

EDITORIAL

Bioethics as a breach

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Bioethics, and bioethicists especially, has a challenge which is to open a gap through which the rights for all men can flow smoothly. So their first and fundamental attitude is to recognize that those who accompany the globalization process use the same concepts to hold the status of domain: for instance, they talk about autonomy, showing how individuals can decide for themselves, complying with certain conditions that have to do with knowledge. These talk about freedom making it conditional to a situation of absolute independence, which is impossible even to think about and finally bringing it down to a choice among options placed by the system. These refer to law as a vindication of each individual's wishes. These conceive solidarity as a gift for those who have to those who do not have; of dignity as self-esteem; of justice as a mode of distribution of goods. What we, as bioethicists, have to learn is what is played in bioethics and ethics, in general, which has to do with the meanings. That is to say, with the content of words and acts, in the sense of behaviors, and especially with the value of decisions.

This means that we must accept that the only way to build and to enlarge the breach is thinking, and putting into action a bioethics from Latin America recognizing that from this continent, the relationship between bioethics and human rights has been consolidated. That relationship is in full development as a guiding idea of reflections that, as such, is an expression of the values that both individuals and social groups recognize, but which has no validity in applications, or in education, or in fashion yet. Let us remember that "culture and society have a generating relationship and the interactions among individuals who are, themselves, carriers and transmitters of culture are fundamental in this relationship: these interactions regenerate society, which regenerates culture" (Morin, 1992). We have to create a new culture and a new society, by working together on concepts that allow us to think in another kind of bioethics, in another way of raising the ethics and politics, in values proper to our region can be recognized by other regions (Tealdi, 2008). We must begin with the concept of dignity as an expression of plural recognition that must occur among individuals and peoples; the concept of history as a vindicating collective project of equality and sustained solidarity upon the practice of gift and gratitude; the concept of freedom as the process of emancipation of the dominant powers, primarily the economic one; the concept of justice associated with equality as the only guarantee of peace.

All of the above must be accompanied by a comprehensive understanding of the human being, where his physicality is the protagonist of their rights, in such a way that what they claim is an identity that will go hand in hand with integrity, an exercise of the word that has a symbolic and an operational value; that is to say, a community coexistence that is built around solidarity and not on competition.

The construction of this type of bioethics involves thinking about the right to health from a Latin American perspective on health involving the recovery of leisure, of party, of religiosity, of community life, of culture as a vital framework where present, past and future belong to the same movement; of life with memory, of love and respect for nature, of food as a re-union with others and not mere food; of death as a possibility of encounter with the mystery of life, of the importance, giving meaning to history. Bioethics will then be the ethics of *bios*, of human life in all the expressions that let it be called human.

It will no longer ask for a dignified death, but for a dignified life. Nobody dies unworthily if they have lived with dignity since this has to do with the recognition of others. It is possible to consider that patients

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cannot die with dignity when we steal them their own death, for example, leaving them only in the hands of doctors, who are just worried about prolonging their lives unduly, by technical means or by medical teams, who are unaware of both the sick people, their will and their families, which is the space where the patients have built their lives. An undignified death is the one that happens in an environment in which the knowledge of the patient is ignored, which is possessed by family and friends. Somebody else is the one who decides by them or they are pushed to make wrong decisions by ignoring the possibility and need that every sick person has, so every human being can be recognized in their condition of finitude, in their condition of being mortal. This forces the sick people and their surroundings to lie, concealment, deception, insisting on practices that only cause them harm, from which they do not get any benefit, without dialogue, without allowing the patient to take the word, expressing their assessments, planning a future consisting of minutes, hours, or months. Bioethics is, in many cases, a globalizing tool when it decides that the sick person should die at home and this builds up an ideological apparatus, without taking into consideration the patients themselves and their families as for the conditions in which the sick people could be at home. In other words, if they really want to, if their families want to, or if they are willing to do so, they really can, and even if it is necessary to the families who want to, but they cannot. It is so comprehensive when it comes to the interventionist medicine at any prize convinces the sick people and their families that the best place to await for death is the hospital, they will be looked after around the clock, and they will be intervened, in case of an emergency. When history and the circumstances of patients are ignored, their dignity is being tainted, when their language is ignored, their word is despised, and when their expressions are disregarded, so is their dignity.

And the fact of thinking about a dignified death, putting the accent on the adjective, makes us think about a worthy life and consequently reject everything that globalization identifies with life and death. The globalizing economic power insists that death disappears, whether selling appliances or developing more and more suitable medications to prevent death, by generating expectations that death will be defeated, at least, the small deaths so far, since the great death, the ultimate one seems to be winning the game; by encouraging anyone to see the dying, where no one hears them, and they are kept asleep, and that they are isolated so that they do not cause any impression, pain, disgust, anger, despair, or anguish. All of these feelings must be banished, replaced by an anomie that regarding the dying only expects him to die soon in order to take up again a normal life, a productive work, to quickly forget that we will also die, or even better that we are permanently dying. If we forget it, then we will believe in the comprehensive promise of eternal happiness, eternal youth, and eternal life. For this purpose, countries produce, buy, and sell products or services, so we are under close surveillance and controlled by virtual networks. That is why we are globally looked after by comprehensive medicine dealing with diseases and not with the sick people, so we are educated according to global programs, so that we can work in accordance with global plans.

Bioethics, or even better, bioethicists have a commitment to the present and the future, in the same way that we think the dignity in relation to the time of death. We should think it in connection with birth, growing up, and living as an adult and as an elder, as for the economic, political, and environmental living conditions. Potter has already mentioned it when he talked of the bridge to the future, an idea which later on was then forgotten, entangling behaviors around pseudo problems. We have written books, books about the conditions for the establishment of autonomy, even more by those imposed by the current world and without acknowledging the latter: the poverty that is not only material, the marginalization that is not only intellectual, the work as alienation, since as advanced domination, advertising as a form of morality and finally globalization as a way of denying the identity and integrity. Autonomy and informed consent end up becoming contraptions that many bioethicists use to focus their speeches on particular issues such as the doctor-patient relationship, that while they are not despicable, they should be inserted in the real issues that have to do with the rights and justice.

These issues as those which highlight the medical work in pursuit of triumph over old age, disease and death, drive, sometimes without knowing it or wanting it, the liberal model in relations and neo-capitalism in the conception of health. By naturalizing the scarcity of resources in health, the structural problems of health systems are hidden, and the relationship with the environment and any political decision is distorted.

We cannot keep fooling and deceiving ourselves. We have a challenge, and we cannot give it up. It consists of opening a gap in this invasive culture that makes us forget what it means to be a man.