

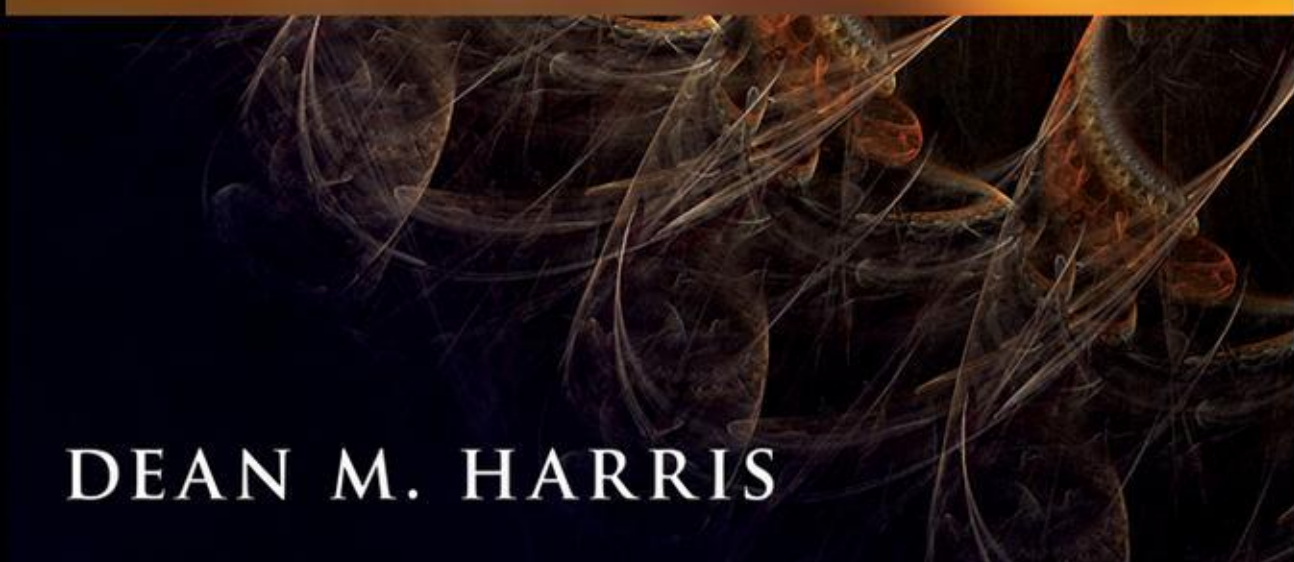


ETHICS IN

HEALTH SERVICES

AND POLICY

A GLOBAL APPROACH



DEAN M. HARRIS

**Ethics
in
Health Services
and
Policy**

A Global Approach

DEAN M. HARRIS

 **JOSSEY-BASS**
A Wiley Imprint
www.josseybass.com

Copyright © 2011 by John Wiley & Sons, Inc. All rights reserved.

Published by Jossey-Bass
A Wiley Imprint
989 Market Street, San Francisco, CA 94103-1741 — www.josseybass.com

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise, except as permitted under Section 107 or 108 of the 1976 United States Copyright Act, without either the prior written permission of the publisher, or authorization through payment of the appropriate per-copy fee to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, 978-750-8400, fax 978-646-8600, or on the Web at www.copyright.com. Requests to the publisher for permission should be addressed to the Permissions Department, John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, 201-748-6011, fax 201-748-6008, or online at www.wiley.com/go/permissions.

Readers should be aware that Internet Web sites offered as citations and/or sources for further information may have changed or disappeared between the time this was written and when it is read.

Limit of Liability/Disclaimer of Warranty: While the publisher and author have used their best efforts in preparing this book, they make no representations or warranties with respect to the accuracy or completeness of the contents of this book and specifically disclaim any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives or written sales materials. The advice and strategies contained herein may not be suitable for your situation. You should consult with a professional where appropriate. Neither the publisher nor author shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

Jossey-Bass books and products are available through most bookstores. To contact Jossey-Bass directly call our Customer Care Department within the U.S. at 800-956-7739, outside the U.S. at 317-572-3986, or fax 317-572-4002.

Jossey-Bass also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Library of Congress Cataloging-in-Publication Data

Harris, Dean M., 1951-

Ethics in health services and policy : a global approach / Dean M. Harris.

p. cm. — (J-B public health/health services text ; 43)

Includes bibliographical references and index.

ISBN 978-0-470-53106-8 (pbk.); 978-0-470-94064-8 (ebk.); 978-0-470-94066-2 (ebk.); 978-0-470-94067-9 (ebk.)

1. Medical ethics. 2. Medical care. I. Title.

R724.H238 2011

174.2—dc22

2010047563

Printed in the United States of America

FIRST EDITION

PB Printing 10 9 8 7 6 5 4 3 2 1

CONTENTS

Introduction ix

Acknowledgments xi

The Author xiii

1. Ethical Theories and Bioethics in a Global Perspective 1

Theories of Ethics 3

Are Theories of Ethics Global? 7

Can Theories of Ethics Encourage People to Do the Right Thing? 14

Summary 16

Key Terms 16

Discussion Questions 17

Activity: Building and Operating a New Hospital in a Developing Country 17

2. Autonomy and Informed Consent in Global Perspective 21

Ethical Principles and Practical Issues of Informed Consent 22

Does Informed Consent Really Matter to Patients? 30

Is Informed Consent a Universal Principle or a Cultural Value? 34

Summary 37

Key Terms 37

Discussion Questions 37

Activity: Informed Consent at a Rural Health Facility in a Developing Country 38

- 3. Withholding or Withdrawing Treatment and Physician-Assisted Suicide 41**
 - Withholding or Withdrawing Treatment at the End of Life 44
 - Assisting Patients in Committing Suicide 50
 - Summary 57
 - Key Terms 57
 - Discussion Questions 57
 - Activity: Developing an Ethics Policy on Withholding or Withdrawing Treatment and PAS 58

- 4. Ethical Issues in Reproductive Health 61**
 - Ethics of Abortion in Different Times, Places, and Cultures 63
 - Current Ethical Issues in Abortion 66
 - Assisted Reproductive Technology and Stem Cell Research 71
 - Emergency Contraception 72
 - Ethics of Imposing Conditions on Funding 77
 - Summary 80
 - Key Terms 80
 - Discussion Questions 80
 - Activity: The Ethics of Emergency Contraception in Gouanastan 81

- 5. Ethical Issues of Female Genital Mutilation 85**
 - The Facts About FGM 86
 - FGM as a Challenge to Ethical Relativism 96
 - Ethics of FGM for Adult Women 98
 - Summary 100
 - Key Terms 100
 - Discussion Questions 101
 - Activity: Developing a Hospital Policy on FGM 101

- 6. Ethical Issues of Research with Human Subjects 105**
 - Background Information and the Belmont Report 106
 - Autonomy and Voluntary Informed Consent 115
 - Beneficence and Cost-Benefit Analysis 120

- Issues of Justice and Fairness for Human Subjects 121
- Summary 127
- Key Terms 127
- Discussion Questions 128
- Activity: The Use of Prisoners as Subjects of Research 128

- 7. The Right to Health Care and Ethical Obligations to Provide Care 131**
- Is There an Ethical Right to Health Care? 132
- Ethical Obligations of Health Care Professionals 138
- Ethical Obligations of For-Profit Health Care Providers 142
- Summary 145
- Key Terms 146
- Discussion Questions 146
- Activity: Developing a Policy on the Obligations of Health Care Employees to Work During an Emergency 146

- 8. Ethical Issues in Rationing and Allocation of Limited Resources 151**
- Levels of Allocating Resources 153
- Methods of Rationing Health Resources 155
- Comparative Effectiveness Research and Cost-Effectiveness Analysis 165
- Summary 170
- Key Terms 171
- Discussion Questions 171
- Activity: Cost-Effectiveness Analysis in a Country with Universal Health Care Coverage 171

- 9. Ethical Issues of Health Insurance and Health System Reform 175**
- Ethical Issues in Financing Health Services and Designing Insurance Systems 176
- Fundamental Values of Health Systems 182
- Summary 191
- Key Terms 192

Discussion Questions	192
Activity: Establishing a System of Health Coverage in a Developing Country	192
10. Ethical Issues in the Movement of Patients Across National Borders	195
Ethical Duties to Provide Health Care to Undocumented Aliens	197
Ethical Issues in Medical Tourism	206
Summary	211
Key Terms	211
Discussion Questions	211
Activity: Developing a Hospital Policy on Undocumented Aliens	212
11. Ethical Issues in the Movement of Health Care Professionals Across National Borders	217
Ethical Issues in the Migration of Health Professionals	218
Proposed Solutions and Their Ethical Implications	229
Fair Treatment of Health Care Workers from Other Countries	234
Summary	236
Key Terms	236
Discussion Questions	237
Activity: Developing a Code of Ethical Practices for International Recruiting of Health Care Personnel	237
12. Corruption and Informal Payments in Health Systems	241
Payment of Informal Fees by Patients and Their Families	243
Is Corruption Bad for Your (and Other People's) Health?	247
Summary	257
Key Terms	257
Discussion Questions	258
Activity: Developing a Hospital Plan to Stop Collection of Informal Fees from Patients in a Developing Country	258
References	261
Index	279

To Deborah McLaughlin Harris

INTRODUCTION

This book analyzes the ethical issues of health policy and health services in global perspective. The global perspective is both comparative and transnational. Applying a comparative, or multicultural, approach, the book compares and contrasts different perspectives on ethical issues in various countries and cultures, such as different views about informed consent, withholding or withdrawing treatment, physician-assisted suicide, reproductive health issues, research with human subjects, the right to health care, rationing of limited resources, and health system reform. Applying a transnational, or cross-border, approach, the book analyzes ethical issues that arise from the movement of patients and health professionals across national borders, considering such matters as medical tourism and transplant tourism, ethical obligations to provide care for undocumented aliens, and the *brain drain* of health professionals from developing countries.

As explained in this book, people in different cultures have their own perspectives on the ethical issues of health services and policy. However, some ethical values are universal in the sense that they apply to all human societies and transcend the values of a particular culture. The theme of universal values will be revisited throughout this book, especially in the chapters on issues such as autonomy and informed consent, reproductive concerns, female genital mutilation, rationing, health reform, and corruption in health systems.

Another major theme of this book is evaluating ways to encourage people and organizations in the health system to *do the right thing* and determining the best ways to accomplish that goal in different circumstances. In addition to analyzing ethical theories, this book takes a practical approach to resolving ethical dilemmas in health services and policy. Each chapter of the book concludes with an activity that provides an opportunity to evaluate potential solutions to practical problems in global health. This book is useful for students of public health, medicine, nursing and allied health professions, public policy, and ethics. It will help students in all these areas to develop important competencies in their chosen fields.

Chapter One provides the analytical background on ethical theories and bioethics in a global perspective. This chapter should be read first. However, the remaining chapters can be read in any order. Chapter Two evaluates the ethical obligation to obtain a patient's informed consent and analyzes the theoretical and practical problems of obtaining informed consent in developed and developing countries. Chapter Three applies the principles of informed consent and autonomy in the context of physician-assisted suicide and withholding or withdrawing life-sustaining treatment. Chapter Four analyzes ethical issues in reproductive health, including abortion and emergency contraception, and Chapter Five analyzes the ethical issues surrounding female genital mutilation. Chapter Six explains the ethical issues in conducting research with human subjects and evaluates the particular ethical problems that arise in conducting research with human subjects in developing countries.

Chapter Seven examines the ethical right to health care and evaluates the ethical obligations of both health care professionals and the private companies that provide health care goods and services. Chapter Eight analyzes the ethical issues in the rationing and allocation of limited health care resources. Chapter Nine describes the fundamental values on which the health systems of various countries are based and analyzes the ethical issues in designing a fair system of health insurance and reforming a health system.

Chapter Ten evaluates the ethical problems in the movement of patients across national borders, as in medical tourism and transplant tourism, as well as the ethical obligations to provide care for undocumented aliens and people who have limited proficiency in the language of the health care provider. In contrast, Chapter Eleven evaluates the ethical problems arising from the movement of health care professionals across national borders, including the brain drain of health professionals from resource-poor to resource-rich countries and the fair treatment of health care workers from other countries. Finally, Chapter Twelve explains the problem of corruption and informal payments in health systems and analyzes the relationship between corruption and the health of a population.

— ACKNOWLEDGMENTS —

I appreciate the support and encouragement that I have received from Dr. Peggy Leatt, chair of the Department of Health Policy and Management, UNC Gillings School of Global Public Health, and from my colleague, Dr. Bruce J. Fried.

My research assistant on this project, Corrie Piontak, did an excellent job. In addition, it was a real pleasure to work with the staff at Jossey-Bass.

My mother, Felice Harris, provided useful ideas and perspectives for this book. Finally, I appreciate the constant help and support of Deborah, David, and Devon Harris.

THE AUTHOR

Dean M. Harris is clinical associate professor in the Department of Health Policy and Management, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill, where he teaches courses on comparative health systems, health law, and global perspectives on ethical issues.

In addition, he has been appointed adjunct professor in the Health Economics and Management Institute at Peking University. He frequently provides lectures and seminars at universities in Asia and Eastern Europe. He has also helped to conduct training programs for a unit of China's Ministry of Health and a medical university in Beijing.

He received his B.A. degree in Asian Studies from Cornell University in 1973 and his J.D. degree with high honors from the UNC School of Law in 1981.

CHAPTER ONE

ETHICAL THEORIES AND BIOETHICS IN A GLOBAL PERSPECTIVE

LEARNING OBJECTIVES

- Acquire proficiency in analyzing the major theories of ethics, such as utilitarianism, and be able to apply those theories to health (bioethics).
- Understand and be able to explain the recent trend in bioethics of moving beyond clinical issues of the doctor-patient relationship to broader issues of social justice and population health.
- Learn how to evaluate whether traditional theories of ethics are truly global and whether there are any universal values that transcend culture.
- Learn how to evaluate whether theories of ethics are useful in helping individuals and organizations in the health system to do the right thing. Begin to debate the best ways of encouraging desirable conduct.

ETHICS has been defined in many different ways. According to Tom Beauchamp and James Childress (1994), ethics refers to “various ways of understanding and examining the moral life” (p. 4). Ethics is sometimes referred to as “moral philosophy,” and can also be defined as a system for distinguishing right conduct from wrong (Blocker, 1986, p. 7). “Ethics, in other words, is a theoretical discipline within the broader study of philosophy which attempts to discover *why* any action is right or wrong; that is, what *makes* an action right or wrong” (Blocker, p. 8). As a practical matter, what difference does it make if we know *why* a particular action is right or wrong? The answer is that we want to be able to extrapolate or generalize from the particular situation, in order to develop ways to determine what is right or wrong in other situations.

Bioethics is the application of ethical principles and processes to health, including, but not limited to, health services, systems, policies, and technologies. In the latter half of the twentieth century, bioethics in the United States focused on clinical issues of the doctor-patient relationship, rather than issues of social justice or population health (Marshall and Koenig, 2004, p. 254). During that period the role of the physician became less paternalistic than it had been, and bioethics emphasized the principle of patient autonomy, as expressed in concepts such as informed consent and the right to refuse treatment (Brock, 2000, pp. 21–22). In contrast, the recent trend in bioethics in the United States and many other countries is to move beyond the individual patient and the medical relationship and to address the broader issues of health disparities, public health, allocation of limited resources, and social determinants of health (Marshall and Koenig, 2004; Brock, 2000; Illingworth and Parmet, 2009). This recent trend reflects a concern for social justice both within individual societies and from a *global* (or worldwide) perspective. The ethical issues addressed in this book are part of this broader focus and include problems of fairness and population health from the global perspective as well as problems that arise in caring for individual patients in different cultures.

This chapter begins by analyzing theories of ethics, focusing primarily on utilitarianism, Kantian ethics, and the doctrine of *prima facie* moral duties, which is also known as principlism. These theories of ethics can provide a framework for discussion of specific issues, but they raise two potential problems. First, are these theories of ethics really global—in the sense that they apply to all societies and cultures throughout the world—or is each theory limited to the society and culture in which it was developed? This chapter addresses that question by evaluating whether there are any universal values that transcend culture. Are all systems of ethics cultural? The possible existence of universal values that supersede culture is one of the major themes of this book. This theme is introduced in this chapter and then considered in greater specificity in the

chapters on autonomy and informed consent, withdrawal of care, reproductive issues, female genital mutilation, health care rationing, health care reform, and corruption in health systems.

The second potential problem with applying theories of ethics to health care is the question of whether those theories are useful in helping individuals and organizations in the health system to *do the right thing*. If not, how can we encourage people and organizations to do the right thing? This is another major theme of this book, which will also be considered in the chapters that follow. Finally, the activity at the end of this chapter provides an opportunity to evaluate the usefulness of ethical theories in a specific context, establishing a new hospital in a developing country.

THEORIES OF ETHICS

For thousands of years of human experience, people have looked for ways to differentiate right conduct from wrong. Systems have been developed for the purpose of helping individuals to try to make ethical decisions and determine the right thing to do in particular situations. Many people have sought simple rules of decision making that could be used in every situation, such as the Golden Rule of treating others as one would like to be treated, but those simple rules often fail to provide specific guidance in complex circumstances (Shaw and Barry, 1992, pp. 9–10). Therefore the search for methods of identifying the right conduct has led to the development of more complex theories of ethics. Even these more complex theories, however, may be based on attempts to distill a single rule that could be used in every situation. As Bonnie Steinbock and others (2003) have explained, “Traditionally, ethical theories tend to be reductionist; that is, they offer one idea as the key to morality, and attempt to reduce everything to that one idea” (p. 9).

In developing ethical theories, some people have relied on the concept of a social contract as the ultimate source of ethics. Under that approach, morality is based on some type of voluntary agreement. Others have concluded that ethics is based on religion or on the concept of natural law. In his 1963 “Letter from Birmingham Jail,” Martin Luther King Jr. reasoned that ethical conduct is based on natural law, which can supersede unjust human law:

One may well ask, “How can you advocate breaking some laws and obeying others?” The answer is found in the fact that there are two types of laws: there are just laws, and there are unjust laws. [. . .] I would agree with St. Augustine that “An unjust law is no law at all.”

Now, what is the difference between the two? How does one determine when a law is just or unjust? A just law is a man-made code that squares with the moral law, or the law of God. An unjust law is a code that is out of harmony with the moral law. To put it in the terms of St. Thomas Aquinas, an unjust law is a human law that is not rooted in eternal and natural law. Any law that uplifts human personality is just. Any law that degrades human personality is unjust. All segregation statutes are unjust because segregation distorts the soul and damages the personality . . . [King, 1963].

Under this approach an action is ethical if it is consistent with natural law. The way we know the action is consistent with natural law is that it has the effect of uplifting human personality.

However, all of these possible sources of ethics pose problems for the practical matter of applying ethics. If the source of ethics is religion or divine will, that would seem to imply that believers in different religions could have very different standards of ethical conduct. Moreover, how could we expect those who believe in a minority religion, or no religion at all, to follow ethical standards derived from the religion followed by the majority in their society?

If the source of ethics is natural law and natural law can supersede unjust human law, every individual could decide not to obey those human laws that he or she considers to be unfair. That approach would seem to give people the option to make individual decisions about which laws to obey and which laws to violate. Of course we can sympathize with and support civil disobedience against laws that enforce racism and segregation. But what would we conclude about a modern-day Robin Hood who steals from the rich and gives to the poor and who defends the theft by arguing that natural law takes precedence over the unfair human laws of private property?

If the source of ethics is a social contract, what are the terms of that contract? Who agreed to that contract on our behalf? Moreover, contracts involve mutual obligations among all parties to the contract. If an individual has failed to meet his or her obligations to society under the social contract, would that mean the contract has been breached and society no longer has any obligation to that individual?

Serious problems exist with applying values derived from each of the possible sources of ethics; moreover it is probably impossible for us to reach complete agreement about the underlying source of ethical standards. Nevertheless we can analyze and categorize various ethical theories without having reached agreement on their ultimate source.

A useful method of categorizing ethical theories is to distinguish between consequentialist and nonconsequentialist theories (Shaw and Barry, 1992, p. 57).

Consequentialism is the idea that only results determine whether an action is right or wrong, whereas **nonconsequentialism** is the idea that consequences are not the only thing that matters.

One consequentialist theory is **utilitarianism**. In focusing solely on the results of an action, utilitarianism holds that an action is right if it results in the greatest good for the greatest number of people (Steinbock and others, 2003, pp. 9–10). It is important to identify both the people who would be helped by a proposed course of action and the people who would be harmed by it. This process of identification is similar to performing a stakeholder analysis. That is only the starting point, however. Merely counting the numbers of people who would be helped or harmed would be an oversimplification of utilitarianism. In determining the greatest good for the greatest number of people, utilitarians also consider the degree of benefit or harm to each person, and not merely the absolute numbers of people who are benefited or harmed. Utilitarianism can be contrasted with **egoism**, which is another consequentialist theory but which holds that an action is right if it results in the greatest good for the only person who really matters—that one individual! (Shaw and Barry, 1992, pp. 57–58).

As stated earlier, nonconsequentialists argue that ethics do not depend solely on results. Nonconsequentialist theories of ethics are also referred to as **deontological** theories (Beauchamp and Childress, 1994, p. 56). One of the most important theories in this category is **Kantian ethics**, named for Immanuel Kant, a German philosopher and professor who lived from 1724 to 1804. As a nonconsequentialist, Kant believed that an action might be wrong even if it results in good consequences, and therefore that “the ends do not justify the means” (Steinbock and others, 2003, p. 14). Kant argued that a proposed action would be ethical if it is an action that we would want everyone to perform in a similar situation. In other words, could we “consistently will” that under a particular set of circumstances everyone else should act in that manner? (Steinbock and others, pp. 9, 15). This concept of Kant’s is called the **categorical imperative**. In addition, Kant believed that individuals should be treated as ends, and not as a means to an end, or at least not only as a means to an end (Beauchamp and Childress, 1994, p. 58).

Another approach to ethics is **principlism**, so called because it is based on a set of ethical principles, including autonomy, justice, and beneficence (Beauchamp and others, 2008, p. 22). Sometimes the principle of beneficence is broken down into separate principles of beneficence, or helping other people, and nonmaleficence, or not harming people. In contrast to **monistic** theories, such as utilitarianism or Kantian ethics, which try to reduce ethical conduct to a single idea, principlism is **pluralistic**, in the sense that more than one ethical principle may apply in a particular situation (Beauchamp and Childress, 1994,

p. 100; Steinbock and others, 2003, pp. 9, 36–37). The moral duties represented by those principles are not absolute but rather apply **prima facie**, or at first glance (Beauchamp and Childress, pp. 100, 104; Steinbock and others, p. 37). In other words, one moral duty might outweigh another in the circumstances of a particular case. “A prima facie duty, then, is always right and binding, all other things being equal; it is conditional on not being overridden or outweighed by competing moral demands” (Beauchamp and others, 2008, p. 27). According to the proponents of principlism, prima facie moral duties are based on “common-morality theory” and “shared moral beliefs” (Beauchamp and Childress, 1994, p. 100). “A common-morality theory takes its basic premises directly from the morality shared in common by the members of a society—that is, unphilosophical common sense and tradition” (Beauchamp and Childress, p. 100). (The next section of this chapter addresses the question of whether ethical principles that are derived from the shared beliefs of society can be truly global and universal.)

Which of these ethical approaches, if any, is the best one? Steinbock and others (2003) argue against selecting one theory or approach as the exclusive answer to all ethical questions: “In a typical introduction to ethical theory class, each theory is presented and subjected to devastating criticism. The unfortunate result is that students frequently conclude that all of the theories are wrong—or worse, are pretentious nonsense We conclude that it is a mistake to view the various theoretical alternatives as mutually exclusive claims to moral truth. Instead, we should view them as important but partial contributions to a comprehensive, although necessarily fragmented, moral vision” (p. 9). Steinbock and colleagues are correct that no single theory has conclusively demonstrated its correctness and applicability in all situations. However, that seems to leave us with a “buffet approach” to ethical theory. Individuals are left to say to themselves, “I will look over the menu of ethical theories, and then choose some of each. Perhaps, I will take an order of utilitarianism, with a side order of principlism.” In addition to causing uncertainty, this buffet approach would allow individuals simply to make their own decisions and then to justify whatever they have already chosen to do. How, if at all, would this individualized buffet approach help people to make difficult ethical decisions in the real world of health policy and services?

Throughout this book we will consider the various ethical theories described in this chapter. In particular we will consider two fundamental questions: (1) are these ethical theories really global, in the sense of being applicable to all societies and cultures; and (2) are these ethical theories really useful in helping individuals and organizations to make the hard decisions in the real world of health policy, health services, and global health? Then, if these ethical theories

are not really useful, how can we encourage individuals and organizations in the health system to do the right thing?

ARE THEORIES OF ETHICS GLOBAL?

It is beyond dispute that people of different cultures will perceive the same things in different ways and make very different decisions when faced with the same circumstances. For example, as discussed in Chapter Eight (about allocation of resources), the Akamba people of Kenya have preferences for rationing limited health care resources on the basis of age that are very different from the preferences of most people in the United States (Kilner, 1984, p. 19). It is also clear that different cultures have different values, or at least that they place very different priorities on particular values. Although Western societies generally place a high priority on individual autonomy and equality, some other societies place their high priorities on values such as solidarity of the community, fulfillment of duty, or obedience to a hierarchical order. As Blackhall and others (2001) have written, “Beliefs commonly held in the European-American culture about individuality, self-determination, and the importance of maintaining control too often have been treated as if they were universal ethical principles” (p. 70).

Does this mean that there is no common morality of ethical principles, one that is shared by all human beings, regardless of the society in which they live? Does it mean that there are no universal ethical values that transcend the values of any particular culture? Those two questions are not necessarily the same. As discussed previously, Beauchamp and Childress, who are well-known proponents of principlism, have argued that the *prima facie* moral duties are based on “common-morality theory” and “shared moral beliefs” (1994, p. 100). It is difficult to conclude, however, that the moral duties of justice and autonomy are really shared by those societies that do not believe in self-determination for women, equal rights for racial and ethnic minorities, or freedom of speech and religion. Patricia Marshall and Barbara Koenig (2004) have described the distinction that Beauchamp has tried to make between those values of common morality that are shared universally and those “particular moralities” that are not shared by all human societies. As Marshall and Koenig also note, however, Beauchamp’s distinction is not helpful as a practical matter in addressing difficult questions of bioethics (p. 256). (An excerpt from Marshall and Koenig’s article appears later in this chapter.)

In fact, different societies can and do reach very different conclusions about important ethical issues. Whether we characterize those differences as a lack of universality or as “particular moralities” about specific issues, such disagreement

among societies requires us to address the second question set forth earlier and to ask whether any universal ethical values exist that transcend the values of a particular culture. When societies disagree about ethics, can we ever conclude that the values or practices of one society are unethical and therefore should give way to overriding universal values? Proponents of ethical relativism argue that ethics is dependent on culture and that actions are ethical if they are considered to be ethical by the culture in which they take place (Steinbock and others, 2003, pp. 6–8). For example, an ethical relativist might even argue that slavery is ethical within the context of a culture that considers slavery to be ethical. Of course many people would strongly disagree with that proposition. Many people would insist that there are indeed universal values of ethics and that these universal values transcend the values of that particular society and make slavery, wherever it occurs, horribly unethical. The issue of ethical relativism is addressed in more detail in Chapter Five of this book, with regard to the problem of female genital mutilation, which is accepted in some cultures and vehemently rejected in others.

The following excerpt from an article by Marshall and Koenig offers further insights into the question of whether a common morality exists. It also traces the evolution of Western bioethics from its former focus on clinical issues to its current concerns with issues of social justice and population health.

EXCERPT FROM “ACCOUNTING FOR CULTURE IN A GLOBALIZED BIOETHICS”

BY PATRICIA MARSHALL AND BARBARA KOENIG

As we look to the future in a world with porous borders and boundaries transgressed by technologies, an inevitable question is: Can there be a single, “global” bioethics? Intimately intertwined with this question is a second one: How might a global bioethics account for profound—and constantly transforming—sources of cultural difference? Can a uniform, global bioethics be relevant cross-culturally? . . .

Although there appears to be agreement about bioethics as a field of study, there is much less consensus about the relevance and applicability of bioethics as a set of guidelines and practices that can be implemented in diverse cultural settings Currently, the exportation of a Western approach to bioethics in clinical and research settings worldwide mirrors the globalization of

- [read American Shooter: A Personal History of Gun Culture in the United States](#)
- [Fate, Time, and Language: An Essay on Free Will book](#)
- **[download The Summer of Katya pdf, azw \(kindle\), epub, doc, mobi](#)**
- [click Punch Your Inner Hippie: Cut Your Hair, Get a Job, and Make America Awesome Again pdf](#)
- [Choose Yourself! pdf, azw \(kindle\), epub, doc, mobi](#)

- <http://dadhoc.com/lib/American-Shooter--A-Personal-History-of-Gun-Culture-in-the-United-States.pdf>
- <http://thermco.pl/library/Fate--Time--and-Language--An-Essay-on-Free-Will.pdf>
- <http://monkeybubblemedia.com/lib/The-Summer-of-Katya.pdf>
- <http://transtrade.cz/?ebooks/Soft-Targets--Jonathan-Grave--Book-5-5-.pdf>
- <http://musor.ruspb.info/?library/What-Does-Europe-Want---The-Union-and-Its-Discontents--Insurrections--Critical-Studies-in-Religion--Politics->