

Henk ten Have
Maria do Céu Patrão Neves

Dictionary of Global Bioethics

Dictionary of Global Bioethics

Henk ten Have ·
Maria do Céu Patrão Neves

Dictionary of Global Bioethics

Henk ten Have
Center for Healthcare Ethics
Duquesne University
Pittsburgh, PA, USA

Maria do Céu Patrão Neves
University of the Azores
Ponta Delgada, Portugal

ISBN 978-3-030-54160-6 ISBN 978-3-030-54161-3 (eBook)
<https://doi.org/10.1007/978-3-030-54161-3>

© Springer Nature Switzerland AG 2021

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, expressed or implied, with respect to the material contained herein or for any errors or omissions that may have been made. The publisher remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This Springer imprint is published by the registered company Springer Nature Switzerland AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Preface

The *Dictionary of Global Bioethics* seeks to clarify terms, concepts, arguments, perspectives, and theories used in the emerging field of global bioethics. Bioethics emerged in North America as a new discipline in the 1970s and quickly expanded to other continents. Many new ideas and original approaches were used as a result of this discipline becoming increasingly applied not only within various healthcare contexts, but also in policies, regulations, and legislations. Later and especially since 2000 it became clear that the scope of bioethics was genuinely global following the globalization of medical research, medical technologies, and healthcare practices and in the face of global challenges such as pandemics and climate change. Viewed in this light bioethics is increasingly redefined as “global bioethics.” This book aims to assist those who want to understand the most commonly used concepts in this emerging field of global bioethics.

This dictionary is a reference work that follows and supplements two previous reference volumes. The *Handbook of Global Bioethics* (2014) elaborates the global ethics principles included in the Universal Declaration on Bioethics and Human Rights that was unanimously adopted by the member states of UNESCO in 2005. It also elaborates several relevant global problems. The *Encyclopedia of Global Bioethics* (2016) systematically discusses topics and themes that are relevant in the contemporary global bioethics debate. This dictionary is different in that it provides brief clarifications of relevant topics. The presentations are succinct much as is the case with regular dictionaries and aim to help the reader to get an initial feel for meaning, content, relevance, and associated issues. Although it does not always provide final definitions (which is sometimes difficult because the field is emerging and developing) the topics do provide dynamic conceptualizations and thematic problematizations that elucidate what is at stake and spell out the various perspectives and related challenges as briefly as possible.

The entries presented are arranged in four categories that can be broken down into four different parts: “organizations” (Part I), “documents” (Part II), “persons” (Part III), and “topics” (Part IV). The selection of entries has been based on just how frequently they occur in the relevant literature dealing with global bioethics. We have scanned the keywords and indexes of reference publications, books on global bioethical issues, and journal publications in this area. However, the selection is ours and therefore is open to criticism.

Nonetheless, we are convinced that this dictionary covers the most relevant issues in today's global bioethics.

Part I deals with those organizations that actively work in the field of global bioethics. We have included those that have a global outreach and mission in addition to actively working within the field of global bioethics. Although some organizations are regional or based in a particular country, those included here have as part of their mission to make contributions to the global debate. We have not included organizations with a more limited scope or those that do not contribute to the global ethical debate. Some of the organizations selected have been around for some time and during the past few decades have increasingly focused on global challenges. Some have deliberately promoted ethical approaches and contributed to the growth of global bioethics. Others are relatively new and owe their establishment to the processes of globalization. All the organizations presented play active roles in global bioethics despite having different natures. They range from professional associations, international agencies, international ethics committees, and scientific and humanitarian bodies.

Part II discusses relevant documents. We have identified and listed those that play a significant role in global bioethics and can be used as reference points for global debate. Most of these documents have been produced by international organizations. Since many topics in Part IV of this book refer to these documents further explanation is warranted in Part II. We have not included documents that have been developed at the national level despite possibly having a global impact. Declarations and policy statements have been adopted over the years by international bodies in response to global challenges. The first documents were focused on medical research. Later documents dealt with other specific issues such as environmental concerns, international exchange and trade, and genetics and life sciences. A few documents pertain in particular to global bioethics since they formulate ethical frameworks and principles for the ethical application of medicine, healthcare, and medical research around the world.

Part III briefly introduces a small band of people who have played substantial roles in promoting global bioethics or have introduced concepts that have significantly contributed to amplifying the global bioethical debate. Some worked for organizations and institutes that promoted ethical reflection on global issues. Others promoted fundamental ideas that were constitutive of current global ethical discourse. We are aware of many people around the globe who have enriched bioethics with their intellectual and practical activities. Although many have been working in the field of bioethics, not all have explicitly argued that bioethics should be a global endeavor. To lessen any risk for biases we have chosen to present only those people who have made a recognizable contribution during their lifetime but are sadly no longer among us.

Part IV comprises the bulk of the dictionary. It presents brief descriptions of topics in alphabetical order. Choosing which topics to include was relatively easy, although it can never be complete since global bioethics is constantly changing with new issues and topics arising all the time. An example is the COVID-19 pandemic that was unknown when we started to

work on this book. The selection of topics was based on the systematic perusal of current literature relating to global bioethics. Some topics are familiar to bioethical discourse and included in other dictionaries. However, the emphasis will be on their relevance to global bioethical discourse. Many other topics are new. The processes of globalization have generated a range of new challenges facing bioethics. Furthermore, medical innovation and new biotechnologies pose new moral questions that need to be addressed often in a global context.

The *Dictionary of Global Bioethics* has been designed to be a helpful resource, especially for students and young scholars. It offers a broad introduction to global bioethics and gives readers a quick feel for the main concepts and relevant knowledge. It should also be a helpful resource for different academic scholars and professionals (healthcare professionals, researchers, educators, and lawyers) who, armed with deep knowledge and vast experience in their own fields of expertise, can benefit from a fast and straightforward look at other associated fields. Anyone wanting to know more about global developments in bioethics will hopefully find this book a useful resource.

Since this is the first dictionary covering the rapidly evolving field of global bioethics we realize this edition will need constant improvement and continuous updating. Any feedback on the overall composition or on particular entries would therefore be appreciated. Suggestions for future entries would also be welcome.

We would like to thank Floor Oosting (Springer/Nature) for her encouragement and support in developing the dictionary. We hope the book will be of use to those interested in global bioethics and will inspire them to explore the new ethical panoramas that continuously present themselves across the globe.

Pittsburgh, USA
Ponta Delgada, Portugal

Henk ten Have
Maria do Céu Patrão Neves

Contents

Organizations

ASBH	3
CIOMS	5
Council of Europe/CoE (<i>See also Oviedo Convention</i>)	7
EGE (<i>See also International committees</i>)	9
ESPMH	11
FAO	13
HUGO	15
IAB (<i>See also SIBI</i>)	17
IAEE	19
IBC	21
MSF	23
SIBI	25
UNESCO	27
WHO	29
WIPO	31
WMA	33
WTO	35

Documents

CBD	39
DoH	41
Doha Declaration	43
Earth Charter	45
Nuremberg Code	47

Oviedo Convention (<i>See also</i> Council of Europe)	49
Rio Declaration on Environment and Development	51
TRIPS	53
UDBHR	55
UDHGHR	57
UDHR	59
 Persons	
 Bankowski	63
Hellegers	65
Jahr	67
Pardo	69
Pellegrino	71
Potter	73
 Topics	
 Ableism	77
Abortion.	79
Abuse, Child	81
Abuse, Concept	83
Abuse, Elder	85
Access to Healthcare	87
Access to Medication.	89
Addiction (<i>See</i> Substance Abuse)	91
Adoption	93
Advance Care Planning (<i>See</i> Advance Directive)	95
Advance Directive (<i>See</i> Advance Care Planning; Living Will).	97
Advocacy	99
Aesthetic Medicine (<i>See</i> Cosmetic Surgery).	101
Ageism	103
Agricultural Ethics	105
AIDS (<i>See</i> HIV).	107
Alternative Medicine	109

Altruism (See Authenticity)	111
Animal Cloning (See Animal Ethics; Animal Research; Cloning)	113
Animal Ethics (See Animal Welfare; Animal Rights; Animal Research; Vegetarianism; Zoocentrism)	115
Animal Research (See Animal Ethics; Animal Welfare; Animal Cloning)	117
Animal Rights (See Animal Ethics; Animal Research; Animal Welfare; Vegetarianism; Zoocentrism)	119
Animal Welfare (See Animal Ethics; Animal Research; Animal Rights)	121
Anthropocentrism (See Biocentrism; Ecocentrism; Zoocentrism)	123
Anticommons (See Commons)	125
Applied Ethics	127
Artificial Insemination	129
Artificial Intelligence	131
Artificial Nutrition and Hydration	133
Artificial Organs	135
Assisted Reproductive Technology	137
Assisted Suicide	139
Authenticity (See Altruism)	141
Autonomy (See Respect for Autonomy)	143
Avian Flu	145
Behavioral Economics	147
Behavior Modification	149
Benefits and Harms	151
Benefit-Sharing	153
Big Data	155
Biobanking	157
Biocentrism (See Anthropocentrism; Ecocentrism; Environmental Ethics; Zoocentrism)	159
Biodiversity	161
Bioengineering	163
Bioethical Imperialism	165

Bioethics and Religion (<i>See Religion and Bioethics</i>)	167
Bioethics, Clinical	169
Bioethics, Education	171
Bioethics, Environmental (<i>See Environmental Ethics</i>)	173
Bioethics, Global	175
Bioethics, History	177
Bioethics, Medical	179
Bioinvasion (<i>See Invasive Species</i>)	181
Biolaw	183
Biological Weapons (<i>See Biosecurity; Dual Use; Weapons</i>)	185
Biometrics	187
Bionics	189
Biopiracy (<i>See Bioprospecting</i>)	191
Biopolitics	193
Bioprinting	195
Bioprospecting (<i>See Biopiracy</i>)	197
Biosafety (<i>See Biosecurity</i>)	199
Biosecurity (<i>See Biosafety; Bioterrorism</i>)	201
Biosphere	203
Biotechnology	205
Bioterrorism (<i>See Biosecurity</i>)	207
Birth Control (<i>See Contraception; Fertility Control</i>)	209
Brain Death (<i>See Death</i>)	211
Brain Drain (<i>See Care Drain</i>)	213
BSE (Bovine Spongiform Encephalopathy)	215
Business Ethics	217
Capabilities	219
Capacity (<i>See Capability; Capacity Building; Competence</i>)	221
Capacity Building (<i>See Capacity</i>)	223
Capital Punishment (<i>See Death Penalty</i>)	225
Care Drain (<i>See Brain Drain</i>)	227
Care Ethics (<i>See Chronic Illness and Care</i>)	229
Casuistry	231

Censorship	233
Children and Ethics (<i>See Pediatrics</i>)	235
Children and Research (<i>See Pediatrics</i>)	237
Children's Rights	239
Chimera (<i>See Research Ethics, Interspecies</i>)	241
Chronic Illness and Care (<i>See Care Ethics</i>)	243
Circumcision, Male	245
Citizenship, Biological	247
Citizenship, Ecological	249
Citizenship, General	251
Citizenship, Genetic	253
Civil Disobedience	255
Civil Society	257
Climate Change	259
Clinical Equipoise	263
Clinical Ethics, Committees	265
Clinical Ethics Consultation	267
Clinical Ethics, General	269
Clinical Ethics, Methods	271
Clinical Ethics, Professionalization	273
Clinical Ethics, Support	275
Clinical Ethics, Teaching (<i>See Bioethics Education</i>)	277
Clinical Research (<i>See Research; Research Ethics</i>)	279
Clinical Trials (<i>See Research Ethics; Clinical Research</i>)	281
Clone	283
Cloning, Animal (<i>See Animal Cloning</i>)	285
Cloning, Concept	287
Cloning, Food	289
Cloning, General	291
Cloning, Human	293
Codes of Conduct	295
Coercion	297
Cognitive Sciences	299

Commercialism	301
Committees, Clinical Ethics Committees	303
Committees, General	305
Committees, International Ethics Committees	307
Committees, National Ethics Committees	309
Committees, Research Ethics Committees (<i>See</i> Research Ethics; Research Ethics Committees)	311
Commodification	313
Common Good	315
Common Heritage of Humankind	317
Commons (<i>See</i> Common Heritage of Humankind)	319
Communication, Ethics	321
Communication, General	323
Communication, Media (<i>See</i> Media Ethics)	325
Communitarian Ethics (<i>See</i> Communitarianism)	327
Communitarianism	329
Community Consent	331
Compassion	333
Compassionate Use (<i>See</i> Pre-approval Access; Right to Try)	335
Competence	337
Compliance	339
Complicity	341
Confidentiality	343
Conflict of Interest	345
Conscientious Objection	347
Consensus	349
Consent, Informed Consent	351
Consequentialism (<i>See</i> Utilitarianism)	353
Consultation	355
Contraception	357
Corruption	359
Cosmetic Surgery (<i>See</i> Aesthetic Medicine)	361
Cosmopolitanism	363

Cost–Benefit Analysis	365
Covid-19	367
CRISPR (<i>See</i> Genomic Editing; Gene Editing)	369
Contract Research Organizations	371
Cryogenics	373
Cultural Diversity	375
Cyborg	377
Data Sharing (<i>See</i> Research Ethics, Data Sharing; Virus Sharing)	379
Death, Concept	381
Death, Criteria (<i>See</i> Brain Death)	383
Death, General	385
Death Penalty	387
Declaration of Istanbul (<i>See</i> Trafficking; Organ Transplantation)	389
Deep Ecology (<i>See</i> Ecocentrism; Environmentalism)	391
Deliberation	393
Dementia	395
Demography	397
Dental Ethics	399
Deontology, Moral Theory	401
Deontology, Professional	403
Designer Babies	405
Development	407
Disability (<i>See</i> Ableism)	409
Disasters	411
Discourse Ethics	413
Discrimination	415
Disease Mongering	417
Disease	419
Diversity (<i>See</i> Biodiversity; Cultural Diversity)	421
Donation, Blood	423
Donation, Body (Corpse)	425

Donation, Embryo	427
Donation, Gametes	429
Donation, General	431
Donation, Organs	433
Donation, Tissues and Body Parts	435
Doping (See Sports)	437
Double Effect	439
Double Standards (See Standards of Care)	441
Drugs	443
Dual Use	445
Ebola	447
Ecocentrism (See Anthropocentrism; Biocentrism; Environmental Ethics; Zoocentrism)	449
Egalitarianism	451
Electronic Patient Records	453
Electronic Surveillance	455
Emergency Medicine (See Triage)	457
Emerging Infectious Diseases	459
Emerging Technologies	461
Empathy	463
Engineering Ethics	465
Enhancement	467
Environmental Ethics (See Ecocentrism)	469
Environmentalism (See Ecocentrism)	471
Epidemics (See Epidemiology)	473
Epidemiology	475
Epigenetics	477
Equality	479
Equity	481
Ethicists	483
Ethics	485
Eugenics	487
Euthanasia, Active	489

Euthanasia, Concept	491
Euthanasia, General	493
Euthanasia, History	495
Euthanasia, Passive	497
Evaluation Ethics	499
Evolutionary Ethics	501
Experimentation (See Research Ethics)	503
Exploitation	505
Fairness	507
Family Medicine	509
Family Planning (See Fertility Control)	511
FGC (Female Genital Cutting)	513
Feminist Ethics	515
Fertility Control (See Birth Control; Contraception)	517
Fertility Preservation	519
Fetal Research	521
Fetal Surgery	523
Food Ethics	525
Food Security (See Hunger; Food Ethics)	527
Forensic Medicine	529
Freedom, General	531
Freedom (of the Press)	533
Freedom (of Speech)	535
Freedom (of Treatment)	537
Futility	539
Future Generations	541
Gender	543
Gene Therapy	545
Gene Editing (See Genome Editing; CRISPR)	547
Generic Medication	549
Genetic Counseling	551
Genetic Determinism	553
Genetic Modification (GMOs), Animals	555

Genetic Modification (GMOs), Food	557
Genetic Modification (GMOs), General	559
Genetic Modification (GMOs), Human Beings	561
Genetic Modification (GMOs), Plants	563
Genetic Screening	565
Geneticization	567
Genome Editing (<i>See</i> Gene Editing; CRISPR)	569
Genomics	571
Ghostwriting	573
Global Compact	575
Global Fund	577
Global Justice (<i>See</i> Justice)	579
Globalization	581
Good Death (<i>See</i> Death, Concept)	583
Governance	585
Grassroots Activism	587
Harm (<i>See</i> Benefits and Harms)	589
Health Education and Promotion	591
Health Insurance	593
Health Policy	595
Health Tourism (<i>See</i> Medical Tourism)	597
Health, Concept	599
Health, Global	601
Health, Social Determinants Of	603
HIV (<i>See</i> AIDS)	605
Homelessness	607
Honor Codes	609
Hospice (<i>See</i> Palliative Care)	611
Human Dignity	613
Human Rights	615
Humanitarian Intervention	617
Hunger (<i>See</i> Food Security)	619
ICSI	621

In Vitro Fertilization (<i>See Assisted Reproductive Technology</i>) . . .	623
Indigenous Ethical Perspectives	625
Indigenous Knowledge	627
Indigenous Rights	629
Infertility	631
Information Ethics	633
Information Technology	635
Informed Consent (<i>See Consent</i>)	637
Institutional Ethics (<i>See Organizational Ethics</i>)	639
Integrity Concept.	641
Integrity, Personal.	643
Integrity, Professional.	645
Integrity, Research (<i>See Research Ethics; Integrity</i>).	647
Intensive Care	649
Interculturality	651
International Law	653
Internet	655
Invasive Species (<i>See Bioinvasion</i>)	657
Institutional Review Boards (<i>See Research Ethics; Research Ethics Committees</i>)	659
Journalism Ethics	661
Justice, Global.	663
Justice, Intergenerational-Intragenerational	665
Justice, Theories	667
Law and Bioethics.	669
Law and Morality	671
Leadership	673
Legal Ethics.	675
Life Sciences	677
Life, Definitions	679
Life, Extension.	681
Life, General	683
Life, Quality of (<i>See Quality of Life; QALY</i>)	685

Life, Sanctity of	687
Lifestyles	689
Literature	691
Living Will (See Advance Directive)	693
Malaria	695
Malpractice	697
Managed Care	699
Marginalization	701
Maximin Principle	703
Media Ethics (See Communication, Media)	705
Mediation	707
Medical Humanities	709
Medical Tourism (See Health Tourism)	711
Medicalization	713
Mental Health	715
Mental Illness	717
Mercy	719
Migration	721
Military Ethics (See War)	723
Minimalist Ethics	725
Mismanagement	727
Mistakes, Medical	729
Moral Distress	731
Moral Diversity (See Diversity)	733
Moral Entrepreneur	735
Moral Expertise	737
Moral Hazard	739
Moral Relativism	741
Moral Residue	743
Moral Status	745
Moral Theories (See Deontology; Moral Theory)	747
Moral Universalism	749
Multiculturalism	751

Nanoethics	753
Nanomedicine	755
Nanotechnology	757
Narrative Ethics	759
Natural Law	761
Nature versus Nurture	763
Neoliberalism (<i>See Globalization</i>).	765
Neonatology (<i>See Pediatrics</i>).	767
Neuroethics	769
Neurotechnology (<i>See Neuroethics</i>)	771
Non-governmental Organizations	773
Nursing Ethics	775
Occupational Safety	777
Occupational Therapy	779
Open Access	781
Organ Donation (<i>See Donation, Organs</i>).	783
Organ Trade (<i>See Trafficking; Declaration of Istanbul</i>).	785
Organ Transplantation (<i>See Transplantation Medicine</i>)	787
Organizational Ethics (<i>See Institutional Ethics</i>)	789
Organoid	791
Outsourcing	793
Ownership (<i>See Patenting; Property Rights</i>).	795
Pain	797
Palliative Care (<i>See Hospice; Palliative Sedation</i>).	799
Palliative Sedation (<i>See Palliative Care</i>)	801
Pandemics	803
Patenting (<i>See Ownership; Property Rights</i>).	805
Paternalism	807
Patient Organizations	809
Patient Rights	811
Pediatrics (<i>See Neonatology; Children and Ethics</i>).	813
Persistent Vegetative State	815
Personalism	817

Personalized Medicine	819
Pharmacogenomics	821
Pharmacy Ethics	823
Placebo	825
Plagiarism	827
Pluralism	829
Pollution	831
Population Ethics	833
Poverty	835
Pre-approval Access (See Compassionate Use; Right to Try)	837
Precautionary Principle	839
Precision Medicine	841
Predictive Medicine	843
Prenatal Genetic Screening	845
Prevention	847
Principlism	849
Prisoners	851
Privacy (See: Confidentiality)	853
Professional Ethics	855
Professionalism	857
Property Rights (See Ownership; Patenting)	859
Proportionality	861
Proteomics	863
Psychiatry Ethics	865
Psychosurgery	867
Public Health	869
Publication Ethics	871
Quality of Care	873
Quality of Life (See Life, Quality of; QALY)	875
QALY (See Quality of Life)	877
Refugees	879
Regenerative Medicine	881
Regulation (EU) on Clinical Trials	883

Rehabilitation	885
Religion and Bioethics (<i>See Bioethics and Religion</i>)	887
Reproductive Autonomy	889
Reproductive Ethics	891
Research (<i>See Clinical Research; Research Ethics</i>)	893
Research Ethics, Animal (<i>See Animal Research</i>)	895
Research Ethics, Clinical Research	897
Research Ethics, Data Sharing	899
Research Ethics, Embryo	901
Research Ethics, Integrity (<i>See Integrity</i>)	903
Research Ethics, Interspecies (<i>See Chimera</i>)	905
Research Ethics, Research Ethics Committees (<i>See Institutional Review Boards</i>)	907
Research Policy	909
Resource Allocation	911
Respect for Autonomy (<i>See Autonomy</i>)	913
Responsibility, Collective	915
Responsibility, Concept	917
Responsibility, Corporate	919
Responsibility, General	921
Responsibility, Individual	923
Responsibility, Social	925
Resuscitation (including DNR Orders)	927
Right to Die	929
Right to Health	931
Right to Try (<i>See Compassionate Use; Pre-approval Access</i>)	933
Risk	935
Robotics	937
Safety (<i>See Biosafety</i>)	939
SARS	941
Science Ethics	943
Scientific Misconduct	945
Sexual Ethics	947

Slippery Slope	949
Social Ethics	951
Social Media	953
Social Work	955
Solidarity	957
Spirituality	959
Sports (See Doping)	961
Standards of Care (See Double Standards)	963
Stem Cells, Adult	965
Stem Cells, Embryonic	967
Stem Cells, General	969
Stem Cells, Induced Pluripotent	971
Stewardship	973
Stigmatization	975
Strikes	977
Subsidiarity	979
Substance Abuse (See Addiction)	981
Suffering	983
Suicide	985
Surgery	987
Surrogate Decision-Making	989
Surrogate Motherhood	991
Sustainability	993
Synthetic Biology	995
Technology Assessment	997
Telecare	999
Testing, Genetic	1001
Testing, Premarital	1003
Torture	1005
Traditional Medicine	1007
Trafficking	1009
Transhumanism (See Enhancement; Transplantation; Genetic Engineering)	1011

Transplantation Medicine	1013
Triage (<i>See Emergency Medicine</i>)	1015
Trust	1017
Truth Telling	1019
Tuberculosis	1021
Ubuntu Ethics	1023
Utilitarianism (<i>See Consequentialism</i>)	1025
Vaccination	1027
Values	1029
Vegetarianism (<i>See Animal Ethics; Animal Welfare; Zoocentrism</i>)	1031
Veterinary Ethics	1033
Violence	1035
Virtue Ethics	1037
Virus Sharing	1039
Vivisection (<i>See Animal Ethics; Animal Research</i>)	1041
Vulnerability	1043
War (<i>See Military Ethics</i>)	1045
Water	1047
Weapons (<i>See Biological Weapons</i>)	1049
Whistle-Blowing	1051
Wrongful Birth	1053
Wrongful Life	1055
Xenograft	1057
Xenotransplantation	1059
Zika	1061
Zoocentrism (<i>See Animal Ethics; Anthropocentrism; Biocentrism; Ecocentrism</i>)	1063

About the Authors

Henk ten Have studied medicine and philosophy at Leiden University (the Netherlands) (MD 1976; Ph.D. 1983). He worked as a researcher in the Pathology Laboratory, University of Leiden; as a practicing physician in the Municipal Health Services of Rotterdam before being appointed as Professor of Philosophy in the Faculty of Medicine and Faculty of Health Sciences, University of Limburg, Maastricht; and subsequently as Professor of Medical Ethics and Director of the Department of Ethics, Philosophy and History of Medicine in the University Medical Centre Nijmegen (the Netherlands). In 2003 he joined UNESCO as Director of the Division of Ethics of Science and Technology. From 2010 until 2019 he was Director of the Center for Healthcare Ethics at Duquesne University in Pittsburgh (United States). In July 2019 he retired and was made Emeritus Professor at Duquesne University. His latest books are *Global Bioethics: An Introduction* (2016), *Vulnerability: Challenging Bioethics* (2016), and *Wounded Planet: How Declining Biodiversity Endangers Health and How Bioethics Can Help* (2019). He is editor of the *Encyclopedia of Global Bioethics* (3 volumes, 2016) and (with Bert Gordijn) editor of the *Handbook of Global Bioethics* (4 volumes, 2014).

Maria do Céu Patrão Neves studied philosophy at Lisbon University (Portugal) and Louvain-la-Neuve (Belgium) (Ph.D. 1991) and bioethics at The Kennedy Center, Georgetown University, Washington DC, where she was a visiting scholar. She is currently Full Professor of Ethics at the University of the Azores (Portugal). She has taught applied ethics and biomedical ethics in several Portuguese universities. She was consultant on Ethics of Life for the President of the Portuguese Republic, a member of the National Ethics Committee, and sat on the Board of Directors of the International Association of Bioethics. She is a member of several ethics committees and advisory boards, a member of UNESCO's Global Ethics Observatory (a system of databases relating to the ethics of science and technology), and an expert on ethics for the European Commission. Her latest book is *The Brave World of Bioethics: The Origin of Bioethics in Portugal through Its Pioneers* (2016). She is editor of *Applied Ethics* (12 volumes, 2017–2018) and *Ethics, Science, and Society: Challenges for BioPolitics* (2019). She is coordinator of the project “Biomedical Ethics and Regulatory Capacity Building Partnership for Portuguese Speaking African Countries (BERC-Luso)” financed by the European Development Clinical Trials Partnership/European Commission (2018–2021).

Part I

Organizations

ASBH

The American Society of Bioethics and Humanities (ASBH) was established in 1998 through a merger of three existing organizations in the United States: the Society for Health and Human Values (SHHV), the Society for Bioethics Consultation, and the American Association of Bioethics. The oldest organization in the field of what later became bioethics was the SHHV, which was founded in 1969 as a professional association of persons committed to human values in medicine. It undertook several initiatives, notably in the field of medical ethics education.

The goals of the ASBH are to promote the exchange of ideas, to foster multidisciplinary, interdisciplinary, and interprofessional scholarship, research, teaching, policy development, professional development, and collegiality among people engaged in clinical and academic bioethics and the medical humanities. Such people engage in the following activities: encouraging consideration of issues related to values with regard to health services; the education of healthcare professionals; conducting educational meetings relative to the issues in healthcare ethics; encouraging research related to the ethical issues

at hand; and contributing to public discussion of these endeavors and interests including how they relate to public policy (<http://asbh.org/>). The governing body of the ASBH is the Board of Directors. This board consists of a five-member executive committee, nine directors at large, and one student director. The ASHB meets annually in a different US city every October. The society also has several committees. Each of these consist of members with similar interests (e.g., on public health or rural bioethics) who meet and communicate with one another throughout the year. Another committee is the Clinical Ethics Consultation Affairs Committee. This committee supports the goals of healthcare ethics consultation (including the certification of consultants) and is currently developing standards of accreditation for clinical ethics programs. The ASBH consists of approximately 1,800 members who are affiliated with a range of disciplines such as medicine, nursing, social work, theology, philosophy, education, medical humanities, and research studies. Many of these members work in a variety of healthcare settings such as hospitals, government agencies, and universities.

CIOMS

The Council for International Organizations of Medical Science (CIOMS) was established in 1949 in Brussels by the WHO and UNESCO (<https://cioms.ch>). The two founding organizations were concerned with facilitating the exchange of views and scientific information in the medical sciences. They achieved this goal by securing continuity and coordination between international organizations of medical sciences and by furnishing them with material and other forms of aid to keep them fully updated about their mission. The exchange of information and the provision of substantial and financial assistance to conferences and their participants helped them to achieve this endeavor. CIOMS is an international, non-governmental, and non-profit organization that brings together member organizations from the biomedical scientific community such as medical research councils and academies of sciences. The mission of CIOMS is to advance public health through guidance on health research including ethics, medical product development, and safety. It is especially interested in promoting international activities and thus has taken a global perspective from its inception. Initially focused on coordinating international medical conferences CIOMS became more engaged with health policy, ethics, and human values, especially after the adoption

by the World Health Assembly in 1977 of the goal of health for all. An early area of interest was medical research and clinical trials. CIOMS has emerged as a leading agency in exploring and clarifying the ethical issues involved in the use of human subjects in drug and vaccine research, especially for developing countries. Under the leadership of its Secretary-General Zbigniew Bankowski it organized international dialogue and issued ethical guidelines. In 1989 CIOMS published the *International Guiding Principles for Biomedical Research Involving Animals*. In 1993 it published the *International Ethical Guidelines for Biomedical Research Involving Human Subjects*. These guidelines were widely used in developing countries. CIOMS was also one of the first to articulate the role of vulnerability in medical research. The guidelines were revised and updated in 2002 and 2016. CIOMS was also one of the first international organizations to draw attention to global bioethics. Following a conference in Mexico in 1994 it adopted the Declaration of Ixtapa that emphasized a global agenda for bioethics. The governing body of CIOMS is the General Assembly who represent its international and national membership. The Executive Committee has 16 members including a permanent secretariat located in Geneva and housed in offices made available by the WHO.

Council of Europe/CoE (See also Oviedo Convention)

The Council of Europe (CoE) is the oldest European organization still active and the continent's leading human rights organization (<https://www.coe.int/en/web/portal>). It was founded in the aftermath of the Second World War (1949) in Strasbourg (France) by 8 countries to promote human rights in Europe. Today it comprises 47 member states and 6 observer members. Before becoming members of the CoE all countries have to sign the European Convention on Human Rights, a treaty designed to protect human rights, democracy, and the rule of law. The CoE has two main bodies: the Committee of Ministers, composed of the Ministers for Foreign Affairs of the member states, is the council's decision-making body; and the Parliamentary Assembly, composed of members of the national parliaments of each member state, seeking to spread human rights and democratic ideals in its neighborhood. The European Court of Human Rights and the European Directorate for the Quality of Medicines are two other very important bodies both aiming to promote common standards, charters, and conventions streamlining cooperation among European countries. Regarding bioethics the CoE has long been concerned about important human rights issues raised by the application of biology and medicine. Its first recommendations on the issue date from 1976. In 1985 the Resolution "On human rights and scientific progress in the field of biology, medicine and biochemistry" recommended that council intensify its work in relation to these problems from the standpoint of human rights and consider practices and legislation from both

national and international contexts. The CoE was the first international institution to acknowledge the need for an international body to address bioethical issues. The Committee of Experts on Bioethics/CAHBI, an ad hoc pluri-disciplinary body, was set up in 1985 under the direct authority of the Committee of Ministers to intensify work on the impact of the progress of biomedical sciences on human beings, later to be recognized as the fourth generation of human rights (i.e., biological rights) or rights related to the application of biology and medicine to human beings. In 1992 the CAHBI became permanent and its name changed to Steering Committee on Bioethics/CDBI. In 2012, following the reorganization of intergovernmental bodies at the CoE, the Committee on Bioethics/DH-BIO took over the responsibilities of the CDBI. The main concerns of the bioethics committee prevailed such as guaranteeing a person's integrity, respecting human dignity, and drawing up common guidelines for all member states so that they can deal with the new situations created by rapid development of the life sciences. The most prominent achievement of the CoE's Ethics Committee was the Convention on Human Rights and Biomedicine (1997) and its additional protocols. The CoE also developed important resolutions on different topics such as Xenotransplantation (2003), Protection of the Human Rights and Dignity of Persons with Mental Disorders (2004), and Research on Biological Materials of Human Origin (2006, revised 2016). In 2014 the major topic was the total ban on any form of trading

in human organs. In 2015 the DH-BIO adopted a Statement on Genome Editing Technologies. Some other works are in progress such as predictivity, genetic testing and insurance, medical treatment in end-of-life situations, and emerging technologies.

Although the CoE's influence is restricted to European member states, it has an impact world-wide because its documents and the rulings of the European Court establish soft law and powerful precedents.