

Can Bioethics Survive in a Dying World?

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Significant changes in the natural environment over the past 40 years pose key challenges to health and health care in the 21st century. Health care has not yet given serious attention to what the current environmental situation means for human health, or for maintaining an effective health care system. Bioethics is in a good position to help health professionals engage environmental questions. But bioethics, as a field, will first need to explore and integrate “ecological thinking”—thinking based in the concept of connectedness and committed to viewing humans are part of nature rather than exempt from it.

KEY WORDS: environment; nature; biocentrism; bioethics; Darwin.

One impulse from a vernal wood
May teach you more of man,
Of moral evil and of good,
Than all the sages can.

—Wordsworth, *Tables Turned*

I

Since the field of bioethics coalesced into a self-conscious, coherent discipline some 40 years ago, much has changed in the world of health care and, even more, in the world in which health care takes place. We have witnessed the advent of a global economy, the opening of cyberspace, the emergence of HIV and AIDS, dramatic shifts in geo-political boundaries and alliances, and a significant decline in the overall stability of Earth’s ecosystems. Each change has important implications for health care, but I want to focus here on the natural environment, where recent dramatic shifts have been poorly integrated into health care and into our conversations about health care ethics.

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Environmental decline was a serious worry in the 1960s, but the problems seemed to most people quite manageable. The small contingent of vocal doom-dayers now seem overwrought; the predictions of catastrophe have not, it seems, materialized. The world population has expanded, rapidly; but the planet appears capable of supporting our current load—the biosphere has not yet collapsed. A billion people are starving, and several billion more are undernourished, but not—as was predicted—because the world has run out of food. The fear that toxic pollution would give everyone cancer has not yet borne out. Although many forms of cancer are on the rise, only a few have been linked to toxins in our environment.

What is notable about environmental issues, aside from the unsurprising fact that predictions are often wrong, is their persistence. Four decades ago environmental problems came up on occasion. Now, we are subject to a constant barrage of stories about ecosystem decline. For example, we read about yet another oil spill (this time off the Galapagos Islands), about efforts to save the rapidly disappearing Black Rhinos, about running electrical blackouts in California. We read about the death of the Aral Sea from pollution and diverted water, with a fallout of illness and of economic distress for the humans living nearby. Blackwater Nature Refuge—an expanse of wetland and wildlife preserve in Maryland, home to herons and cattails—reports that the effects of global warming there are startling. High voltage power cables have been definitively linked to childhood leukemia. Like white noise, the background disturbance buzzes in our ears, louder and more distracting.

Although most people are exposed to environmental issues in the media, and although most people share a basic understanding that broad and profound changes are taking place in the natural world—that our climate is changing, that plant and animal species are going extinct at a rate of about 30,000 a year, that all humans tested carry a body burden of endocrine-altering chemicals such as dioxin—despite all this information, environmental thinking seems strangely isolated from the normal patterns of thought and discussion in bioethics.

Of course, one might say that bioethics has no particular reason to talk about environmental issues, since bioethics is about what goes on in medicine, and perhaps a bit more generally in public health. We are certainly informed about global warming and loss of biodiversity as we read the morning paper, but once at work we turn to more urgent matters.

II

Bioethics is in a good position to adapt itself to the biological, social, and moral implications of environmental change. After all, it has successfully responded to recent changes in the technology of medicine and in medical economics. What stands in the way of a more fully perceptive and engaged

bioethics is only the small matter—which may take decades to achieve—of understanding the relevance of environment to health and medicine.

It seems clear that we have a responsibility to respond to the environmental situation—for our own sake, for our children’s sake, and for the sake of nature. A long tradition in moral philosophy tells us that it is wrong to stand idly by in the face of suffering. Even when one is, individually, powerless to alter the situation, moral action requires taking a stand. It is now well beyond decent debate whether our current environmental problems cause suffering, both to humans and across the expanse of nature.

There are obvious empirical connections between medicine and environmental decline. The health care system and the people working in it contribute in a variety of ways to environmental degradation. For example, health care relies on heavy use of petroleum-based energy, which causes ground level air pollution and adds to the atmospheric overload of carbon dioxide; health care also introduces a variety of toxic materials into the environment (mercury, cadmium, and dioxin, to name just a few). Surely we have a responsibility to explore these connections and to see if the harmful effects of health care can be mitigated. Is the principle of “do no harm” restricted solely to the physician–patient encounter?

More important, we need to recognize the connection between environmental decline—or “change,” if you prefer the blindfold term—and human health. Healthy ecosystems are the foundation for human health: it is ridiculous to think of human health as independent from ecosystems. Environmental decline has profound implications for our ability to keep human populations healthy. Distressing stories of the human side of environmental decline are already abundant. If we care, morally, about humans being healthy (if we think “health” is a positive moral state towards which to strive—which, it seems to me, is one of the key assumptions of bioethics), then we need to care about what’s going on with the natural environment.

How can bioethics integrate awareness of our environmental predicament? First, we can explore “ecological thinking”—thinking based in the concept of connectedness and committed to viewing humans as not exempt from nature but part of it. Second, we can expand our ways of thinking, exploring, and expressing; we can be more open to poetry, to fiction, to the aesthetic qualities of our lives. We can put our imaginations to work.

III

“Humanity has . . . had to endure . . . great outrages upon its naïve self love.” The shift from a geocentric to a heliocentric universe destroyed our sense of cosmic standing, and Darwinism “robbed man of his particular privilege of having been specially created, and relegated him to descent from the animal world.”¹

Stephen J. Gould argues that for a scientific revolution to be complete, two distinct phenomena must occur: a realignment of the physical universe and a

reassessment of human status. “Scientific revolutions are not consummated when people accept the physical reconstruction of the universe thus implied, but when they grasp the meaning of this reconstruction for the demotion of human status in the cosmos.” For Gould, humans have not yet “completed” Darwin’s revolution; we have not yet grasped the meaning of Darwinism for human status.

The main thrust of much environmental philosophy is the completion of Darwin’s revolution. Until we understand human ethics within a rich tapestry of moral relationship with other creatures, with webs of interconnected life, our ability to think ecologically and to act responsibly—to respect nature—are seriously limited. The assumption of human distinctiveness has a strong hold on bioethics that quietly but definitively shapes the philosophical dialogue about values. It is an assumption that directly hinders ecological thinking.

David Morris asks, “How would ideas of health change if we move from an anthropocentric to a biocentric perspective?”² This rich and suggestive question, asked some five years ago, still awaits exploration by bioethicists. Biocentrism places humans, both biologically and morally, *in* nature; nature itself—individual creatures and whole ecosystems—has inherent moral worth. Biocentrism encourages us to see the complex relations that bind humans to other species and to the ecosystems required for their survival. Is it essential to see the world from a biocentric perspective in order to take the human relationship to nature seriously? To have respect for nature, especially for nature’s key role in sustaining human life? Perhaps not. But our moral values are likely to require some relation to what we understand about the universe and our place within it.

In “Tintern Abbey,” Wordsworth writes of “abundant recompense” for the losses intrinsic to the human maturation from childhood toward death. There will also be abundant recompense for the losses that come with ecological thinking. With the loss of our perceived superiority over nature and with the loss of our perceived exemption from moral responsibility toward nature, we may gain entry into an unimaginably rich and varied community of life.

ENDNOTES

1. Stephen J. Gould, quoting Sigmund Freud, in “Can We Complete Darwin’s Revolution?” from *Dinosaur in a Haystack: Reflections on Natural History*. Reprinted in Donald VanDeVeer and Christine Pierce, *The Environmental Ethics and Policy Book, 2nd Edition* (Belmont, CA: Wadsworth Publishing Co., 1998): 68.
2. David B. Morris, “Environment: The White Noise of Health.” *Literature and Medicine* 15.1 (1996): 12.

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