist Francis Paul Heylighen proffers use of the emerging science of 'complexity' as an alternative methodology capable of tackling such problems.

In philosophical context, the science of complexity is based on a new way of thinking standing in contrast to Newtonian science which is primarily based on reductionism, determinism and objective knowledge. Newton believed his laws provided an inductive scientific methodology and constituted a paradigm shift from both Aristotelian syllogistic logic and the deductive tendencies of Descartes.

Philosopher and epistemologist Carlos Eduardo Maldonado argues for the 'complexification' of bioethics and widening the bioethics working spectrum from a limited anthropocentric view to a larger and deeper comprehension. I share his belief that we should consider the ongoing complexity in bioethics as an opportunity to enrich the ethical, political, social and philosophical 'spectrum of life'.

Bioethics undoubtedly represents a complex intellectual multifaceted phenomenon. Although an established scholarly academic field, it still struggles to find a clear methodology and the coherence of an epistemological canon. Because it rests upon the contribution of different disciplines, bioethics can be described as an 'open system' whose questions can never be settled on the basis of one perspective alone; interdisciplinary enterprises are, by definition, continuous efforts.

Yet the lack of a sense of finality in bioethics can hardly be understood as the result of only methodological instability. Such a position would implicitly entail the idea that ethical reflection operates with theoretical resources of a purely formal nature, whose meaning can be determined independently of contextual variables and historical presuppositions.

We can look at the complexity of American bioethics as the necessary result of the general cultural framework within which it operates. More specifically, paying attention to the fact that the difficulty in coming to conclusive convictions about complex ethical issues depend upon larger notions of a social and, ultimately, political nature. For example: whether to allocate public funding for research on stem cells; allowing experimentation on embryos obtained through cloning techniques; enacting provisions at a state level legalizing physician assisted suicide.

Such a framework can be called the 'climate' of American bioethics. Unlike other metaphors, the climate conveys a sense of a condition that molds and defines the nature of a place or even the personality of a

people, as Kant noticed so clearly and wittingly in his 'Anthropology.' And yet it does so without a sense of necessity. Other traditional metaphors exist to convey the meaning of such a general framework. However, categories like the "ground" or the "foundation," have fallen under intense scrutiny in contemporary philosophical debate, because they seem to convey a sense of ideological dogmatism.

Perhaps American bioethics can be better understood when seen within a larger conceptual web. The presupposition here is that we never think about the morality of our actions or about criteria for conduct in vacuum. Terms that circulate within ordinary discourse such as "justice" and "freedom" are also within social and political thinking. This has practical implications for bioethics. No matter how strenuously bioethicists may hope to isolate their perspectives from wider civic imperatives, social and political theory frame and penetrate all bioethical considerations. Indeed, to reiterate the point made by political philosopher Jean-Jacques Rousseau, to separate politics from ethics is to fail to understand both.

In Western bioethics, the notion of solidarity has recently emerged as the category able to strike a balance between the alternatives of collectivism and individualism. Such a notion plays an important function in a variety of issues spanning from reproductive rights to fair distribution of health care resources to medical research and experimentation.

A bioethics inspired by the notion of solidarity calls for a genuinely pluralist normative system that recognizes and sustains a mode of thinking equally distant from excessive privatization, on the one hand, and overweening state control on the other. Solidarity thinking pleads for a notion of democracy that entails a vision of tolerance and understanding of the importance of cultural traditions, the realization that the essence of democracy is the freedom which belongs to citizens endowed with a conscience.

In the ethical voice of political theorist and philosopher Vaclav Havel: "We must trust the voice of our conscience more than that of all abstract speculations and not invent other responsibilities than the one to which the voice calls us. We must not be ashamed that we are capable of love, friendship, solidarity, sympathy and tolerance, but just the opposite: we must see these fundamental dimensions of our humanity free from their 'private' exile and accept them as the only genuine starting point of meaningful human community." This is the voice of an ethical polity. Were such voice to prevail, the way in which our ethical dilemmas are adjudicated, including those emerging from bioethics, would be rich and complex enough to enable us to see the public and civic consequences of our private choices, even as it would guard against intrusion into our intimate lives.

Ethical dilemmas are inescapably political and political questions are unavoidably ethical. Bioethical dilemmas can never be insulated from politics, nor should they be. But the way in which such complex matters are addressed will very much turn on the social and political

framework to which the ethicist, the doctor, the patient, and the wider interested community are indebted.