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Volume 5, numéro 1, 2022

URI : https://id.erudit.org/iderudit/1087220ar
DOI : https://doi.org/10.7202/1087220ar

Citer ce document
Bioethics: “The Science of Survival”?  
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In 1970, the American bioethicist and biochemist Van Rensselaer Potter, from the University of Wisconsin, defined bioethics as a "science of survival", in an article published in the journal Perspectives in Biology and Medicine (1). He repeated this definition in his book Bioethics: Bridge to the Future, published the following year (2,3). Potter is not necessarily recognized as the inventor of bioethics (4), but he was undeniably one of its first major theorists and deserves more recognition today, as well as others.

According to Potter, bioethics can be considered to reforge the broken link between life sciences (not only biomedical sciences) and ethics – it re-establishes the meaning of the life sciences, notably by asking why and how their applications can improve quality of life and the survival of humanity (5). In other words, bioethics should not judge innovations on the basis of moral and theoretical values or norms, instead considering these innovations scientifically, for ethical and pragmatic purposes. However, many bioethicists currently take the opposite view, considering bioethics as a means of restricting innovations (6-9). There are several possible explanations for this. But one possible explanation is the founding of the Kennedy Institute of Ethics by the American bioethicist and obstetrician André Hellegers, from the University of Georgetown (7,10). Together with The Hastings Center, this institution went on to achieve global recognition in the field of bioethics, due largely to the major works of the Americans bioethicists and philosophers Tom Beauchamp and James Childress, and their book Principles of Biomedical Ethics, published in 1979 (11). "Principlism" corresponds to the application of four ethical principles (autonomy, beneficence, non-maleficence and justice) to moral dilemmas in biomedical sciences. And it could be considered as a means of restricting innovations, at least in practice (12).

Principlism has been strongly criticized, at least since the 1990s, especially by the Canadian bioethicists and theologians David Roy and Guy Durand (13,14). For Roy and Durand, bioethics cannot be reduced to a deductive method which infers morality of all clinical or scientific practices according to only four ethical principles (13,14). They prefer inductive methods that infer ethical issues and potential solutions, practice by practice, based on direct observation and moral contextualization (13, 14). Moreover, it is clear now that moral values or standards could vary considerably between societies or individuals in space and time (15,16).

We consider these elements relevant and therefore propose the development of a synthesis of the ideas of Potter, Roy, Durand and others, like the Belgian bioethicist and philosopher Gilbert Hottois (1,2,12-14,17). Bioethics could be the “science” that studies new practices in life sciences (not only biomedical sciences) to try to identify and resolve ethical issues (tensions between values, norms and practices) based on empirical research, interdisciplinary studies (life sciences, human and social sciences, etc.) and inductive methods (probabilistic inference), as well as the actual or potential effects on the quality of life and/or the survival of the individuals and/or the societies directly or indirectly concerned by these practices, and the social and complex phenomena that they constitute.
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