

Fernando Lolas

Introduction

The geopolitical region known as Latin America is composed of countries and territories derived mainly from the Spanish and the Portuguese empires. The designation “Latin” stresses the fact that, culturally, the countries belong to the linguistic domain of the Romance languages derived from Latin. It was coined by intellectuals during the nineteenth century in order to differentiate these nations from Europe, the Slavic and Teutonic nations, and the Anglo-Saxon ones. The term seems to have attained currency after it was employed by French politicians and writers as a way of establishing the influence of French culture in an area dominated by the Spanish and Portuguese empires. Most of the countries where Spanish or Portuguese languages are spoken share similar cultural traditions, language, and customs, and became politically independent during the nineteenth and twentieth centuries. The expression Ibero-America is also used for countries derived from Spanish and Portuguese rule. Other designations apply to countries where Spanish is spoken: Spanish America or Hispanic America (hence the term “Hispanos” in common North American parlance). In most of these countries, the official language is Spanish, although other indigenous languages are spoken and sometimes also have official status (Quechua, Guaraní, Aymara, or Mayan). In Puerto Rico, as an independent state affiliated with the US, English is also official.

In such a sensitive area as ethical regulation and research oversight, the issue of language is not a negligible one. As it has become clear throughout the years, many international and national documents regarding bioethical issues either lose their connotations in English or acquire in translation shades of meaning not intended, or absent, in the original language. This is important when considering that the linguistic space of Latin America trying to accommodate intellectual import such as bioethics may not always interpret correctly the cultural underpinnings of

F. Lolas

Center for Interdisciplinary Studies in Bioethics and Department of Psychiatry, Clinical Hospital, University of Chile, Santiago, Chile
e-mail: folas@uchile.cl

concepts and uses. This applies to norms, regulations, and expressions translated and used for conditions and situations different from the original ones.

Although some degree of similarity could be expected, Latin American countries exhibit different histories and their public policies, governments, education, and insertion in the world economies make it difficult to generalize, especially in areas like health care or scientific research. The estimated Latin American population in 2010 was about 590 million and, among the countries, great differences in size and population can be observed. The majority of the population professes the Christian faith, mostly Roman Catholic, which was at some point in history the official religion of some nations. The political structure of most countries is that of a republic, although the continent has seen the emergence of dictatorships, *de facto* governments, and even attempts at establishing empires (e.g., Mexico). The poverty index ranges from 3.0 of Uruguay to more than 30 in Haiti, reflecting the disparities existent between nations. The inequities internal to each country are also important, with countries with high (e.g., Chile) and low (e.g., Haiti) human development indexes.

Intellectual Life

Indigenous cultures, prior to the arrival of European conquerors, had sophisticated systems of thought that can be reconstructed from the remnants of their empires. Their contribution to current scholarship is not evident. Academic philosophy can be dated back to the sixteenth century and was stimulated mainly by the Catholic Church, which established the first institutions of higher learning and scholarship in the Spanish colonies. At the beginning of the twentieth century, one of the dominant forms of philosophical reflection was positivism, contested by other streams of thought. Some prominent writers have expanded traditional Marxist and Christian thinking and adapted them to the particular environment of the Spanish-speaking countries. The continent is the birthplace of special forms of theological thinking, in particular the theology of liberation, and some forms of philosophical reflection inspired by European traditions.

In authoritative accounts of Ibero-American bioethics, the topic is usually dealt with on a country-by-country basis (e.g., Pessini, de Barchifontaine, & Lolas, 2010), reflecting the diversity of approaches, insights, and contributions from the nations comprising the continent. Bioethics became known to Latin American scholars during the 1980s, with precursors and pioneers in Argentina, Mexico, Colombia, and Chile (the names of José Alberto Mainetti, in Argentina, Manuel Velasco Suarez, in Mexico, and Alfonso Llano, S.J., in Colombia, are usually mentioned as pioneers in introducing bioethical thinking to the continent). The most common form adopted is the principlism emanating from the Belmont Report in the US and the seminal work of Beauchamp and Childress stating *prima facie* principles that appeared to offer a practical way of posing and solving moral dilemmas in the biological and medical sciences. Since then, the number of institutions bearing the word *bioethics* in their title, courses offered in bioethics,

and people engaged in what could be called bioethical discourse has grown steadily (Lolas, 1998). Currently, diverse forms of bioethics are present, including feminist approaches, personalist bioethics, ecological ethics, and others. In some quarters, a confusion between bioethics as an academic enterprise and bioethics as a political discourse related to human rights and protests against poverty, inequities, and political corruption determines a picture in which it is difficult to evaluate quality of the contributions.

History and Context

Most Ibero-American countries were freed from the imperial tutelage of Spain and Portugal during the first half of the nineteenth century. The period immediately following the Conquest is known as the Colony, and the dominant climate was one of paternalism in the relation between the Metropolis and the colonies. The French invasion of Spain at the beginning of the nineteenth century (1808) and the replacement of the Spanish king by Jose Bonaparte led to a nationalist movement, both in the Iberian Peninsula and in the colonies. It found expression in “*juntas*,” governing bodies that produced constitutional documents and initiated a movement toward independence that consolidated after struggles against Ferdinand VII, the reinstated king, when he and his advisors did not understand that many of the *juntas* had been established in order to preserve, not to alter, the king’s sovereignty. Inspired by the French and American Revolutions and the 1776 Constitution of the United States of America in the North, many colonies started to develop their own independentist movements inspired by free thinkers and the freemasonry. The struggle against Spanish rule was different in Brazil, which was ruled by the Royal Family of Portugal, settling there for some years, and initiated by a member of the Royal family.

The ruling classes in the remnants of the Spanish Empire were composed by “*criollos*,” mostly of Peninsular and local stock, whose attitude toward the aboriginal inhabitants of the continent (known as “Indians” by the old Columbian notion that these territories were the Indies sought after by colonial powers) was no better than the one held by Spain. In point of fact, in almost all of the newly formed nations or countries, the Indians or aborigines were badly treated and left without the protection accorded them by the Spanish rule. This historical fact is a starting point for discussing part of the inequalities and the inequities that prevail in communities highly stratified by race and ethnic origin, despite declarations to the contrary in most political constitutions. The importance of multiethnicity and multiculturalism has to be considered when analyzing the application and scope of generalizations regarding human rights, ethical attitudes, and academic consolidation of bioethics.

While in some countries the Indian past and origin are greatly appreciated and vindicated, in others the traces of their influence have been diluted or lost. From an anthropological point of view, this might constitute one of the sources of the tension between different identities experienced by inhabitants and elites of the countries.

They sometimes reject completely the influence of Europe or of the new world power constituted by the United States of North America or fail to come to terms with a pervasive influence on their habits and commodities. Much of the militant voices raised against “foreign influence” will not reject enjoying the money and facilities of the imperialist countries while at the same spending time and effort in vitriolic discourses against them. The quest for identity, not always recognized as a source of tension, explains much of the superficial approaches to relevant bioethical issues in many areas of real concern.

Research ethics curricula and bioethical discourse (as an intellectual import) face the challenge of multiethnic and multicultural contexts existent in Latin America, whose indigenous population averages 11 % but varies widely, with 80 % in Bolivia, 60 % in Guatemala, and 40 % in Peru. Even language diversity is a factor hampering research, particularly in the field of social studies and public health. Stigmatization has been found to affect genomics research in populations, and the need for a “culture fair” approach to data gathering and interpretation is as an ethical imperative as the need to respect dignity or request consent. The notion of “ethical sustainability,” essential in continent-wide work, stresses what international documents identify as fundamental in the pursuit of science at the service of development. The UNESCO Universal Declaration on Bioethics and Human Rights, among other documents, underscores the vulnerability of resource-poor populations and the ethical imperative to avoid the typical “safari research”: researchers from affluent societies behave as “data hunters” and disregard opportunities for real collaboration. A permanent dialogue between scientists and scholars from Latin America and those from other continents is essential if the “bi-directional” character of all ethical dialogue is to be preserved.

The history of the continent exhibits cases where human dignity was disregarded in the pursuit of scientific goals. Some vulnerable populations in the continent have fallen prey to commercial interests of pharmaceutical companies or research interests of academic institutions from industrialized countries. The ensuing mistrust in the scientific enterprise is a powerful stimulus for developing local forms of ethical oversight in consonance with community interests, cultural traditions, and scientific development. Although vulnerability is part of the human condition, and cannot be simplistically attributed to certain groups of people, it is evident that many illiterate masses in the Latin American continent, ignorant of their rights and without access to the benefits of civilization, are vulnerable to exploitation and discrimination. This may partly explain the curious phenomenon of inferiority complexes that result in aggressive stances against dominant world cultures.

The very notion of bioethics and its attendant methodology as an intellectual enterprise is an import introducing the tenets and fundamentals of the culture in which it was born and its standards of scholarship and argument. The idea of a dialogical transdisciplinary discipline and other features are caricaturized in attempts at “re-discovering” the same under new terms or gestures.

The search for new fields of inquiry and problems is a recent feature of Latin American bioethics. Roughly *three periods or stages* can be discerned in the development of bioethics in the continent. A first one is characterized by contact

with publications from the US and reproduction of ideas and topics. A second period marks the sometimes critical reaction to bioethics methods and problems. Finally, a third stage of creative appropriation and original developments is visible only in selected groups or centers. The influence of European thinking has begun to be felt in more recent decades.

As a social *process*, bioethics has arisen out of emotional reaction towards undesirable effects of science and technology, which in the continent has been associated with the effects of imperialism and dominance from the North. As *procedure* for arriving at decisions, the social institution of the committee or the national commission has been adopted as the standard of practice. Finally, as an academic *product*, the Latin American scenario is rich in initiatives, although not all of them of equal merit or value.

In all three forms of conceptualization of bioethics, peculiarities can be worked out. For instance, a national commission for analyzing and deliberating on bioethical issues, modeled after the European model, presupposes a democratic frame of mind and clear organization of the state in order not to produce conflicts with the legal system. Academically, the relation of students to teachers and opinion leaders is influenced by the cultural traditions. In general, it may be stated that the period of assimilation of bioethics, still unfinished, will certainly lead to institutions adequate to the idiosyncrasy and uses of the populations.

Norms, Laws and Regulations

The version of bioethics that achieved early and widespread currency in Latin American countries is the one which places great emphasis on the medical and biological importance of the bioethical tradition and discourse. Of the two original strands discernible by the second half of the twentieth century, one emphasizing ecological concerns and the other insisting upon rehumanizing medicine, the latter is most commonly associated with the word. This is certainly changing as time goes by, but it is evident when considering the impact of bioethical thinking upon norms and regulations. Bioethical principles are frequently invoked in the fields of hospital care and the relation between healthcare professionals and the population. They also find expression in norms, regulations, and laws related to scientific research. In all the countries of the continent, consideration to ethical standards is given to hospital and ambulatory care, with legislations passed on such diverse subjects as patients' rights, access to treatment, and duties of medical professionals toward users of healthcare systems. In the majority of the countries, biomedical research is regulated by technical norms complementing and expanding the ethical principles held by transnational drug companies or scientifically advanced countries (in the continent, the presence of US research is widespread). A useful compilation can be found at the website of the Office of Human Research Protection, updated every year (www.hhs.gov/ohrp/international/index.html).

A National Commission of Bioethics (or a commission at the national level with a similar designation and comparable tasks) is not present in every country as an

active body recognized as essential for democratic dialogue. In some cases, the political orientation of those who proposed it or the compromises of some of their members made consensus difficult. In others, difficulties concerning the scope and character of the national body were voiced. Viewed in perspective, most of these national bodies are related to the health sector and serve as advisors to governments in the areas of scientific research, health policies, and general orientation of the legal system as it relates to health care and research. In only a few cases do these bodies enjoy sufficient financial and administrative autonomy to serve as a critical forum for discussion on policymaking or legislation. One notable example is Mexico, with a funded national commission operating throughout the entire country. The first countries to establish such national commissions were Argentina and Mexico in 1992, followed by Cuba (1996), Dominican Republic (1997), Ecuador (1998), Venezuela (1998), Colombia (2001), Uruguay (2001), Bolivia (2003), Costa Rica (2003), Panama (2003), and El Salvador (2009), among other countries. In some countries, the bioethics body is part of a preexisting institution, like Peru, incorporated into Consejo Nacional de Salud. In Brazil, a national commission devoted to research has operated since 1996. These bodies have different origins, forms of operation, scope of influence, and activities. In Chile, for instance, a law from 2006 rules that the members of the national commission will be appointed by the Senate upon proposal from the president of the republic.

The existence of hospital ethics committees, research ethics committees, and ethics committees of professional associations is already common in all the countries of the Latin American continent. Overall, the quality of their work and performance are difficult to ascertain. Many of them are composed by members not duly qualified to the tasks, and accreditation by international agencies is not a common practice. Perhaps the main weakness is the lack of appropriate legislations and regulations. In addition, the general culture does not consider work in these bodies as equivalent to administrative, clinical, or research activities, and time and effort of members are not compensated financially or in terms of professional promotion.

Teaching and Training

Advanced programs and training opportunities exist in almost every country in the Latin American region, some at the level of doctorate. The progressive inclusion of bioethical topics in undergraduate training has resulted in a wide array of opportunities for professionals in the biological and health sciences. However, many teaching programs replicate what used to be taught as professional deontology, legal aspects of the professions, or miscellaneous topics not included in other areas. A unified set of concepts, methods, and aims of these teaching activities would greatly facilitate the constitution of a disciplinary discourse and would improve accreditation practices. Several initiatives in this direction have come from the work of a group of practitioners under the aegis of UNESCO (RedBioética), or from

institutions offering virtual courses in several languages (e.g., the CITI program promoted by a consortium of institutions, mostly in the US, with a Spanish language version widely used in Latin America).

In the training sphere, the imprint of the ideological orientation of the institutions is evident, with manifestations of doctrinarian character in the position towards issues like abortion, euthanasia, assisted reproduction, and research. The aim of regulatory bodies to have professionals conversant with responsible conduct of research, appropriate policymaking, and respect for human dignity and rights is not always evident in advanced curricula. Despite the interest and enthusiasm on the part of institutions for advanced training, a general picture of confusion emerges. It is a common experience that persons with advanced degrees in bioethics do not find appropriate working opportunities in the field and continue performing duties at institutions that either do not value appropriately this expertise or do not have enough funds to profit from bioethical training (i.e., improving the work of clinical, professional or research ethics committees, accrediting oversight bodies, etc.). This signals a potentially limiting factor in the effort to increase the “bioethical alphabetization” of scientific and practice communities and hampers the development of a truly representative form of bioethics in Latin American countries.

During the 1990s, several master’s programs were established in leading institutions of the region with the aid of the Complutense University of Madrid. The Bioethics Program of the Pan American Health Organization (PAHO), which existed until 2010, was a joint venture with the University of Chile and the Chilean government. In addition to encouraging training, it helped publish the journal *Acta Bioethica* (ISSN 0717–5906), a trilingual publication (English, Spanish, Portuguese) of the Centro Interdisciplinario de Estudios en Bioética (CIEB) of the University of Chile, indexed in most relevant databases of scientific and medical literature. The CIEB also edits series of books and monographs freely available at the websites www.bioetica.uchile.cl and www.actabioethica.cl. The trend toward establishing advanced degrees in bioethics has accelerated and institutions strive to have masters or doctorate programs as a matter of prestige and influence. The question about the employability and real working opportunities for these graduates is seldom posed. Master’s-level programs in accredited institutions are on the rise, with varying degrees of involvement. Useful information can be obtained at the universities involved, and also at the UNESCO website (www.unesco.org).

Not many continent-wide initiatives exist and the ones that do, for instance the work of the Fogarty International Center of the National Institutes of Health, meet with resistance in some quarters for the prejudice indicated before that it might represent a pervasive form of ideological penetration. There are other initiatives stemming from cultural and international foundations and institutions, but efforts to constitute a unified group of practitioners and a set of standards of practice are in the process of consolidation. Mutual recognition of credits and activities between universities and other higher learning institutions presents some difficulties, which can be solved by conjoint efforts.

Institutionalization of Bioethics. Organizations and Societies

The UNESCO GEOBS database lists 68 institutions bearing the name bioethics in the region of Latin America. Some of them are programs or institutes, others are teaching facilities.

There are active users of the bioethical discourse in all countries of the region, with the establishment of hospital, research, and professional ethics committees and a reasonable knowledge of international regulations and practices. The actual situation, as it appears in field studies and through anecdotal evidence, is different from what is claimed by some authors, with inappropriate or inexistent policies for obtaining informed consent, scarce attention to research integrity issues, no specific training on responsible conduct of research, and a discussion climate dominated by political/ideological slogans when not by religious biases. The impact of bioethics on policymaking is more a rhetorical device than an actual practice. In the continent, with its gross inequities in access to health care, it could be said that a large *know-do gap* exists. Much of the knowledge accumulated and of the technologies developed does not reach large segments of the population. This is probably one of the greatest bioethical challenges as it affects public health and well being of populations.

In the course of its development, bioethical discourse has also found expression in the constitution of associations and groupings. FELAIBE (Latin American Federation of Institutions in Bioethics) was initiated by the pioneers Alfonso Llano, Colombia, José Alberto Mainetti, Argentina, and Manuel Velasco-Suárez, México, and has survived a series of avatars. It organizes meetings, identifies prospective contributors to the bioethical movement, and brings together professionals from different backgrounds. FLACEIS, expressly devoted to research ethics committees, has more or less the same aims concentrating on research ethics and its practice in different countries. In many countries, local bioethics societies exist, with membership from active professionals in the fields of medicine, the sciences, and the law. Groupings such as the so-called RedBioética with relation to UNESCO, transient societies organizing meetings, and NGOs also work in the broad area of bioethics. During the existence of the Pan American Health Organization (PAHO) Program on Bioethics, this group also served a continental purpose of bringing together practitioners and scholars from different countries. Other professional societies have either direct connections with the bioethical discourse (like Sociedad Iberoamericana de Derecho Médico, SIDEME) or have constituted “bioethical chapters” within their respective organizations. Many professional associations have also incorporated the term *bioethics* for some of their activities.

Belonging to a national society or academy does not always constitute proof of competence or scholarly background. Membership is subject to waxing and waning, depending on the need to establish good professional contacts or acquire influence. Although the same happens in other parts of the world, the climate in many Latin American countries is signaled by a context in which political and administrative corruption, both actual and perceived, demands an analysis of the level at which certain customs or activities may affect scientific integrity, good

clinical practices, and professional conduct. It is expected that the work of societies devoted to bioethics may have an impact on societal regulation of moral behavior.

Bioethics societies exist currently in all countries of the Latin American region, and their structure, membership, and contributions can be consulted in the chapters devoted to each country.

At universities and other teaching institutions, bioethics (or some of its derivatives) occupy a place in curricula and are represented as institutes, centers, or study groups, with or without third-party support.

A Typology of Perspectives

In many respects, Latin America is a continent in transition. For instance, it finds itself in an epidemiological transition. Old diseases of poverty and underdevelopment, such as infectious diseases, coexist with diseases of civilization, such as chronic ailments. In the bioethical sphere, there is also a transition. The problems inherent in the state of undeveloped independent thinking coexist with sophisticated analyses of individual rights and access to the benefits of civilization. Political thinking influences the uses of bioethical discourse at the macro level in the countries of the Latin American region, as evinced by the conformation of national commissions and advisory bodies. The term *bioethics* has become current in common parlance, at least in professional circles. Everywhere groups are established, courses offered, and journals published with the word *bioethics* in their designation.

Several streams can be discerned in the continent. On the one hand, there is the influence of the Catholic Church and other Christian religions, which try to impose their agenda on the bioethical discourse. On the other hand, a strong secular movement, mostly imposed by the economic and social realities, is evident in policymaking and the establishment of guidelines and regulations for research and clinical practice. The university work is reflected in training programs at the master's level, in the teaching of undergraduates in the sciences, and in the publication of a growing body of literature, not always original but indicative of an interest in the furtherance of bioethical knowledge.

In the overall picture, there are countries with low development of bioethics, countries in the process of acquiring the bioethical discourse, and countries with developments at the institutional and conceptual levels. Among the latter, the examples of Mexico, Brazil, Argentina, Colombia, and Chile can be mentioned. In these countries, several groups have been formed, sometimes in contradiction to each other, but reflecting an enduring interest in bioethics institutions, discourse, and applications. The existence of discrepant views about different topics of social interest is a sign of maturity, provided the canons of tolerant discussion and the acceptance of differences are respected. This is not always the case, with militant groups claiming to have a monopoly on human rights and institutional organization.

The existence of national bodies for bioethics counseling of governments, ministries of health, and society in general is widespread. However, the existence

of these bodies does not always mean that they are consulted or that they make a contribution to the discussion of issues. In many cases, they are nominated on the basis of political proximity to the leading parties, and, in others, they are not provided with sufficient funds for a proper functioning. The case of Mexico can be singled out as a commission endowed with adequate means for serving the needs of a federal country, a reasonable budget, and enough personnel to fulfill its mission.

Publications and Scholarship

There are several periodic publications in different countries. With few exceptions they are not included in international index services. Books bearing the word *bioethics* in the title have been produced in almost all countries in the continent. Originality of contributions, as estimated by current standards of scholarship, is not a strong characteristic. The road to a mature scholarship is hampered in the institutions due to a lack of opportunities for working in the area at academic and learning institutions.

The existence of publications in each country depends on adequate funding and, more critically, on the continuous production of intellectual deliverables. The overall quality of the publications in the periodicals surveyed is acceptable. However, there is a great need for achieving a more original contribution to world bioethics and more rigorous standards for publication. When analyzing medical and scientific publications, the results regarding ethical considerations are mixed.

As an academic community develops, students should be aware of the developments that take place. Like other communities of this type, objectionable practices arise, with plagiarism, fabrication and falsification of data, biased accounts, and ideological orientations of arguments. In many respects, an “ethics of bioethics” is needed in Latin America.

When viewed globally, the contribution of Latin American scholars is still in need of a more critical analysis and deeper compromise with standards of scholarship. The production of written materials and websites has increased ostensibly in the last decades. The listing of periodic publications, their publication policies, and the impact of their contributions is considered in the chapters devoted to each country. The following list, compiled by Dr. E Rodriguez, Santiago, gives an idea of those titles in Spanish or Portuguese that have been present in most libraries (for supplemental information, the reader is referred to the Scielo, Latindex, or Scopus databases).

Journals Related to Bioethics in Latin America

Acta Bioethica. Centro Interdisciplinario de Estudios en Bioética, Universidad de Chile

Ars Bioética. Campo de Estudio Principal Bioética, Universidad Nacional Autónoma de México

Ars Medica. Revista de Estudios Médicos Humanísticos. Universidad Católica, Santiago

- Bioethikos*. Universidad Sao Camilo, Brazil
- Bioética*. Revista del Centro Juan Pablo II de Bioética, La Habana, Cuba
- Bioética*. Revista del Conselho Federal de Medicina de Brazil
- Bioética y Bioderecho*. Revista del Centro de Investigaciones de Filosofía Jurídica y Filosofía Social. Facultad de Derecho. Universidad Nacional de Rosario. Argentina
- Bioética desde América Latina*. Universidad Nacional de Rosario
- Bioética, Educación y humanidades Médicas*. Fundación Internacional Cataldi Amatriain. Argentina
- Bioética un desafío del tercer milenio*. Fundación Fraternitas y Universidad Católica de La Plata
- BIOPHRONESIS*. Revista de Bioética y Socioantropología en Medicina, Revista online. Universidad de Buenos Aires. Facultad de Medicina. Departamento de Humanidades Médicas.
- Cuadernos de Bioética*. Buenos Aires. Edición impresa y online.
- Diálogos de Ética y Bioética*. México, Seminario de Ética y Bioética. UNAM.
- Medicina y Humanidades. Revista de Bioética, Medicina y Filosofía*. Escuela de Medicina Sur de la Universidad de Chile
- Medicina y Ética*. Revista del Instituto de Humanismo en Ciencias de la Salud, Facultad de Bioética, Universidad Anáhuac, México
- Persona y Bioética*. Centro de Bioética, Facultad de Medicina de la Universidad de La Sabana, Bogotá.
- Perspectivas Bioéticas*. Facultad Latinoamericana de Ciencias Sociales (FLACSO) Argentina.
- Quirón. Revista de Humanidades Médicas*. Fundación Mainetti, Instituto de Bioética y Humanidades Médicas. La Plata, Argentina.
- Revista de Bioética Latinoamericana*. Facultad de Medicina, Universidad Los Andes, Mérida, Venezuela.
- Revista Brasileira de Bioética*. Sociedade Brasileira de Bioética. Cátedra UNESCO de Bioética, Universidade de Brasilia.
- Revista Colombiana de Bioética*. Departamento de Bioética, Universidad El Bosque.
- Revista Latinoamericana de Bioética*. Universidad Militar de Nueva Granada, Bogotá.
- Revista Sociedad de Ética en Medicina*. Edición electrónica. Buenos Aires, Argentina.
- Selecciones de Bioética*. Revista del Instituto de Bioética CENALBE, Universidad Javeriana, Bogotá.
- Vida y Ética*. Instituto de Bioética. Facultad de Ciencias Médicas, Universidad Católica Argentina, Buenos Aires. Año de inicio: 2000.

Future Prospects. Toward a Biocentric Ethics for Latin America

In a continent characterized by inequities and social disparities, undoubtedly the most pressing need is sound reflection on social issues from a bioethical point of

view and with the capacity to influence political and technical decision-making. To this end, current state of development seems a good starting point but one that does not ensure realization of the expectations of large segments of the population. A resolution of the know-do gap will certainly need to improve education, communication, and professional training. A resolution of the gap between what is available and what problems should be solved needs political elites well aware of their responsibility towards the public and academic elites really believing in dialogue and tolerance for contributing to the developmental effort.

The main decision to be taken is whether to professionalize the work in bioethics or make it an ancillary discipline to the training of health and other professionals. This should be responded to by stating that, aside from alphabetizing the communities, making them aware of their rights and duties, professionals that are capable of original thinking should be trained, who can liberate themselves from self-imposed constraints, such as the rejection of outer influences or the ignorance about the true position of their contributions in a globalized world of knowledge.

As a continent in transition, with disparities and differences, there is the expectation that collaboration between the countries could be achieved. To this end, all forms of expected or alleged supremacy of one over the others should be avoided and a climate of dialogue and collaboration should ensue. Tolerance is a much-needed attribute of the societies, all the more so in places where funding is scarce and opportunities for development rare.

The political and socioeconomic climate greatly influences academic endeavors, and bioethics is no exception. The countries of the Latin American continent rank high in perceived and actual corruption in government and administration. Issues discussed in academic circles, or considerations related to health research and health care should be considered against the background of this societal characteristic. As a continent with great inequities in access to health care, the benefits of scientific progress or the welfare of civilization, the influence of bioethical thinking is undoubtedly more than a luxury and should be considered a necessity of the times.

Fundamental Issues

There are fundamental issues related to psychosocial and biomedical research in Latin America. One is the very notion of research. Standards of scholarship and university training are not uniform throughout the continent. This affects the way in which ethics is considered. Sometimes it is possible to argue that to insist on the ethical oversight of scientific practices is misguided, considering that the idea of what research really is is fuzzy or nonexistent in some contexts. In point of fact, research is frequently confused with other activities, such as surveillance or industry-guided clinical trials, or areas such as social science where the need for ethical evaluation is not considered due to a presumed low risk. These misunderstandings may need some time to disappear and may require an in-depth-analysis of cultural practices. An exploration of what research really is in different cultural

settings constitutes an interesting field of inquiry. Some aspects of this cultural difference in conceptualization and of the difficulties in devising appropriate methods to tackle with ethical issues were addressed by the Program on Bioethics of the Pan American Health Organization (PAHO), a collaborative effort of the Chilean Government, the University of Chile through CIEB, and PAHO, which was operative from 1994 through 2010. The history and development of science funding in Latin America is a much-needed enterprise and should be pursued alongside training in ethics and integrity (Lolas, 2006).

The experience gathered throughout the years has demonstrated that an ethical approach to science and technology, in the current state of development of disciplines, by necessity must incorporate specialized knowledge, be based on deliberation and dialogue, and depends on an organic and cohesive community. This community includes researchers, policymakers, politicians, administrators, students, and laypeople. Because research is a cultural process shaped by expectations, hopes, and practices, it cannot be examined isolated from other aspects of social life. In point of fact, ethical oversight of research cannot be treated independently from the general “ethical level” of the community at large. Political and administrative corruption, if present in a country and accepted as normal, cannot be irrelevant for the establishment of sound scientific practices. The notion of *ethical sustainability* suggests that any change in attitudes, goals, and practices must be based on sound argument and endure over time. A sustainable effort depends critically on the establishment and maintenance of communities: epistemic communities (or cultures), practice communities, and moral communities. These communities rarely overlap, although it might be expected that the moral one embraces the others and its foundations include knowledge and its applications. A biocentric ethics is not simply another form of applied ethics. It represents a change in the paradigmatic construction of the moral universe. It goes beyond the classical anthropocentrism in the formulation of moral imperatives. It is knowledge on how to produce, expand, and apply knowledge. It is also an indication that the very foundation of welfare and progress includes a joint consideration of goals and means; goals formulated as culture and civilization, and means legitimated by discursive practices permitting respect of persons, living beings, and environment, tolerance of diversity, and agreement on basic principles of communality. To achieve this long-term goal, adapted to the historical peculiarities of a world region and started from the analysis of biomedical and psychosocial research, one’s contribution depends on dialogue and common discourse. The establishment of a network of users of the bioethical discourse has been an important mission of several institutions and will continue to be in the future.

Common Features of Latin American Bioethics

Among the features that seem to be characteristic of Latin American bioethics, one that is frequently mentioned is the communitarian orientation, as opposed to a more individualistic approach (Bulcock, 2010). This assertion is in need of empirical

demonstration, for the fact that extended families participate in decision-making processes in health care or care for their elders is probably valid in some rural areas but it does not seem a universal characteristic of urban populations, particularly in the great megacities of Brazil or Mexico. While it is true that some ethnic groups do in fact show a predominant orientation towards group decisions (relevant in obtaining informed consent and necessarily of importance for conducting medical research), the characterization of bioethical thinking as communitarian, which stresses a potentially important difference with the bioethical discourse from the North, it is not an exclusive character of Latin American bioethics (Lolas, 2009).

Perhaps more interesting to note is the fact that bioethical discourse – or something akin to it – is manifested and applied in the context of sociopolitical interests. While these sometimes overlap or are confused with academic pursuits, the impact it has on the institutionalization is not negligible. Under the name of bioethics, political agendas seeking social justice or opposition to conservative movements are promoted. At the same time, religious orientations manifest other forms of utilization of the bioethical discourse for the benefit of other groups. In no way do these utilitarian uses of the bioethical enterprise serve the cause of developing an academic discipline, as it seems to be the case in other traditions. It is not the content but the manner of implementing the discursive practices that separates Latin American contributions from other traditions and contributes to its identity. As indicated above, the formative stages of Latin American bioethics can be characterized by replication, critical appropriation, and creative contribution. The latter is still a development to come in the form of critical decisions regarding institutionalization. For instance, despite manifest efforts to establish graduate programs and generate specialists in bioethics, it is by no means clear whether the social demand allows for the existence of professional bioethicists, whose role in the scientific or the professional spheres is far from clear, or whether the contribution of academics to pressing needs of the communities will have the effect expected from political and social reform. That bioethics may constitute a weapon for social struggle against imperialism or against political orientations is not a proof that its fate as an academic discipline is obscure or nonexistent. Remembering the admonition of one of the world pioneers of bioethics, the German theologian Fritz Jahr (1895–1953), one of the first and foremost duties of a community of ideas is to use properly the language it employs. The fuzzy boundaries of topics surrounding human rights, social justice, the search for truth, and others make it imperative that the bioethics community in Latin America devotes its best efforts to carefully demarcate fields of interest and inquiry and to not abuse a term that has become polysemic and partly useless because of abuse. The construction of an academic discipline depends on the existence of a critical group of persons respectful of the rights of others to dissent, tolerant of the differences, and devoted to academic pursuits in the first place.

The great inequities observable in access to the benefits of science and civilization are a good stimulus for the development of a local Latin American bioethics. Social injustice and exclusion, discrimination against minorities and disadvantaged populations, and great deficiencies in the provision of social services are among the

challenges faced by Latin American bioethicists in the near future. Some of these challenges are not much different from the ones observable in other regions of the world. The creative solutions and the importance of ethical discourse in posing the right questions and searching for the appropriate answers will depend to a great extent on the work of dedicated practitioners and academics, on intellectual solvency, and on the recognition by society at large of the importance of bioethics for posing dilemmas and choosing adequate responses (Lolas, 2010a, b).

The continent is a natural reservoir of biological diversity, thus bringing the ecological aspect of macrobioethics to the forefront of preoccupation and interest. Ecological ethics, the somewhat forgotten strand of thought at the very beginning of the origin of European bioethics, with Fritz Jahr, and American neo-bioethics, with Aldo Leopold and Van Rensselaer Potter, has an important role to play in developments that should take place in Latin America. Biological diversity is of interest not only from a theoretical point of view. It has a darker side when the exploitation of it by imperialistic powers is considered. The search for gold and riches was one of the great forces behind conquest and colonization. The exploitation of the natural resources without benefiting the populations of the continent is a serious bioethical concern that should have a place in the development of the discipline with a distinct Latin American emphasis (Brena, & Teboul, 2009).

References

- Brena, I., & Teboul, G. (Eds.) (2009). *Hacia un instrumento regional interamericano sobre la bioética*. Universidad Nacional Autónoma de México.
- Bulcock, J. A. (2010). The many beginnings of bioethics: a comparison of American and Ibero-American bioethics and the possibility of a global bioethics. In L. Pessini, C. de Barchifontaine, & F. Lolas (Eds.), *Ibero-American bioethics* (History and perspectives, pp. 379–386). Dordrecht/Heidelberg/Berlin/New York: Springer.
- Lolas, F. (1998). *Bioética. El diálogo moral en las ciencias de la vida*. Santiago de Chile: Editorial Universitaria.
- Lolas, F. (2006). Bioethics at the Pan American Health Organization: Origins, development, and challenges. *Acta Bioethica*, 12, 113–119.
- Lolas, F. (2009). Towards a value-based public health in Latin America and the Caribbean. *Acta Bioethica*, 3, 389–402, Monograph.
- Lolas, F. (2010a). Bioethical sustainability. Towards a value-based epistemic community in the life sciences and healthcare. In *National bioethics committees in action* (pp. 113–115). Paris: UNESCO
- Lolas, F. (2010b). *Bioética en Latinoamérica. Una década de evolución*. *Acta Bioethica*, Monograph. 4, Centro Interdisciplinario de Estudios en Bioética (www.actabioethica.cl)
- Pessini, L., de Barchifontaine, C., & Lolas, F. (Eds.) (2010). *Ibero-American bioethics*. Dordrecht/Heidelberg/Berlin/New York: Springer.