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Introduction

At the end of March 1997, the then President of the International Association of Bioethics (IAB), Alastair Campbell, visited Brazil at the invitation of the Brazilian Society of Bioethics. Firstly, he attended the Second Brazilian Congress of Bioethics, which was held in Brasília, “an architecturally planned capital and representative piece of artistic design” (Campbell, 1998, p. 01). Following this, he got to know São Paulo, where he participated in an International Seminar on Clinical Bioethics, which took place at the public hospital of Heliópolis, the biggest “favela” or shantytown in the biggest industrial and population center of South America. On his return to Great Britain, he wrote an emotional editorial in the issue of IAB News of that European spring, recounting what he had seen and felt during his trip. One of the paragraphs went like this: “When I left Brazil after a short visit, I felt especially grateful to my hosts, not only for their friendly and insuperable hospitality, but also for bringing out how much I have now started to perceive the nature of bioethics. I was able to see for myself how difficult it is to maintain a public healthcare service with minimal resources and huge problems of poverty. I could also see the developmental challenge of massive urbanization without an adequate infrastructure to maintain it. In the midst of all of this, I got to know people who were determined to build bioethics with the capacity to make a special difference to healthcare in their country and for the quality of its development” (Campbell, 1998 p. 02). The trip to Brazil further strengthened Campbell’s conviction that he should fight for bioethics to return to the course initially traced out by Van Rensselaer Potter in 1970–1971 (Potter, 1971) and reinforced by the same author in 1988 through an organic and continuing work (and not just an isolated and time-limited study); in other words, for the objectives that came to sustain the proposal that was specifically called Global Bioethics (Potter, 1988).

Like the contradictions cited in the preceding paragraph, the thematic bioethics agenda for the twenty-first century follows two historically equidistant reference points: those relating to biotechnoscientific advances – “emerging situations,” and others, derived from repetitive situations and the acute social inequalities observed worldwide – “persistent situations.” In this manner, like what happens on a worldwide scale, this paradoxical phenomenon is also reproduced in Brazil, in strong colors, even though the country has undergone a significant improvement over the last 10 years, with the elevation of no fewer than 36 million people into the so-called middle class (more than 20 % of Brazil’s population). In the specific case of Potter’s global bioethics, the topic of biodiversity is of singular importance for Brazil, since the country’s interests in the fields of environmental equilibrium are enormous. No less than 22 % of the planet’s plant species are found in Brazil, while 1 g of Amazon rainforest contains approximately 10,000 microorganisms, just to have an idea of the magnitude of the subject of biodiversity in this country.

For those who are unfamiliar with Brazil, it is not easy to understand it. It comprises around 8.5 million square kilometers of flat and fertile land; more than 190 million inhabitants born through an extraordinarily rich mixture; and the eighth

largest GDP (gross domestic product) in the world. Alongside this, despite the significant improvements over recent years, its social indicators are among the most critical in Latin America, and its wealth distribution is one of the most unequal on the planet. While 80–100 babies out of every 1,000 live births will die in some needy areas of the northern and northeastern regions, this rate comes very close to an exemplary number of ten in the southeastern and southern regions. Thus, despite the significant changes recorded over the last decade, Brazil in 2012 is a country living with one foot in the nineteenth century and the other in the twenty-first. In contrast with having a national company that is the world's biggest producer of latest-generation medium-sized commercial airplanes (of up to 110 seats) and being the country with the world's greatest mastery of the technology for oil extraction from deep sea locations, and furthermore having the capacity to perform multiple organ transplants and to be a pioneer in discovering the human genome sequencing relating to malignant tumors in different anatomical areas, more than 18 million people who are still completely excluded from this recent process of evolution and development coexist in the fields and, especially, on the periphery of Brazil's major cities (Garrafa, 2010).

Between achievements and problems, the profound contradictions cited and the consequences derived from them form an inseparable part of the work of Brazilian scholars and researchers who have chosen to follow the difficult paths of bioethics. Brazil's contradictory realities, thus, not only require very hard intellectual exercise from its bioethicists but also further sharpen the conflicts that are observed in relation to individual versus collective rights; personal autonomy versus public fairness; participation versus omission in relation to social problems; beneficence versus equity; what is known as charity versus the true meaning of critical solidarity; establishment of theoretical limits versus practical control for investigations; freedom versus responsibility in relation to what is produced; and so on.

Bioethics Development and Current Bioethics Infrastructure

Brazilian bioethics developed relatively late, only emerging organically in the 1990s. A few isolated initiatives took place prior to this but without significant impact. On the other hand, there is no starting point or specific historical reference point for its development. On the contrary, some separate events went on taking place and, at the same time, causing positive repercussions with regard to publicizing and spreading the discipline (Garrafa, 2000). At the start of 1993, for example, the journal *Bioética* was created (http://revistabioetica.cfm.org.br/index.php/revista_bioetica/index), with a regular editorial committee, sponsored by the Federal Medical Council. This journal is indexed internationally and has maintained rigorous periodicity until today, initially every 6 months and more recently every 4 months (three issues per year). There are now another two regular scientific journals on bioethics: the *Revista Brasileira de Bioética* (RBB) (<http://www.rbbioetica.com.br/rbb/>), sponsored by the Brazilian Society of Bioethics, which has been published since 2005 under the responsibility of the Postgraduate

Program (master's and doctoral degrees) of the UNESCO Chair of Bioethics of the University of Brasília (<http://bioetica.catedraunesco.unb.br>); and *Bioethikôs* (<http://www.saocamilo-sp.br/novo/publicacoes/publicacaoRevista.php?rev=b>), published since 2007 by the São Camilo University Center, in São Paulo. Many other Brazilian scientific journals also frequently publish bioethics papers, especially those within the field of public health, such as *Revista de Saúde Pública*, *Cadernos de Saúde Pública*, *Ciência & Saúde Coletiva*, and *Saúde em Debate*, as well as the *Revista da Associação Médica Brasileira*.

In 1995, at a meeting convened by a group of around 20 Brazilian bioethics specialists, which was held at the Oscar Freire Institute of the School of Medicine of the University of São Paulo, the Brazilian Society of Bioethics (BSB) was founded. Today, the BSB has more than 800 associates and it has already held nine national congresses: 1996 (São Paulo); 1998 (Brasília); 2000 (Porto Alegre); 2002 (Brasília, jointly with the Sixth World Congress of the IAB); 2004 (Recife); 2005 (Foz do Iguaçu); 2007 (São Paulo); 2009 (Búzios, Rio de Janeiro); and 2011 (Brasília). At the most recent events, the number of congress participants has ranged from 500 to 900. The BSB now has regional sections in 11 of the 26 Brazilian states plus the Federal District. Its board is elected by a direct vote among all the associates, and the board's mandate is 2 years. The BSB has an Internet website through which the board communicates and sends out news periodically to the associates (<http://www.sbbioetica.com.br>), as well as including texts of scientific interest.

In 1996, the National Health Council, a body linked to the Brazilian Ministry of Health, created the National Research Ethics Committee (CONEP), which has the task of regulating and controlling research on human beings within Brazilian national territory. Prior to this, federal legislation relating on this topic already existed, although compliance with it was lax. Since the creation of CONEP, the subject of ethic control in the research with human beings has started to be approached with the required rigor and today, Brazil has more than 600 local research ethics committees that are functioning regularly in universities, hospitals, and other public and private institutions. With regard to formal public matters, it should also be noted that there is a National Technical Committee for Biosafety (CTNBio), which is linked to the Ministry of Science and Technology and which, through a bill of law approved by the National Congress, has the task of analyzing, mediating, and regulating issues relating to research on and use of genetically modified organisms, including patent topics, transgenic foods, animal and plant cloning, and other similar matters.

Differing from large numbers of other countries around the world, including in Latin America, Brazil still does not have a National Bioethics Council. Rather than create its Council by means of a fragile Presidential Decree or even a Ministerial Decree (since this would allow a successor government from the opposition to cancel it), the country decided to follow the slower but safer path of implementing its Council through the legislature. Bill of Law No. 6032 has been under discussion in the National Congress since October 2005, when it was submitted by the then President Luiz Inácio Lula da Silva following hard work to construct a democratic proposal that would include participation by bioethics

specialists, jurists, and scientific specialists, as well as from the organized public, which participated massively in the public consultative hearings that were held in six important cities in different geographical regions of the country (Porto Alegre, São Paulo, Rio de Janeiro, Recife, Manaus, and Brasília). Currently, the bill is under a “special regime of urgency” in the National Congress, waiting for all the political parties to nominate their representatives for renewing it (Garrafa & Tenhave, 2010).

In an isolated manner and unfortunately very slowly, Institutional Clinical Bioethics Committees have started to be created. Concerned about this, the BSB and the Federal Medical Council organized the First Brazilian Congress of Clinical Bioethics in conjunction with the Ninth Brazilian Congress of Bioethics in September 2011, with the specific objective of stimulating creation of bodies of this type in this country. Some pioneering examples of such bodies have existed since the 1980s and 1990s (such as the committees in the university hospitals – Hospital das Clínicas – of Porto Alegre and São Paulo and in the National Cancer Institute in Rio de Janeiro), but these are very little for a country of the dimensions and population of Brazil.

Finally, one final important historical date needs to be specially mentioned: the holding of the Sixth World Congress of Bioethics in Brasília in October 2002, which brought together more than 1,400 participants from 62 different countries. This was the biggest congress that has ever been organized so far, anywhere in the world, and its official theme was “Bioethics, Power, and Injustice.” In other words, following the Fourth World Congress, which was held in Tokyo, Japan, in 1998, and dealt with Potter’s “Global Bioethics” (and moved somewhat away from exclusively biomedical topics), the event in Brasília definitively expanded the international work field of the discipline from specific biomedical themes to social and sanitary themes, thereby politicizing the international bioethics agenda with topics that until then had only been dealt with tangentially and occasionally (Garrafa & Pessini, 2003).

It needs to be recorded that during the Congress in Brasília, a group of Latin American researchers held a meeting in parallel to this event, at which it was decided to create the Latin American and Caribbean Bioethics Network (Redbioética). This action was subsequently consolidated with support from UNESCO on May 2nd of the following year (2003), at another parallel seminar, this time at a Human Genome Project meeting in Cancún, Mexico. This network, under the initial presidency of a Brazilian researcher (2003–2010) and with active participation from key players, particularly from Argentina, Bolivia, Brazil again, Chile, Colombia, Cuba, Dominican Republic, and Mexico, has since then come to have a decisive role in new epistemological and practical proposals for bioethics in this region, and even within the wider international context. Furthermore, Redbioética has held four congresses, published six books, held many subregional meetings, and run distance-learning improvement courses for interested individuals from all Latin American countries and some in the Caribbean. It has shown decisive action in relation to how it has followed international struggles, in the sense of inclusion of health topics (access to healthcare and medications), social topics

(poverty, vulnerability, and discrimination), and environmental topics (the right to clean water and pure oxygen and respect for biodiversity and the terrestrial ecosystem), in the text of UNESCO's Universal Declaration on Bioethics and Human Rights (Garrafa, 2010). Since this chapter aims to explain the development of bioethics in Brazil, it is also essential to signal the leading role of the Brazilian delegation in the discussions held at UNESCO, in Paris, in 2005, directed toward constructing the abovementioned declaration. Through approval of this document, which was formally homologated at a meeting held at the Brazilian Ministry of Foreign Relations, this declaration from then on came to dictate the new conceptual course of Brazilian bioethics (Barbosa, 2006).

Major Bioethics Issues and Discussions

During its first years of life, Brazilian bioethics took the reference point of the so-called principlism of the United States, based on its four supposedly universal principles: autonomy, beneficence, non-maleficence, and justice (Garrafa, 2005a). For example, resolution No. 196 of 1996, issued by the Brazilian National Health Council, which regulates research on human beings in this country and is still in force today, at the beginning of 2012, is based on a structure that absolutely follows this reference point. Nonetheless, this panorama is starting to change, especially in academic circles, coming from research groups dedicated to public and collective health in the second half of the 1990s and more widely since the Sixth World Congress of 2002 and its influence on the scientific associates of the BSB. Although many peripheral groups of lesser scientific importance have continued to use principlism as the guiding doctrine for their actions, especially in isolated disciplines within the field of health sciences, research centers that are more significant in terms of academic production have started to seek their own paths toward facing the bioethics topics and conflicts that have been detected in this country.

Through this, new proposals have emerged as alternatives to principlism and other, more traditional theoretical currents within bioethics (casuistry, contractualism, and bioethics of virtues). Among them, intervention bioethics, protection bioethics, and liberation theology bioethics need to be particularly cited, because of their prominence and especially because of their continuing presence in studies and publications. There is, without doubt, a wide theoretical and practical path that has already started vigorously and is being constructed through the proposals mentioned here, but it is interesting to see that they all coincide with regard to respect for moral pluralism and defense of the interests of weaker and more vulnerable individuals. This observation seems to demonstrate that the basic sources of inspiration for the "new Brazilian bioethics" lie in contextualization of the country's realities and its social exclusion, and defense of active citizenship (Oliveira, Villapouca, & Barroso, 2005).

There are three ways to explain this "unusual" line followed by Brazilian bioethics toward constructing its own autonomous course within bioethics,

especially among its more representative academic research groups: (1) The advanced levels of politicization of the country since the military dictatorship (1964–1985), with development of a strong sense of public commitment toward healthcare, as made explicit in the 1988 constitution (“Healthcare is everyone’s right and the state has a duty to provide/bestow it”), and as reflected in the construction of the national bioethics, given that many of its representatives have been involved in these movements (Porto & Garrafa, 2011). (2) The holding of the Sixth World Congress of Bioethics in Brasilia that, in addition to having a theme that was ahead of its time (Bioethics, Power, and Injustice), gave rise to the creation of UNESCO’s Redbioética, which has had a strong influence on the context discussed here. (3) The particular content and sense of UNESCO’s Universal Declaration on Bioethics and Human Rights, in which, as already stated, Brazil had an especially important role; the proposition and content of this Declaration had direct repercussions on Brazilian bioethics, as will be seen in the next section.

UNESCO’s Universal Declaration on Bioethics and Human Rights (2005) and its Impact on Brazilian Bioethics

Immediately after the Sixth World Congress, which was held together with the Fourth Brazilian Congress, at the end of 2002, bioethics started to experience a new impulse in Brazil. While on the one hand its development since then has generally always followed the course of public health in the country, these paths expanded and broadened from this date onward. In addition to dedication within this discipline to the usual topics of biotechnoscientific fields, of which many have a quantitative methodological basis (in the research fields of genetics, assisted reproduction, organ and tissue transplantation, end of life, etc.), other projects and lines of research have also started to focus on some persistent topics within Brazilian realities and have begun to use qualitative methodological tools that until now have preferentially been directed toward the field of social sciences.

This academic movement has opened the doors to a growing number of published papers that have started to center their efforts on social topics, such as exclusion, different forms of discrimination, poverty, access to healthcare, environmental problems, and so on.

When UNESCO’s Redbioética was preparing to participate in a meeting in Buenos Aires convened by the Argentine government, in November 2004, anticipating strongly critical discussion about the conservative biomedical content that was being constructed around UNESCO’s Bioethics Declaration, the Brazilian Bioethics Society sent three representatives – F. R. Schramm, J. E. Siqueira, and V. Garrafa. Together with researchers from another 11 Latin American countries, plus the host country of the meeting, these representatives signed the “Charter of Buenos Aires,” which demanded a Declaration that was more forceful and politicized, and which would explicitly include health, social, and environmental topics. This “Charter” was decisive in the discussions of UNESCO’s IBC that took place at

the beginning of 2005, toward reaching the content that is now known and homologated by 191 countries, through a memorable Assembly that was held in Paris in October of the same year (Garrafa, 2010).

Less than 1 year after this homologation, the Brazilian government (with support and intensive participation from the BSB and UNESCO's regional office) organized a formal seminar with cabinet ministers and more than 400 participants. On this occasion, the country's commitment toward the content of the Declaration was explicitly reinforced (Barbosa, 2006). From that occasion until now, starting from these reference points and other of importance within the national context, bioethics has had an expansion of a more organic nature within Brazilian public institutions, in ministerial work, and in universities. The number of books published within the field of bioethics has increased, along with a growing proportion of specialization monographs and a proportionally smaller number of master's dissertations and doctoral theses, which have been recorded from among the several hundred post-graduate programs in the fields of biomedical and health sciences, juridical sciences, and social sciences that exist in Brazil.

Particular Lines of Research and Epistemological Proposals

A study conducted by Oliveira, Villapouca, and Barroso (2005) presents some epistemological considerations about Brazilian bioethics from the point of view of tendencies whose theories are mainly based on the social, economics, and cultural context of the country. They pointed specially three schools to show that the emergence of a scientific community of bioethics researches, in terms of Thomas Kuhn's scientific theory (Kuhn, 2003), might be a reality in Brazil. The study provided confirmation that particular epistemological trends existed in the bioethics developed in the country, with specially defined paradigms, that is, with theoretical construction that, through a capacity to resolve problems that the scientific community considered important – specially in the fields of public health and poverty-social exclusion (Garrafa, 2005a) – acquired specific status in relation to other theories within the same field. These have been worked on organically by their authors/research groups and have repeatedly been mentioned in the regional and international academic literature: intervention bioethics, protection bioethics, and liberation theology bioethics. The authors (Garrafa & Porto, 2003; Schramm, 2003; Fabri-Dos-Anjos, 1996) used the methodology of reference points from a model containing a “discipline matrix” (a set of consensual elements from a given group of scientists) and “examples” (the concrete solution to a problem that was adopted in a shared manner by the members of the scientific community, for example, to resolve a problem of priority in the share of insufficient resources in public health, and concluded from this that all the trends reported had a convergent foundation in the theories of Brazil's socioeconomic and cultural context). In the following, a brief summary of these three bioethical lines or schools is presented.

School of Intervention Bioethics (IB)

Taking the reference point of criticism of the theoretical and practical insufficiency of principlism for managing health and social macro-problems, IB advocates that only greater depth of analysis of these issues, with new epistemological constructions appropriate for these characteristics, would be able to contribute toward building bioethical thinking that identified with developing countries (Garrafa & Porto, 2003; Porto & Garrafa, 2005). IB rejects uncritical and context-free importation of ethical theories from outside and proposes theoretical formulations that are appropriate for the contingencies of the so-called peripheral countries with severe problems of social exclusion (Garrafa, 2005a). It divides the field into two large thematic groups, with a historical basis: (a) Emerging Situations, resulting from the scientific and technological development observed over recent decades (genome research, organ and tissue transplantations, cell therapy, reproductive technologies, etc.); (b) Persistent Situations, which have been repeatedly occurring from ancient times until today (social exclusion, hunger, discrimination and stigmatization, environmental pollution, access to quality healthcare services, abortion, euthanasia, etc.).

IB also advocates that the state should have a regulatory role in relation to defending the most vulnerable segments of the population. Taking the basis of a proposal for utilitarian and consequential action, which advocates that the most appropriate ethical decisions for resolving the problems are those that benefit the greatest number of individuals, for the longest time possible, and result in the best collective consequences, IB furthermore proposes mutual collective action in situations or cases in which the state does not have a material or practical capability to resolve such problems. Nevertheless, IB emphasizes that such mutual action cannot be a replacement for the public commitments inherent to the state (Nascimento & Garrafa, 2011). IB argues in favor of lay bioethics that respects the moral pluralism that exists in contemporary human societies, governed by the reference point of liberty, but still without moving away from certain basic characteristics, such as protection for excluded individuals, affirmation of the state's role, and respect for human and environmental rights.

Moreover, IB uses two other basic delineations: the finite nature of natural resources and studies on corporeality relating to the feelings of pleasure and pain. In relation to the first of these premises, IB emphasizes the need for replacement of proposals to develop at any cost with proposals for controlled and sustainable development, thus stimulating the creation of a consumer society that relates to the obligation to constantly replace the world's renewable resources. On the other hand, regarding the feelings of pleasure and pain, although these can be perceived by everyone and a relationship line can be indicated, they are felt completely differently by rich people and poor people. These are considered by IB to be somatic regulatory markers for individual and collective quality-of-life value guidance. Other indicators used by IB, in situations of expanded regional proposals for more appropriate replacement or use of the principle of autonomy, especially in a collective and society-based sense, are empowerment, liberation, and

emancipation (Garrafa, 2005b). More recently, through stimulation from social sciences, IB has also started to expand its studies in relation to the concept of colonialism, thereby seeking to deepen its critical regional roots so as to become disentangled from the negative and obscure side of the inheritance from Euro-American colonization and globalization at any cost (Nascimento & Garrafa, 2011).

School of Protection Bioethics (PB)

PB is based on the fact that the state's role is to protect the physical integrity and assets of all individuals who are inside its territory. Nevertheless, it emphasizes that with the arrival of the so-called welfare state, the state's provisions have expanded: PB considers that not only does the state have a duty regarding public liberty, but also it needs to ensure that its citizens can have the so-called social benefits (Schramm & Kottow, 2001). Even though PB recognizes the importance for bioethics of the "solidarity principle" and "ethics of responsibility," proposed respectively by Lévinas and Jonas, it advocates that these two reference points have insufficient capacity to work on the state's role in relation to the weakest and most needy segments of the population.

PB also makes criticisms regarding the predominant currents of Anglo-American bioethics, in relation to the prominence place on the physician-patient relationship and the theory of the four principles of Beauchamp and Childress. It underscores that, with such proposals, essential themes like public health end up relegated to a secondary position, since the so-called principlist bioethics does not have theoretical contributions capable of facing up to the dilemmas within this sphere. In this respect, PB proposes that the state has to take on obligations within the field of public health on the basis of its social responsibility, while differentiating these actions from paternalism, given that according to PB, state agents only act in relation to healthcare policies in conformity with previously agreed collective decisions (Schramm, 2003).

This proposal starts from the prerequisite that health is essential for quality of life and, for this reason, it is indispensable for the development of personal potential. Despite the importance of state action for achieving what is proposed, PB emphasizes the need to respect the axiological plurality that is present in modern society and to incorporate lay morality. PB can be defined as lay bioethics that has the task of protecting the most unprotected individuals, with the aim of achieving social justice.

School of Liberation Theology Bioethics (LTB)

Brazilian bioethics has been greatly influenced by the so-called liberation theology, which sees God as the great creator of the world and sees humans as co-creators and responsible for their own conduct, for their full lives. This school proposes a relationship between Latin American Catholic theological concepts

and bioethics (Fabri-Dos-Anjos, 1996). According to LTB, there is a “mystic” that prepares bioethics, taking this to be the hidden reasons and motivations that sustain the criteria, arguments, proposed attitudes, and norms of bioethics; this is also understood as the ideals, utopian projections, or hopes of the theories (Fabri-Dos-Anjos, 2000a).

The advances of science and technology and their reflections within contemporary society are also a concern for this theoretical school, starting from new interpretations of the meanings and the particular direction of life, as well as the relationships between human beings and between humans and the environment. Along this line of ideas, according to theologians, and differing from what occurs with the majority of scholars who are dedicated to other fields of knowledge, bioethicists are touched with a special sense of justice, solidarity, and humanism, through their virtuosity (Fabri-Dos-Anjos, 2000a).

LTB divides bioethics issues into three interrelated dimensions: mini-social, midi-social, and macro-social. The first takes into account interpersonal and family relationships; the second, institutional and group initiatives (risk groups, research subject, etc.); and the last, large structures and systems of social life, such as public activities within the field of healthcare. The school of LTB makes the very particular interpretation that Brazil and the other countries of Latin America are fertile ground for its attention because of the social inequalities of these countries; in this sense, its main focus is on poor individuals and populations, interpreted as those of greatest vulnerability within society.

Postgraduate Programs

In accordance with the requirements of the Ministry of Education, there are two formal types of postgraduate program in Brazil: the so-called *Lato Sensu* (broad sense) programs, which consist of medium-duration specialization courses (with a legal minimum of 360 classroom hours); and the *Stricto Sensu* (strict sense) programs, which consist of master’s courses (with a minimum of 1 year and a maximum of 2 years) and doctoral courses (with a minimum of 2 years and a maximum of 4 years).

The first *Lato Sensu* postgraduate program developed in Brazil was conducted by the UNESCO Chair of Bioethics at the University of Brasília. This started in 1998 and continues to be regularly offered every year between March and December. Through the 13 years in which it has so far been conducted, this course of approximately 400 classroom hours has trained 320 specialists, with a mean of 25 students per year. Similar courses within the category of “specialization” are offered, although without regular periodicity, in the following institutions: State University of Londrina, Paraná; School of Medicine of the University of São Paulo – Oscar Freire Institute; Federal University of Lavras, Minas Gerais (distance learning); São Paulo Institute of Bioethical and Legal Studies, São Paulo; Bioethics and Biolaw, Ribeirão Preto, São Paulo; Pontifical Catholic University of Rio de Janeiro; Pontifical Catholic University of Paraná, Curitiba (offered only once);

Pontifical Catholic University of Rio Grande do Sul, Porto Alegre (started recently); plus another course offered by a private institution in the city of Teresina, state of Piauí, in the northeastern region of the country, also without regular periodicity. Another traditional course, albeit directed especially toward the religious topic of “Bioethics and Pastoral Care of Health,” has been offered since the 1990s at the São Camilo University Center, in São Paulo.

Today, there are three *Stricto Sensu* postgraduate programs on bioethics with regularized registration in the Brazilian Ministry of Education. The first regular program at master’s level started only in 2005, at the São Camilo University Center, in São Paulo, which subsequently, in 2010, expanded its activities to doctoral level. Prior to this, the existence of a large number of isolated dissertations defended within the field of bioethics had already been recorded, starting in the 1990s. These were presented within different academic programs with broader specifications, such as Healthcare Sciences, Medical Sciences, Social Sciences, Law, and others, in which bioethics had a specific presence as an area of concentration or at least as a line of research offered by these programs.

In turn, the first regular doctoral program in bioethics was offered, together with a master’s program, from 2008 onward, by the UNESCO Chair of Bioethics of the Department of Public Health, School of Health Sciences, University of Brasília. This program has regularly had around 60 students, of whom 40 at master’s level and 20 at doctoral level. More recently, in 2010, a consortium of four institutions in Rio de Janeiro (Federal University of Rio de Janeiro, Oswaldo Cruz Foundation, Fluminense Federal University, and State University of Rio de Janeiro) started to offer the third program every year: a new program at master’s and doctoral levels on Applied Bioethics and Ethics.

A good explanatory study on the situation of bioethics activities offered at *Stricto Sensu* postgraduate level in Brazil was recently presented by Figueiredo through doctoral research developed within the Health Sciences Program of the University of Brasília (Figueiredo & Garrafa, 2010; Figueiredo, 2011). This study evaluated 199 postgraduate programs registered in the Ministry of Education as being of interdisciplinary nature and another 691 master’s and doctoral courses within the field of health. In addition to the three programs mentioned above that are destined specifically for training master’s and doctoral students in bioethics, 163 courses (23.6 %) offer disciplines of bioethics within their programs, another 32 (4.6 %) have bioethics modules, and a further 36 (5.2 %) provide teaching conducted solely through the deontological tradition. Figueiredo’s study also shows that federal public institutions concentrate the greatest number of courses with disciplines of bioethics, with an average of 25 classroom hours, within which the conceptual reference point is almost entirely the principalist theory of bioethics. This study concluded that postgraduate programs on bioethics are at the construction stage in Brazil, since despite the existence of three regular programs that already offer specific master’s and doctoral courses on bioethics in this country, 460 (66.6 %) of the 691 course examined within the field of health did not offer disciplines relating to ethics or bioethics (Figueiredo, 2011).

Future Challenges

The contradictory social realities have made it necessary for “Brazilian bioethics” to seek alternatives to the traditional theories. Although principlism has been the springboard for this field in Brazil and still exerts a certain hegemony within the national academic context, especially among groups with less academic depth, an intellectual reaction movement has now been constructed, against the simple context-free nature of ethical proposals or “packages” that have been imported without any critical filtering, from developed countries. The proposed Brazilian theories presented here are still under construction and should not be understood as an “affront” or “scientific disobedience” to the traditionally constituted theories, but as an attempt to search in a contextualized manner for appropriate moral responses to this country’s specific problems.

As stated at the outset of this chapter, bioethics development in Brazil started late, and only now are different postgraduate programs beginning to take place organically. The observed evolution over this historical period of development is the result of a dynamic process that is making up for the lost time. In this respect, it is essential to have exchanges with neighboring countries within the Latin American community, with the objective of developing closer and more workable relationships in order to search for common or similar solutions for problems that are often the same.

Conclusion

Perhaps the best interpretation of the importance of bioethics for Brazil in the twenty-first century is provided by Fabri-dos-Anjos. In a valuable essay on this topic starting from what this author called the “cultural and humanitarian context,” he stated that in the midst of many social inequalities, Brazil had found that bioethics provided an important space for developing criticisms and concrete proposals toward constructing and ensuring a better future: “Bioethical perspectives are important in Brazil and for Brazil” (Fabri-Dos-Anjos, 2000b – p 45). Campbell’s generous words were prophetic; his reflections served as stimulus and assurance for Brazilian bioethics to start to view its problems through its own eyes and not through others’ eyes, and to think about these problems with its own brains and not from ideas formed by brains that were alien to its real sociocultural context, no matter how reliable these eyes and how friendly these brains may have been.

References

- Barbosa, S. N. (2006). A participação brasileira na construção da Declaração Universal sobre Bioética e Direitos Humanos da UNESCO. *Revista Brasileira de Bioética*, 2, 423–436.
- Campbell, A. (1998). The President’s column. *IAB News – The Newsletter of the International Association of Bioethics*, 7, 01–02.
- Fabri-Dos-anjos, M. (1996). Medical ethics in the developing world: a liberation theology perspective. *The Journal of Medicine and Philosophy*, 21, 629–637.

- Fabri-Dos-Anjos, M. (2000a). Teologia da Libertação e Bioética. In S. Privitera (Ed.), *Dicionário de Bioética* (pp. 1068–1071). Aparecida: Santuário.
- Fabri-Dos-anjos, M. (2000b). Notes on bioethics in Brazil. *Biomedical Ethics – Newsletter of European Network for Biomedical Ethics*, 5, 42–45.
- Figueiredo, A. M. (2011). O ensino da Bioética na pós-graduação *stricto sensu*, na área de Ciências da Saúde, no Brasil. *Revista Brasileira de Pós-Graduação*, 15, 139–161.
- Figueiredo, A. M., & Garrafa, V. (2010). Ensino da Bioética na área das Ciências da Saúde no Brasil: estudo de revisão sistemática. *Interthesis*, 5, 47–72.
- Garrafa, V. (2000). Radiografia bioética de Brasil. *Acta Bioethica*, 6, 165–169.
- Garrafa, V. (2005a). De uma bioética de princípios a uma bioética interventiva – crítica e socialmente comprometida. *Bioética*, 13, 125–134.
- Garrafa, V. (2005b). Inclusão social no contexto político da bioética. *Revista Brasileira de Bioética*, 1, 122–132.
- Garrafa, V. (2010). Redbioética – Una iniciativa da Unesco para América Latina y Caribe. *Revista Redbioética UNESCO*, 1, 24–35.
- Garrafa, V., & Pessini, L. (2003). *Bioética: poder e Injustiça*. São Paulo: Loyola.
- Garrafa, V., & Porto, D. (2003). Intervention bioethics: a proposal for peripheral countries in a context of power and injustice. *Bioethics*, 16, 399–416.
- Garrafa, V., & Tenhave, H. (2010). National bioethics council: a Brazilian proposal. *Journal of Medical Ethics*, 36, 99–102.
- Kuhn, T. (2003). *A estrutura das revoluções científicas* (8th ed., pp. 43–52). São Paulo: Perspectiva.
- Nascimento, W. F., & Garrafa, V. (2011). For a not colonized life: dialogue between Intervention Bioethics and Coloniality. *Saúde Soc São Paulo*, 20, 287–299.
- Oliveira, A. A. S., Villapouca, K. Z., & Barroso, W. (2005). An epistemological consideration about Brazilian bioethics from the point of view of Thomas Kuhn's scientific theory. *Revista Brasileira de Bioética*, 1, 363–385.
- Porto, D., & Garrafa, V. (2005). Bioética de intervenção: considerações sobre a economia de mercado. *Bioética*, 13, 111–123.
- Porto, D., & Garrafa, V. (2011). The Brazilian Sanitary Reform's influence in the construction of a national bioethics. *Ciência and Saúde Coletiva*, 16, 719–729.
- Potter, V. R. (1971). *Bioethics: bridge to the future*. Englewood Cliffs, NJ: Prentice-Hall.
- Potter, V. R. (1988). *Global bioethics: building on the Leopold legacy*. East Lansing: Michigan State University Press.
- Schramm, F. R. (2003). A Bioética da Proteção em saúde pública. In P. A. C. Fortes & E. L. C. P. Zoboli (Eds.), *Bioética e saúde pública* (pp. 71–84). São Paulo: Loyola.
- Schramm, F. R., & Kottow, M. (2001). Principios bioéticos en salud pública: limitaciones y propuestas. *Cadernos de Saúde Pública*, 17, 949–956.