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## Introduction

Bioethics is often regarded as a typically Western phenomenon. According to this view, its development began some forty plus years ago in North America and shortly later in Western Europe in response to emerging scientific and technological advances. It is strongly based on Western values and ethical principles. And, recently bioethics has been “exported to increasing numbers of developing countries” in an almost missionary effort to bring “salvation” to other parts of the world (Myser, 2011, p. xix). This view of today’s bioethics is often advocated by anthropologists and sociologists interested in the cultural values and traditions of specific countries (De Vries & Rott, 2011). But it is also defended by some researchers, philosophers, and healthcare professionals in developing countries, arguing that Western bioethics has been imported in their countries without sufficiently taking into account the indigenous and traditional value systems (Chattopadhyay, 2011). This view on the development of bioethics will be called the “story of exportation.” According to this story bioethics has originated in Western culture. It is nowadays being exported to other countries, thus imposing Western values on non-Western cultures in the process. Accordingly, bioethics is regarded as an exponent and promoter of “moral colonialism.” Therefore, it is appropriate to talk about the “globalization of bioethics” or “globalizing bioethics” as a phenomenon that can be studied, analyzed, and explained as an interesting subject by anthropologists, sociologists, historians, and political scientists who pursue empirical studies and are interested in transformations of value systems, cultural and intellectual imperialism, and so forth. According to this view, any talk about “global bioethics” is suspect because it implies unsubstantiated claims of normative universality that basically amount to imperialistically exporting and

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imposing a dominant Western ethics upon other approaches in ethics in other cultures and traditions.

This view on bioethics is closely related to a particular view on its origin, i.e., the “story of invention.” This view centers around the claim that modern bioethics is in fact an American invention. In *The Birth of Bioethics*, bioethicist Albert Jonsen describes how bioethics emerged in the 1960s in the United States. Jonsen’s historic sketch of the transformation of the old medical ethics into the new bioethics reflects his own story. Like many other early bioethicists he had been drawn from theological and philosophical backgrounds to the new ethical discourse around medicine, healthcare, life science, and medical technologies. Those pioneers have developed bioethics as a new discipline, crafting the theoretical framework and core notions and principles, as well as developing a public discourse, bringing ethical debate and reflection to hospitals wards, classrooms, courtrooms, and television studios. But first of all, this history demonstrates how bioethics was first born in the United States. Dan Callahan, another founding father of bioethics cited in Jonsen’s history of bioethics, has said it this way: “Bioethics is a native grown American product” (Jonsen, 1998, p. 377). From this point of view, bioethics in other countries came only later; there simply was no bioethics prior to its American invention. Naturally this later development makes bioethics in other countries less relevant and interesting. Thus, in his 431 page book Jonsen touches on developments outside the USA in only one chapter, entitled “Bioethics – American and elsewhere” (29 pages). In this chapter actually not less than 5 pages are devoted to bioethics outside the USA.

Jonsen extensively elaborates on the question of why bioethics has, and perhaps only could have developed in his country. At first sight, there might be historical reasons: critique of medical paternalism, the citizen’s rights movement, the emergence of new technologies, liberalism with its emphasis on individual freedom, and the market ideology. However, according to Jonsen, the real explanation for the invention of bioethics should be sought at a deeper level: the American ethos. In Jonsen’s view, this is a way of thinking about ethics that is difficult to understand if one has not lived through the American experience. It is obvious that from the perspective of this interpretation of bioethics it is difficult to conceive of a genuine global bioethics. It can only imagine globalization of bioethics as an extension of the bioethics that has been invented in the USA. However, that extension is intrinsically somewhat difficult because bioethics is so tightly connected to the American ethos. Thus, in this perspective bioethics in other parts of the world is indeed the result of importing US values and adapting them to the idiosyncrasies of non-US countries.

Both the story of exportation and the story of invention are in fact two sides of the same coin. They articulate the outsider and insider views, respectively. More important is that they both lead to similar conclusions. Protagonists of both stories will primarily articulate the differences between forms of bioethics: Asian bioethics and European bioethics, and also Mediterranean bioethics, French bioethics, and perhaps even Burgundian bioethics. They will point out the enormous cultural diversity. In the perspective of diversity, bioethics will be focused on differences

rather than commonalities. Global bioethics in this perspective will primarily address different traditions, religions, and cultures but is less interested in the question what they have in common. They can hardly promote any universally shared values that might make sense of global bioethics. For believers in the story of exportation this would be offensive as, from their point of view, such a conception of global bioethics can only be driven by an agenda that advances Western values to the detriment of non-Western traditions. It disregards other cultures and lacks respect for cultural diversity. For believers in the story of invention promoting universal values is irrelevant and hardly interesting as an essentially US derived bioethics will have to be modified according to local and regional specifics of other cultures in order to be successfully incorporated elsewhere.

Thus, for believers of the stories of exportation and invention, global ethics as based on universal values is either undesirable or impossible: it is either abusive or futile. Bioethics must always have a local origin and a local field of application. It cannot overcome its specific, localized origin. It must always remain characterized by its local nature. Thus, both stories lead to the same conclusion. If bioethics is indeed a Western product it should not and, in fact, cannot be disseminated in other countries, at least not in an unaltered state. Nowadays nobody wants to be regarded as an imperialist and neocolonialist, certainly not bioethicists.

This Handbook of Global Bioethics will follow another approach. Surely, bioethics has an important origin in the West. That being said, however, more historic research may be required to sketch a complete picture of bioethics' origins. Whatever the precise historic origins of bioethics, currently, it has turned into a truly global phenomenon. It has significance around the world, because people are not merely European or Asian, but citizens of the world and members of a global moral community. Bioethics is important for everybody everywhere, not because it is imported or imposed, but because it provides a universal framework to interpret and manage the ongoing changes, in which currently all countries and cultures are involved. However, the interpretation and application of this framework must always be informed by local circumstances. Thus, present-day bioethics must be conceived as characterized by both its global nature as well as its local characteristics. On this view, local traits and origins as such do not preclude universal validity. Whatever one might find out through historical research about the precise origins of the ideas that slavery and racial discrimination are wrong, these findings are not going to have any influence on the universality of these norms. The origin of norms does not affect their universality or lack thereof.

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## **The Coining of “Bioethics”**

The word “bioethics” was introduced in the intellectual discourse in the early 1970s. Warren Reich (1994) concluded that it had a “bilocated” birth, the word being coined more or less at the same time by Van Rensselaer Potter in his publications and by Andre Hellegers in the initial name of the Kennedy Institute.

It is clear, however, that Potter had already used the term in a journal publication in autumn 1970, months before his book *Bioethics: Bridge to the Future* was published (Potter, 1971). The book again preceded the opening of the Kennedy Institute with a half year. The term “bioethics” became quickly adopted and widely used. In 1973, for example, Dan Callahan published “Bioethics as a discipline” (Callahan, 1973). In fact it was an ideal term to designate a new movement, away from the traditional medical ethics, and referring to an innovative discipline that was open for experts from a broad range of other disciplines. The recent claim that the term “bioethics” was in fact coined long before the emergence of bioethics as a discipline is interesting, because it embarrasses the view that bioethics is an American invention. The German pastor Fritz Jahr introduced the term “Bio-Ethik” in a publication in 1927 (Sass, 2008). His concept of bioethics is broad, based on respect for both human beings as well as other living organisms in the universe, similar to the respect for life advocated by his contemporary Albert Schweitzer. However, calling him the founder of bioethics is exaggerated. After all, his work had been largely forgotten and the term he used had no impact at all. But at least he is forerunner, indicating that a new idea always has a long history as Jahr himself acknowledged that his view was rooted in the ideas of others (Goldim, 2009).

Van Rensselaer Potter (1911–2001) worked for more than 50 years as Professor of Oncology at the McArdle Laboratory for Cancer Research at the University of Wisconsin in Madison in the USA. Potter was an enthusiastic scientific researcher. Oncology, for Potter was essentially interdisciplinary; it cannot merely focus on individual and medical perspectives. In explaining cancer, it is necessary to go beyond the level of individual persons and beyond the medical perspective, since cancer is often associated with life style and environmental influences. In the 1960s, Potter started to publish on issues outside his initial scope of cancer research, such as on the concept of human progress, the interrelation between science and society, and the role of the individual in modern society. These publications are included as chapters in his first book on bioethics (Potter, 1971). This broadening of scope was due to limitations of the range of research in which he was fully engaged; studying cell mutations only provides a limited view of the complex problem of cancer. Potter noted that progress had been made but he was also aware that the goal of eliminating cancer was far away. He argued that we must be content with “small victories” without expecting a breakthrough anytime soon. There will be some limited progress at the individual level (in terms of alleviation of suffering and improved treatment) but much more can be accomplished at the level of populations (in terms of prevention of cancer, for example, through restrictions on smoking).

However, Potter pointed out that his long-term preoccupation with cancer research prevented him from realizing that there were more important problems. He acknowledged that it took a long time before he started to look around and take interest in “the major problems of our time” (Potter, 1971, p. 150). Although Potter did not systematically discuss them, he listed the priority problems as: population, war, pollution, poverty, politics, and the negative side effects of progress. He regarded these problems as jeopardizing the survival of humankind, and their

urgency induced in him a growing concern regarding the future. What was necessary, therefore, according to Potter, was a new science of survival, a new discipline that he called “bioethics.”

In an interview in 1992, Potter indicates that the word “bioethics” just came to him, like a Eureka feeling (Reich, 1994). Interestingly, Potter himself had previously analyzed the Eureka feeling (Potter, 1975). When a new idea, concept, insight, action plan, or experimental approach is formed subconsciously and then erupts into our consciousness, the result is called a Eureka feeling. This feeling has three properties: (a) suddenness: it cannot be willed and it is unpredictable whether or when it will occur; (b) euphoria: it is accompanied by a feeling of elation, which invites action; and (c) fallibility: it has the inherent possibility of error – the new idea may be useful and survive or may be erroneous and will disappear. On the basis of his consideration of these properties Potter developed “. . .the idea of humility with responsibility as the basic bioethic” (Potter, 1975, p. 2304). This basic bioethics is nowhere more appropriate than for oncologists because of the multidisciplinary character of oncological problems. However, it has a broader validity for scientist and professionals in general. Because there is always the possibility of error, one ought not to assume that one’s own area of expertise will provide all the answers. In order to make recommendations for public policy, one should develop a realistic understanding of biological knowledge, trying to steer a course between optimistic and pessimistic evaluations so that the most feasible policy will result. It is also necessary to be continuously aware of the limitations of such knowledge since there are always built-in error tendencies.

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## A New Discipline

For Potter, “bioethics” was the name of a new discipline that would combine science and philosophy. The goal of this discipline would be wisdom. Already in his first publication on bioethics, he defined wisdom as “knowledge of how to use knowledge” for human survival and for improvement of the quality of life (Potter, 1970, p.127). The knowledge to be brought together was, on the one hand, biological knowledge or the science of living systems (hence “bio”), and on the other hand knowledge of human value systems (hence “ethics”). Wisdom is action-oriented; it is a guide for action. When there are competing possible policy decisions and when it is uncertain what to do or what has priority, biological knowledge must be combined with value judgments. In these circumstances, one can only proceed with humility. But at the same time cautiousness requires assessment mechanisms and feedback so that one learns from experiences. Bioethics is a science (the science of survival) because it is using the scientific approach of testing ideas, i.e., confronting them in peer groups, in experiments, and with what has been learned from previous investigation. Ideas should be tested and verified. They can no longer be based on introspection or logic alone. What is new in bioethics is the interdisciplinarity of this approach. We should cross the boundaries between disciplines in order to look for ideas “that are susceptible to objective verification

in terms of the future survival of man and improvement in the quality of life for future generations,” as Potter formulates the mission of bioethics (Potter, 1970, p. 132).

Already in the opening sentence of the Preface of his first book on bioethics Potter emphasized that he wanted to contribute to the future of the human species. He observed that part of the reason why the future was in danger was that the two cultures of modern society, viz., the sciences and the humanities, were not communicating. This idea had already been developed by the British physicist and novelist Charles Percy Snow in his widely read and discussed lecture “The two cultures” (1959). According to Snow, a common culture had been lost in modern Western society. This had made it difficult to solve the problems people were facing especially with regard to the future. With his book Potter intended to give a reply to this challenge. The creation of the new discipline of bioethics could provide a bridge between the two cultures.

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## Bioethics on the Wrong Track

Potter himself was positively surprised how quickly the word “bioethics” was disseminated in the ethical but also public discourse. However, he also saw that it was used to demarcate the activities of ethics experts from the traditional discourse of medical ethics without incorporating a really new approach as he had advocated. He complained that, although using the word “bioethics” suggested innovation, the ethical practice remained business as usual. Already a few years after he introduced the term “bioethics,” Potter began to make a distinction between “medical bioethics” and “environmental bioethics” (Potter, 1975). The first term signified the bioethics movement as it was rapidly developing since 1970 under the leadership of the Kennedy Institute at Georgetown University. The orientation of this movement was completely at odds with Potter’s original conception of bioethics. As an “outgrowth of medical ethics,” it was focused on medical issues and medical technology (Potter, 1988, p.1). First, it was primarily concerned with the perspective of patients: how can their lives be enhanced, maintained, and prolonged through the application of medical technologies? Second, it was exclusively interested in the short-term consequences of medical and technological interventions as well as the prolongation of our current individual existence. Third, it was unrelated to social, cultural, and political environmental determinants of human life. In contrast, “environmental bioethics” was characterized by a long-term view and a concern with the continued existence of the human species. In addition, it was developing without any connection to medicine and healthcare (Potter, 1988).

Potter conceded that medical bioethics had a somewhat broader approach than traditional medical ethics. It focused, for example, on new technologies, particularly in the field of reproductive medicine, which generated intricate ethical questions. But it was still too narrow to address what were, in his view, the basic and urgent ethical problems of humankind today, for example, environmental pollution, overpopulation, poverty, violence, and war. He regarded these problems as threats

to the survival of humankind, and their urgency induced a growing concern regarding the future. In order to adequately address these problems, according to Potter, a much broader vision was necessary. That is why he had initially introduced the new term “bioethics.” But now that this term was used in the conventional medical way, it did no longer evoke the need for a broader and more inclusive approach. Because bioethics, as it did not go beyond the medical perspective, was not generating new perspectives and new syntheses, Potter wanted to reemphasize the concern for the future of the human species by qualifying the terminology. According to Potter, medical bioethics needed to be combined with ecological bioethics, and other forms of ethics related to human life such as agricultural ethics. All these approaches in bioethics should be merged in a new synthetic and interdisciplinary approach called “global bioethics” (Potter, 1988).

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### The Coining of “Global Bioethics”

In the second part of the 1980s, Potter started to use the new term: “global bioethics.” It aimed at bringing together the different approaches in bioethics in a unified, broad approach (Potter, 1987). His ideas were published in 1988 in his second bioethics book: *Global bioethics – Building on the Leopold legacy* (Potter, 1988). In this book, he strongly emphasized the ecological perspective in bioethics, inspired by his former university colleague Aldo Leopold, an American pioneer in wildlife conservation. Leopold had suggested that there are three stages in the development of ethics. In the first stage, ethics concerns the relations between individuals, in the second stage it focuses on the relations between individual and society, and the third stage, which does not yet exist, ethics would deal with the relations of human beings with their environment, i.e., land, animals, and plants. Potter was convinced that the rise of global bioethics heralded the emergence of Leopold’s third stage of ethics.

In connecting bioethics with a global perspective Potter was in fact using ideas of Pierre Teilhard de Chardin (1881–1955), French Jesuit philosopher, geologist, and palaeontologist. In his early publications, Potter made references to Teilhard’s work, explaining that he started to study his philosophy in 1964. He also published an article exclusively focused on Teilhard (Potter, 1968), which was later included in his 1971 monograph.

Teilhard anticipated what nowadays is called “globalisation.” One of his main ideas was that humanity will develop into a global community. Teilhard devoted his life to reflection on the place of human beings in the universe and the grand scheme of evolution. Due to processes of “planetary compression” (intensified communication, travel, exchanges through economic networks) and “psychic interpenetration” (increased interconnectedness and a growing sense of universal solidarity) humankind will be involved in an irresistible process of unification, according to Teilhard de Chardin (2004). The emergence of a global community will occur, or so Teilhard argues, not because human beings will accept one single truth or will desire one single thing, but because they increasingly recognize their interdependency and their



common destiny. Shortly after the Second World War Teilhard wrote that even incidental recurrences of racism and nationalism lack importance in the overall process of cultural and social evolution of the planet; they are disastrous for individuals but compel us sooner or later to come together on the basis of human solidarity. This is what he has called the “planetization of Mankind” (Teilhard de Chardin, 2004, p. 108).

The challenge for Teilhard is to outline a new vision of the world that emerges from the accomplishments of science and that takes into account the role of human beings. For Teilhard the notion of evolution is the starting-point for such an endeavor. This notion is no longer only relevant for biology but it can clarify all dimensions of the human condition: matter, life, and mind. Furthermore, evolution is an ongoing process. It progresses through humankind, not in the sense that there will be a new biological species of super-humans but in that it creates more complexity and consciousness among human beings, an “ultra-human” phase. In Teilhard’s view, humanity was becoming more unified, more interdependent, and increasingly cooperative. Humankind would evolve into a coherent whole, a cosmopolitan community. Nowadays, human beings have significant means at their disposal to facilitate communication, distances can be easily overcome, and borders between nations are becoming futile. As a result it has never been so easy to get to know other people. Growing unification within complex diversities and an increasing feeling of solidarity between human beings are stages in the process of evolution that will lead to a moral community of citizens of the world. The world population is growing while the surface of the earth remains the same; therefore, people are obliged to cooperate even more intensely: “We can progress only by uniting” (Teilhard de Chardin, 2004, p. 66).

Potter recognized that Teilhard, like him, was interested in the problem of human progress and the survival of humankind. They share the view that human progress is the goal of the universe, that we should try to bring about the best possible future and that the best way to do this is to combine the science of biology with human values. Given these concurring views it is remarkable that in Potter’s first bioethics book there is no explicit mentioning either of the global scope of problems or the global nature of the search of solutions, the more so since the need for a global perspective in ethics had also been emphasized by Leopold. However, it is obvious that the global dimension had always been implicitly assumed by Potter. Bioethics’ basic problems such as overpopulation and poverty are necessarily affecting the whole of humankind. Bioethics’ goal of survival is global since what is at stake is the survival of humanity. Bioethics’ methods are global in the sense that they combine all available intellectual resources for long-term approaches. Global bioethics in the vision of Potter unites two meanings of the word “global” (Potter, 1988). First, it is a system of ethics that is worldwide in scope. Second, it is unified and comprehensive.

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## **Global Bioethics Today**

Nowadays, Potter’s vision remains in full force. Global bioethics is truly worldwide in that it goes beyond international bioethics. It is not merely a matter of crossing



borders, but it concerns the planet as a whole. Bioethical discourse is not limited to transnational territories (e.g., the European Union) but has become supra-territorial. Bioethics nowadays is relevant to all countries and takes into account the concerns of all human beings wherever they are. While bioethics may have primarily originated in Western countries, its reach and relevance are now planetary. On the one hand, the traditional issues of bioethics are confronted with new challenges. With the introduction of clinical trials in developing countries the concept of informed consent is confronted with different cultural traditions in which individual decision making is an unusual concept. On the other hand, the existence of global markets has created new problems such as organ trade, medical tourism, corruption, and bioterrorism. Even if such problems exist only in few countries, the way they are addressed will have consequences for other countries. Usually the transactions and interconnections between developed and developing countries can either exacerbate or diminish the impact of such problems on society and culture. Often national legislation or regulation will not be sufficient but international cooperation and action will be required. Problems like pandemics, malnutrition, hunger, and climate change require coordinated global policies and actions. Even if the moral values in specific countries and regions differ, a common ground has to be found as a world community.

Potter's second meaning of "global" refers to bioethics as more encompassing and comprehensive, combining traditional professional (medical and nursing) ethics with ecological concerns and the larger problems of society. This implies more than simply declaring that today's problems are global and affect everyone. First, it requires interdisciplinary cooperation. Global problems as poverty, climate change, and inequities in healthcare can only be addressed by obtaining and applying different types of knowledge. It is unavoidable to bridge the gap between science and humanities. Secondly, it requires that diverse perspectives must be used to explain and understand complex phenomena. Global problems can no longer be approached only from an exclusively Western or Eastern perspective. Healthcare will not be improved by simply importing and applying Western medication; we need to understand the existing value systems. Various methods and theories will therefore be used in global bioethics. It also needs input from empirical studies as well as philosophical analysis.

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## **A Transcultural Moral Framework?**

Both characteristics of global bioethics will probably not be disputed: bioethics has become worldwide and comprehensive. It has an interdisciplinary approach and applies a mixture of methods. Also, there are many new ethical issues on the agenda. Controversial, however, are the following questions: should global bioethics advance a transcultural framework of ethical values and principles? Are there any global values and principles in the sense that they are commonly shared among all human beings?

Warren Reich has pointed out that global bioethics utilizes a "comprehensive vision of methods" (Reich, 1995, p. 24). The global perspective of bioethics is not

a matter of geographical expansion, but rather, it refers to phenomena that have a global dimension – i.e., they are no longer dependent on the specifics of a particular culture or society – and that require global answers and remedies. Of course, this is not the same as arguing that there is an international set of fundamental values that is used everywhere. That we have similar bioethical problems in different countries does not imply that we follow the same ethical approach everywhere. The global dimension, however, invites us to rethink our usual approaches and ethical frameworks that are often connected to domestic values. It makes us aware of the “locality” of our own moral views, while challenging us to search for moral views that will be shared globally. As a result bioethics is increasingly connected with international law, particularly human rights law, which has a similar global vision.

Universal ethical theories that can transcend cultural differences are looked upon with suspicion. They incite some colleagues in developing countries to breathe new life into the “story of exportation” and advance accusations of “moral neo-colonialism.” Other bioethicists doubt whether universal theories can ever do justice to cultural diversity (Verkerk & Lindemann, 2011; Widdows, 2007). Of course, there should be a theoretical debate about the question of whether a common framework of values and principles is possible or desirable as a basis for global bioethics. Apart from this debate, however, we are witnessing the fast development of global bioethics as an exponent of globalization. Globalization refers to a movement toward greater interdependence and integration, or “planetization” in the words of Teilhard.

Since the globalization of bioethics is only one component of a more encompassing process, it would be wrong to suggest that bioethics became globalized as an independent entity. The ongoing globalization of bioethics is inextricably bound up with the ceaseless globalization of medical research and healthcare. As soon as humanitarian aid programs are introduced or international clinical trials undertaken bioethical discourse automatically appears as well. This does not mean that a global bioethics is “imposed.” After all, any international or global moral framework that is introduced in a new local context usually immediately engages with the ethical discourse at local level. This observation follows from current globalization studies demonstrating that there is a dialectics between global and local (see, e.g., Kirby, 2006). Many local events are shaped by events far away, while global events are often influenced by the local context and conditions. Globalization, therefore, is not simply a process in which one global culture gets to dominate local cultures. There is no antithesis between the global and the local. In contrast, they increasingly seem to gain access to each other. Instead of generating oppression of the local sphere, the emergence of a global space for moral frameworks and ethical discourse has created opportunities for local cultures to find universal expression. Many indigenous groups, for example, disadvantaged within their own countries, have been able to reframe their position with an appeal to human rights on a global platform (Kearney, 1995). The idea that global bioethics is a “colonizing” force does not take into account the interaction between global and local. In addition, it underestimates the power of existing local value systems.

This interpretation of global bioethics therefore depends on how we view globalization. If globalization is considered as an irresistible process that “reshapes, mutilates, and overturns the local,” we would indeed be subject to external forces, hard to identify and control, and making our cultures homogeneous and transforming our specific identities and values. Globalization would therefore be primarily passively endured (Burawoy, 2001). In this view, global bioethics would present values and principles as “universal” in order to dominate local value systems.

In contrast, if one takes the dialectics of global and local levels seriously, much of globalization is “globalization from below.” In this view, everybody takes part in globalization: “What we understand to be “global” is itself constituted within the local” (Burawoy, 2001, p. 150). Globalization is therefore not only experienced passively but in many cases actively produced by groups of citizens, agencies, and institutions at the local level. In this view, global bioethics does not refer to ethical values and principles that are transcending various cultures or are imposed on them from outside, but global values are produced in interactions with local value systems. The global ethical framework is emanating from the fast growing manifold interconnections between people worldwide.

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## Universal Principles and Local Traditions

In the debate on globalization of ethics, Kymlicka (2007) has suggested that global ethics is a two-level phenomenon: at one level there is a self-standing international human rights discourse defining a minimum set of standards agreeable to all. At a second level, there is a multiplicity of different ethical traditions. These “local” traditions define what is ethically required beyond and above human rights. The same distinction can be used for global bioethics. On the one hand, there is a set of minimum standards on which traditions and cultures agree; this is expressed in international human rights language and elaborated into specific bioethics principles. On the other hand, there are many efforts to articulate more specific bioethics standards in the context of specific religious and cultural traditions. Members of these traditions also bring their views in the global debate through constructive dialogues and sometimes negotiations, so that the dialectic of global and local also helps to construct and produce global bioethics. Thus, the universal principles of global bioethics are the result of continuous and multilateral articulation, deliberation, and production.

The way in which a shared global bioethical discourse can be established is demonstrated, for example, in the activities of the Parliament of the World’s Religions. In 1993, approximately 200 leaders from more than 40 religious and spiritual traditions signed the statement “Toward a Global Ethics.” This statement drafted by German theologian Hans Küng, declares that all traditions share common values such as respect for life, solidarity, tolerance, and equal rights (Küng, 1997). The document emphasizes that it is important to show what world religions have in common rather than to point out how they differ. Another example

is the Universal Declaration on Bioethics and Human Rights adopted by UNESCO member states in 2005 (Ten Have, Henk & Jean, 2009). The request to develop a common framework of ethical principles was explicitly made by developing countries. They were afraid that with the rapid evolution and globalization of medical science and research they would insufficiently benefit from the advances and suffer too many harms and risks. A major concern was that international medical research and healthcare endeavors would proceed along double standards so that people in developing countries would receive substandard care and be involved in clinical trials without the ethical protection that exists in developed countries. This call from developing countries to develop a global normative framework demonstrates that global bioethics principles are not necessarily imposed by rich and powerful countries on the rest of the world. Their development might very well be triggered and driven by less powerful countries instead. The 191 member states negotiated 2 years to reach consensus on the text of the Declaration. Many activities took place in very different countries. Expert conferences have been organized in countries such as Lithuania, Turkey, Indonesia, and Argentina. Regional conferences were convened on Latin America, the Arab region, and Africa. Experts from many countries filled out questionnaires or wrote commentaries and suggestions (Ten Have, Henk & Jean, 2009). Some issues remained highly contested. For example, it turned out to be impossible to reach consensus on certain specific ethical issues as abortion, euthanasia and stem cell research consensus. The solution was found with the above mentioned two-level approach. In the end official representatives of states but also of cultures, traditions, and religions could agree on 15 ethical principles of global bioethics. These principles include the four principles of Beauchamp and Childress but also other principles that seemed to play a more significant role in non-Western countries, such as solidarity, social responsibility, and benefit sharing.

One of the principles is that of respect for cultural diversity. This is the only principle that can never overrule any of the other principles. In other words: a healthcare practice that is violating human dignity can never be justified by referring to the principle of respect for cultural diversity. Let us clarify this by focusing on the debate about informed consent. Although there is wide consensus that informed consent is a fundamental principle, it is also argued that in different cultures informed consent takes shape in different ways. For example, in many African countries, a communitarian approach underlines the importance of the group or tribe. Thus, in healthcare and research decisions a group discusses the issue and the community leader takes the lead in decision making. In many Arab countries the head of the family tends to be crucial, and husbands are used to take important decisions rather than their wives. Nonetheless, the principle of informed consent requires that in the end the concerned individual needs to provide informed consent whatever the specific cultural context. According to the Declaration nobody is allowed to violate the principle of informed consent on the basis of the principle of respect for cultural diversity. However, differences can occur in the application of informed consent in specific contexts where “local” values and norms play a major role. For example, informed consent in North America requires

a lot of bureaucracy. Patients have to sign extensive documentation, while in certain other countries, specifically in the Arab region and Africa, a word is a word, and asking a signature a sign of distrust.

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## A Global Moral Community

The establishment of a global bioethical framework marks the beginning of a “global moral community.” This is also demonstrated in debates on the new principle of protecting future generations and on intergenerational justice. The UNESCO Declaration on the Responsibilities of the Present Generations toward Future Generations (UNESCO, 1997) connects our responsibilities to posterity with the need to ensure the future existence of humankind. These are the same concerns as those advocated in Potter’s conception of global bioethics. The notion of the global moral community is furthermore introduced in global bioethics through the principle of benefit sharing. This novel principle is important in the context of bio-prospecting, i.e., the search and collection of natural substances that might be used for the development of new drugs. Natural resources are abundantly available in developing countries with rich biodiversity such as Brazil and Indonesia. In many developing countries, traditional medicine is based on such natural resources. These resources and the traditional knowledge of indigenous populations are increasingly being appropriated (“biopiracy”) by Western companies to fabricate new profitable drugs without any compensation to the indigenous communities. Against this backdrop the principle of benefit sharing has been advanced in order to counteract this injustice.

These new debates in fact refer to a more fundamental discourse around the notions of “global community” and “world moral community.” In this discourse, two interrelated claims are now gaining ground (Agius, 2005). One claim states that the global community includes not only human beings but the totality of biological nature, broadening up the traditional concept of community so as to include nonhuman species as well. After all, we all share dependency and vulnerability. In fact, this is Potter’s view. He argues that ethics should extend the idea of community from human community to a community that includes soils, waters, plants, and animals. Humankind coexists with ecosystems; together they constitute the “entire biological community” (Potter, 1988, p. 78). The second claim is that the earth is not the possession of one particular generation; each generation inherits it and should not bequeath it in an irreversibly damaged state to future generations. Because of the interdependence of human life and the fragility of our planet, we need a new vision of community that encompasses past, present, and future generations.

Apart from its members, who are increasingly connected and related due to processes of globalization, the global moral community contains content as well: global values and responsibilities as well as global traditions and institutions. An example is the concept of the “common heritage of humankind.” Introduced in international law in the late 1960s to regulate common material resources, such as

the ocean bed and outer space, the concept was expanded in the 1970s to include cultural heritage. This has led to the construction of a new global geography of symbols indicating that humanity itself can be regarded as a community. Cultural heritage is no longer only representative of a particular culture but of human culture in general. Labeling some cultural products as a world heritage produces a global grammar, in which diverse and local phenomena receive a universal significance and require global management. Such heritage is the expression of human identity at a global level. It is part of the quest of citizens of the world. It becomes an indicator of world culture. Regarding and categorizing cultural property as world heritage implies a global civilization project that seeks to create a new global community representing humanity as a whole, enable the identification of world citizens, and evoke a sense of global solidarity and responsibility. This process of creating the global community as a moral community was further promoted through the application of the concept of “common heritage” in global bioethics, first in the late 1990s in the field of genetics and promoted by researchers in genetics, followed in the 2000s by the adoption of Universal Declaration on Bioethics and Human Rights by almost all countries in the world (Ten Have, Henk & Jean, 2009). With such a universal framework global bioethics can now claim to represent a global geography of moral values, closely associated to universal human rights discourse. It enables humanity itself to be regarded as a moral community. It implies that citizens of high-income countries can no longer be indifferent to obscure clinical research practices or organ trade in low-income countries, since the same moral values and standards apply within the global community, although the application of principles is always modified according to local circumstances and local communities. Membership in the global community furthermore draws on a growing number of global institutions and movements (e.g., Doctors without Borders, Oxfam, fair trade, UNESCO). Thus, we are witnessing the rise of a global community of shared values. These values are the product of intensive and continuous negotiation, deliberation, and dialogue. They are reflected in a universal framework of ethical principles that will continuously be challenged, interpreted, and coproduced in local settings influenced by specific religions and cultural traditions. The dialectics between the universal and local normative frameworks will enrich and reinforce global bioethics.

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## Conclusion

This chapter has presented and criticized “the story of exportation” and “the story of invention,” which regard global ethics as either undesirable or as futile. Instead, a more favorable and optimistic account of global bioethics has been advanced. Against the backdrop of Potter’s original conception of global bioethics and along the lines of Kymlicka’s conception of global ethics an account of global bioethics as a two-level phenomenon has been presented. On an abstract level, there is a set of minimum standards, on which different traditions and cultures agree. On a more contextualized level, there are efforts to articulate more specific bioethics standards in

the context of specific religious and cultural traditions. In addition, local specifics of cultures and traditions are important for the interpretation and application of universal standards. The two levels are interacting along bottom up and top down lines of communication. Global platforms and local contexts mutually help each other to construct and produce global bioethics. Thus, global bioethics is the result of continuous and multilateral articulation, deliberation, and production. It is both a herald and a witness of the rise of a global community of shared values, as revealed in this Handbook.

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