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Integrative Bioethics in Canada

An Overview

Abstract

The first part of this article deals with the primary features of bioethics in Canada and the United States of America with some few references to those aspects of Integrative Bioethics (primarily historical perspectives and pluriperspectivism) that seem to be mentioned in journals and texts. The overall assessment is that Integrative Bioethics as such does not exist in any noticeable fashion in Canada (or the United States). Throughout this paper methodological concerns arise repeatedly. The second half of the paper suggests some fundamental methodological starting points and outlines some possibilities for projects in/of Integrative Bioethics that could be initiated with existing resources, institutional and communal.

Keywords

Integrative Bioethics, ethical perspectives, pluriperspectivism, historical perspectives, historical consciousness, critical realism, methodology, Canada, United States of America

Bioethics in Canada is a mixed bag, with differing areas of focus, practice, and application. Generally, there is a concern for all issues relating to human health with a general appreciation of the significance (need for?) interdisciplinary approaches although (as in the rest of the world) methodological considerations are sparse at best. As well, there are clear differences between bioethical centres that focus on medical and clinical ethics as opposed to those projects/research centres that examine the significance of social projects and institutions in relation to more generic concerns of health and well being. Again, speaking generally, the majority of those involved in bioethics in Canada follow some version of the ethics model developed by Georgetown University and the Hastings Center in the United States. Most of those involved in bioethics have professional training in one or more of the following disciplines: medicine, philosophy, theology, law, sociology, psychology, anthropology, and other social sciences, and most work in hospitals, universities, and/or research centres. In terms of a specific focus on Integrative Bioethics with its particular historical self-understanding¹ and emphasis on approaches that include pluriperspectivism,² nothing like this exists in Canada.³

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See Ante Čović, Hrvoje Jurić, “Epochal Orientation, New Ethical Culture, and Integrative Bioethics”, *Formosan Journal of Medical Humanities* 19 (2018) 1–2, especially pp. 26–29. This would include the work of Fritz Jahr, Hans Jonas, and Van Rensselaer Potter, the latter being largely overlooked or ignored in his native United States.

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See Denis Kos, Marko Kos, Hrvoje Jurić, “Integrative Bioethics and Knowledge Landscapes”, in: Anna Lydia Svalastog, Srećko Gajović, Andrew Webster (eds.), *Navigating Digital Health Landscapes. A Multidisciplinary Analysis*, Palgrave Macmillan, Singapore 2021, pp. 67–87, doi: https://doi.org/10.1007/978-981-15-8206-6_4. “Pluriperspectivism means interaction or integration and interpretation of as many

The definitive text for bioethics in North America is Beauchamp and Childress' *Principles of Biomedical Ethics* first published in 1979, and now currently available in the eighth edition,⁴ which promotes an ethical model that combines deontological ethics with an utilitarian approach, and includes virtue ethics as a way of dealing with agency, beyond the principled approach which is considered foundational. The foundational principles usually consist of four basic principles, namely autonomy, non-maleficence, beneficence, and justice, although the order, number and terms can sometimes be shifted.⁵ This philosophical approach is associated with the Kennedy Institute of Ethics at Georgetown University, and it continues to be influential throughout North America and beyond. My own favourite bioethics text was a Canadian text, last published in 1994, where the first chapter "Bioethics: Past and Present" dealt with the origins and history of bioethics, referencing Van Rensselaer Potter but neglecting to mention Fritz Jahr or Hans Jonas.⁶ An early, more typical, example of a Canadian text on bioethics deals with "Theory and Method in Health Care Ethics" by using excerpts from American bioethicists (including Beauchamp and Childress), and the Australian philosopher Peter Singer.⁷ History is largely ignored as a subject or topic with relevance for bioethics perhaps excepting issues concerned with legal precedents as it applies to specific issues and cases with bioethical implications. In terms of expanding the ethical considerations required for bioethical deliberation and decision making beyond the scope of deontological/utilitarian principles with the addition of virtue ethics, the texts that I consulted for the purposes of this study and that identify as Canadian in focus add feminist ethics and the ethics of care as significant elements in the process.⁸ Interestingly, Roy, Williams, and Dickens make the argument (because of their attempt to situate the project of bioethics historically, as well as philosophically?) that bioethics is categorically *not* morality, professional ethics, theological ethics, feminist ethics, philosophical ethics, or applied ethics.⁹

An exception to the general rule of ignoring the historical dimension and social significance of bioethics is the text *Observing Bioethics* by two Americans, Renée C. Fox, a sociologist, and Judith P. Swazey, an historian.¹⁰ This book looks at the American roots of contemporary bioethics from a sociocultural perspective and includes a critical examination of the political dimensions of the project itself. The latter part of the book studies some of the implications of the emergence of bioethics in the rest of the world (focussing on two case studies, one in France, the other in Pakistan), and calls for "the development of an overarching conceptual framework that is more responsive to social and cultural context and diversity than the American paradigm that presently prevails".¹¹

Having addressed some of the discrepancies and disconnects that characterize the historical dimension of bioethics in Canada and North America that generally separate it from Integrative Bioethics as it is understood and presented primarily in Croatia and Germany, I will briefly consider whether and how the "integrative" dimension of bioethics is covered in Canada and North America and to what extent. From my perspective, the integrative element of bioethics is directly concerned with the issues, both methodological and substantial (content), that pluriperspectivism raises. In a sample of seven texts all dealing with bioethics or biomedical ethics in a Canadian context, only one mentions "integrative medicine" which refers to certain therapies being included in the course of treating disease,¹² but has nothing to do with Integrative Bioethics

as such. In a search of literature in Canada (and the United States) the term “integration” comes up in an article title first in 2005, again in 2009–2010, and then in a concept paper in 2012, that concludes with a final report in 2018.¹³ In 2012, 2016, and 2017 articles were published in the United States (and elsewhere) which included the term “Integrative Bioethics” in the respective titles, although the 2016 article was co-written with two Croatian bioethicists in which the American and the Croatian/German Integrative Bioethics models were compared, and found different in focus and practice, but similar in

different perspectives as possible of what is being viewed, transcribed, discerned, disclosed, and so on, respectively what is being comprehended and explained (Čović 2006; Pavić 2014). Therefore, here we have not only the awareness of a multitude of different perspectives on a particular subject, but also awareness of the necessity of integration, and thus a manifestation of many different perspectives in the process of acquiring knowledge, understanding, and its evaluation. [...] [It] starts from the position that all authentic perspectives are equally deserving of integration through comprehension or explication.” (Ibid., pp. 70–71.)

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The quickest way to get an overview of the situation is to go the website of the Canadian Bioethics Society, <https://www.bioethics.ca>. By extension, I would suggest that (generally speaking) nothing approximating Integrative Bioethics currently exists in the United States.

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Tom L. Beauchamp, James F. Childress, *Principles of Biomedical Ethics. Eighth Edition*, Oxford University Press, New York – Oxford 2019.

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Using one of these books at random as an illustration, I find only three of the basic principles identified in the introduction to the book, autonomy, beneficence, and justice. See Tom L. Beauchamp, LeRoy Walters (eds.), *Contemporary Issues in Bioethics. Sixth Edition*, Wadsworth-Thompson, Belmont, CA 2003, pp. 21–28. This text is also now available in its eighth edition, published in 2013. Beauchamp, Childress, and Walters all worked at the Kennedy Institute of Ethics at Georgetown University in Washington, D.C.

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See David J. Roy, John R. Williams, Bernard M. Dickens, *Bioethics in Canada*, Prentice Hall Canada, Toronto 1994, pp. 1–26. Some years ago, I asked David Roy if he and his colleagues were intending to publish a new edition of this text, and he suggested that I take the task up instead.

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See Françoise Baylis, Jocelyn Downie, Benjamin Freedman, Barry Hoffmaster, Susan Sherwin, *Health Care Ethics in Canada*, Harcourt Brace & Company, Toronto 1995.

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I chose the books at random from my own collection. See F. Baylis et al., *Health Care Ethics in Canada*, pp. 9–11, 22–28. See also Johanna Fisher (ed.), *Biomedical Ethics. A Canadian Focus*, Oxford University Press, Don Mills, ONT 2009, pp. 17–19. More recently see Carol Collier, Rachel Haliburton, *Bioethics in Canada. A Philosophical Introduction. Second Edition*, Canadian Scholars’ Press, Inc., Toronto 2015, pp. 30–35.

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See D. J. Roy et al., *Bioethics in Canada*, pp. 37–48.

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Renée C. Fox, Judith P. Swazey, *Observing Bioethics*, Oxford University Press, New York – Oxford 2008, doi: <https://doi.org/10.1093/acprof:oso/9780195365559.001.0001>.

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Ibid., p. 14.

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C. Collier, R. Haliburton, *Bioethics in Canada*, pp. 405, 431. In addition to four texts already referenced in this paper, I also looked at the following: Johanna Fisher, J. S. Russell, Alistair Browne, Leslie Burkholder, *Biomedical Ethics. A Canadian Focus. Third Edition*, Oxford University Press, Don Mills, ONT 2018; Eike-Henner W. Kluge (ed.), *Readings in Biomedical Ethics. A Canadian Focus. Third Edition*, Pearson Education Canada, Inc., Toronto 2005; Charles Weijer, Anthony Skelton, Samantha Brennan (eds.), *Bioethics in Canada*, Oxford University Press, Don Mills, ONT 2013.

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I will identify and provide a short synopsis of each of these papers in the following pages.

sharing dissatisfaction with the dominant/normative Georgetown model of bioethics.¹⁴

Returning to the theme of Integrative Bioethics in Canada, I presented a paper entitled “Bioethics as a Project of Integrative Value” at the *Lošinj Days of Bioethics* conference, in Mali Lošinj, Croatia, in June, 2003. As the paper was conceived and written in Canada, and presented in Croatia, it may qualify as connecting the two places albeit fleetingly.¹⁵ The first (and only?) Canadian article to use the term “integration” was written by a team of authors from the Clinical Ethics Group at the Joint Centre for Bioethics at the University of Toronto and was published in 2005.¹⁶ The article identifies a number of challenges to those involved in providing clinical bioethical services in hospital settings, including isolated bioethicists working on their own, and the “lack of integration” that renders much of bioethics as scattered and haphazard.¹⁷ While the focus of the article is clearly on clinical bioethics and concern for doing that well in a multiple hospital setting in a major city, there is a concern to decentralize ethics and to attempt to create an environment where ethics is everyone’s concern and responsibility, utilizing multidisciplinary approaches to sustaining bioethics in an institutional setting. In this article, it is clear that there is a general acceptance of the idea that the single “expert” bioethicist is neither desirable nor sustainable.

The next article by O. Carter Snead, an American, is “Science, Public Bioethics, and the Problem of Integration” and proposes that “integration should be a function of defining and policing the boundaries of scientific methods and ethical reasoning.”¹⁸ The larger concern is with the integrity of science and democratic law making and applications, and ensuring that both are adequately and competently maintained. As is usually the case in North America, the main focus is on institutional settings within which health care is mandated and carried out.

The last papers that deal with aspects of integration are a concept paper presented at a meeting of World Health Organization in Washington, D.C., in September, 2012,¹⁹ and the final report on this approved and supported Concept Paper that listed a number of health issues in the world that had happened since the approval of the initial Concept Paper that had not been anticipated and that the bioethical resources available were not sufficient.²⁰ Essentially both these papers were indications that health authorities in North and South America were aware that a general and effective ethical sensibility was not sufficiently present in most health projects undertaken by the Pan American Health Organization, which is connected to the World Health Organization, and in the new health threats that occurred since the approval of the first paper in 2012 had been overwhelming in scope and scale, and that the proposed ethical development had not really been successful.

The last two papers that will be discussed concern the proposal of Integrative Bioethics proposed by the Tuskegee University National Center for Bioethics in Research and Health Care, along with the article already noted that was co-written with Croatian bioethicists Iva Rinčić and Amir Muzur.²¹ The first two articles refer to the events that led to the founding of the National Center for Bioethics at Tuskegee University, namely the egregious abuse of persons in the name of scientific inquiry without concern for dignity and respect of those people who were shamefully abused. I am entirely in sympathy with the aims of the Tuskegee Center, and I believe that a practical focus of persons who would otherwise be marginalized and left out of significant decision making

processes is not only necessary but could and should be used as a model in other parts of the United States and the world. One might argue that in a country where not all citizens have equal access to necessary and adequate health care there might be an argument that any ethical discussions, let alone bioethical concerns, are of limited legitimacy and significance at best. Clearly, for the members of the Tuskegee University National Center for Bioethics in Research and Health Care the historical dimension of the process is constant and significant. They also serve as a reminder of the inherent and institutional failings of the dominant Georgetown model (all ethical models generally share equally in this fault) that carries and maintains several social and

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More details of the 2017 article by Iva Rinčić, Stephen Olufemi Sodeke, Amir Muzur, “Chapter 6. From Integrative Bioethics to Integrative Bioethics: European and American Perspectives”, *Journal internationale de bioéthique et d'éthique des sciences* 27 (2017) 4, pp. 105–117, see particularly p. 112, doi: <https://doi.org/10.3917/jib.274.0105>, will follow as this is the only published piece that identifies Integrative Bioethics within the Croatian/German model.

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Croatian bioethicists Amir Muzur and Iva Rinčić claim that this paper was the first to suggest bioethics in an integrative fashion in Croatia. See their book: Amir Muzur, Iva Rinčić, *Bioetička Europa našeg doba. Struje, kormilari, sidrišta [Bioethical Europe of Our Time. Currents, Helmsmen, Anchorages]*, Pergamena – Znanstveni centar izvrsnosti za integrativnu bioetiku, Zagreb 2018, esp. p. 106. – However, some other Croatian bioethicists point to the fact that this paper was only the first conference paper with the term ‘integrative(ness)’ in its title, while the concept of integrativeness, as well as the concepts of integrative thinking and integrative bioethics were already developed and the subject of the discussions at that time.

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Susan MacRae, Paula Chidwick, Scott Berry, Barbara Secker, Philip Hébert, Randi Zlotnik Shaul, Karen Faith, Peter A. Singer, “Clinical Bioethics Integration, Sustainability, and Accountability: The Hub and Spokes Strategy”, *Journal of Medical Ethics* 31 (2005), pp. 256–261, doi: <https://doi.org/10.1136/jme.2003.007641>. For those with an interest in chronology, this paper was submitted in December of 2003, revised in 2004, and accepted for publication in March of 2004.

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S. MacRae et al., “Clinical Bioethics Integration, Sustainability, and Accountability”, p. 257.

18

O. Carter Snead, “Science, Public Bioethics, and the Problem of Integration”, *UC Davis Law Review* 43 (2010) 5, pp. 1529–1604, see p. 1530.

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Concept Paper “Bioethics: Towards the Integration of Ethics in the Health”, Pan American Health Organization – PAHO, Washington D.C. 2012.

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“Bioethics: Towards the Integration of Ethics in the Health: Final Report”, Pan American Health Organization – PAHO, Washington D.C. 2018.

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Stephen O. Sodeke, “Tuskegee University Experience Challenges Conventional Wisdom: Is Integrative Bioethics Practice the New Ethics for the Publics’ Health?”, *Journal of Health Care for the Poor and Underserved* 23 (2012) 4, pp. 1–4, doi: <https://doi.org/10.1353/hpu.2012.0169>; Stephen O. Sodeke, Wylin D. Wilson, “Integrative Bioethics is a Bridge-Builder Worth Considering to Get Desired Results”, *The American Journal of Bioethics* 17 (2017) 9, pp. 30–32, doi: <https://doi.org/10.1080/15265161.2017.1353174>. This second article was initially brought to my attention in 2017 by Croatian bioethicist Marko Kos, for which I am grateful. The last article is the most telling for my purposes as it poses the question of similarities re concepts of Integrative Bioethics and decides (correctly in my opinion) that the differences are more telling despite some aligned motivations and projects. See also I. Rinčić, S. O. Sodeke, A. Muzur, “Chapter 6. From Integrative Bioethics to Integrative Bioethics: European and American Perspectives”.

cultural biases that largely go unidentified insulated as such within institutional settings with their own agendas and operative values.

All of the previous text largely indicates that Integrative Bioethics as it is understood in Croatia and Germany does not presently exist in Canada. But while a concern and respect for the historical dimension of bioethics and pluriperspectivism are worthwhile and honourable pursuits, I believe that a certain amount of methodological consideration is required if Integrative Bioethics is going to continue to develop as an engaged and significant scientific project (or more properly, a series of projects). As I have been thinking about this project for more than 20 years I have some thoughts and suggestions about how Integrative Bioethics might be considered as a resource and means of facilitation so that social and cultural existence might become a bit more humane. First, some thoughts on methodology with the aim of engaging proponents and practitioners of Integrative Bioethics with their own assumptions and operative biases as it seems clear that development of Integrative Bioethics requires development of integrative bioethicists. The historical dimension of human existence includes not only history as a study of the past, but an appreciation of our own historical nature inasmuch as we are all shaped by historical ideas, thoughts, and movements as much as we are also engaged in maintaining, shaping, and creating such in our own lives. Developing an adequate historical consciousness thus is a necessary part of being able to recognize the nature and forms of those problems and issues that manifest themselves in our world often in terms of unexpected symptoms and problematic events. As there is a general consensus that we only begin to recognize the significance of much of our own thoughts and actions in retrospect it is also fairly likely that those pressing issues and crises that take up so much of our time and attention also require some serious retrospective reflection. One useful starting point for such sorts of reflections might begin with the attempt to distinguish symptoms from root problems so that we do not mistake actions that reduce the negative a/effects of problematic occurrences as actually solving the causes of those same disturbances. If we accept the basic premises of Integrative Bioethics, namely pluriperspectivism and an active concern for the historical dimensions of existence, it would seem that we are also committing to our own requirement for continuous growth in learning and understanding in order that we might be able to bring a sufficiently comprehensive sensibility to bear on all questions and problems that we encounter. Such a process necessarily undermines many existing contemporary notions of competence and expertise especially insofar as we might consider these as terminal achievements. I believe that any amount of time spent considering these proposals very quickly lead one to recognize the need for active collaboration, a necessary multidisciplinary approach that includes as many of the relevant features that characterize the achievements of our species that have enabled us to survive to this point, and if we are able to improve on this somehow, we might continue to do so.

In terms of an adequate intellectual framework to do this type of work I would suggest that some form of a critical realism would provide a basis that would emphasize some foundational features of the project(s). These features would include a shared ability to identify or recognize authentic values, an enhanced generalized empirical method that included those dimensions of human thought and experience that make meaning possible, and a recognition of the foundational significance of history within which all human projects exist. All of these features would require a great collective and collaborative

willingness to cooperate and a fair degree of humility and tolerance, aspects of which seem increasingly hard to identify as common features of our shared existence on this planet.

Be that as it may, I believe that there are certain opportunities to build such a consensus amongst people using already existing social institutions that could be relatively easily initiated. One such project I have considered would involve local communities orienting their educational institutions towards a comprehensive study and engagement of students and teachers with their communities and environments. By choosing issues, questions, subjects that are immediately relevant to each particular community an entire curriculum could be developed where students gathered data, interviewed people in local institutions, workplaces, studied archives and historical data (newspapers, museums, legal and judicial reports, etc.), studied local natural resources including flora, fauna, water, water management, the generation of power, economic relationships, community organizations, religious groups, local health care and resources, marginalized groups in the community, local governance, and so on, all of which could be collated, reports written, presented, dramatized, compared, etc. in such a fashion that basic skills and community engagement would become an intrinsic part of all education creating stronger understanding and relationships between students and the members of their larger communities. These projects could be presented from the beginnings of primary school, through secondary education, and on to tertiary education in colleges and universities, where differences in levels of application, learning and comprehension were appropriate to the levels of the students all of which would also serve the community in terms of improving self-understanding, appreciation of existing social relationships, and a growth in ability to adequately assess and plan for the future benefits of the community at large. In such a manner values would become recognized as intrinsic to the growth and maintenance of the particular community, as well as an intrinsic element in the lives of all those who live in the community. It seems obvious that any educational project that strengthens the intellectual and social skills of students in a comprehensive fashion is only going to benefit the communities that those students are part of. Likewise, an educational curriculum that studies one's own habitat and social relationships is going to strengthen that community and those who are enabled to have a greater involvement in understanding, shaping, and developing growth in a manner that reflects the informed desires of the inhabitants. Such a project, I believe, would embody those attitudes and skills that Integrative Bioethics seeks to promote and encourage.

In the interim, an intellectual set of projects that could be undertaken at higher levels of education could begin by starting to research the historical roots (intellectual, ideological, religious, economic, political, ethnic, linguistic, etc.) of those questions and issues that give rise to those problematic symptoms that now challenge our collective peace of mind. Integrative Bioethics could begin to function as a sort of intellectual clearing house where the connections between seemingly disparate issues could be explored and made clear and relevant information and findings passed on to those communities and groups of people who are trying to improve their lives, homes, environments, and prospects for a decent and sustainable future. If Integrative Bioethics is committed to recognizing and respecting the disparate and varied truths and values of all people, it is certainly committed to trying to improve the possibilities for those same people.

Michael George

Integrativna bioetika u Kanadi

Pregled

Sažetak

Prvi dio ovog članka bavi se primarnim značajkama bioetike u Kanadi i Sjedinjenim Američkim Državama s nekoliko uputa na one aspekte integrativne bioetike (u prvom redu povijesne perspektive i pluriperspektivizam) koji se, čini se, spominju u časopisima i tekstovima. Opća je ocjena da integrativna bioetika kao takva ne postoji ni na koji zamjetan način u Kanadi (ili Sjedinjenim Državama). U ovome se radu opetovano pojavljuju metodološki problemi. Druga polovica rada predlaže neka temeljna metodološka polazišta i ocrtava neke mogućnosti za projekte integrativne bioetike, odnosno projekte u integrativnoj bioetici, koji bi se mogli pokrenuti s postojećim institucionalnim i komunalnim resursima.

Ključne riječi

integrativna bioetika, etičke perspektive, pluriperspektivizam, povijesne perspektive, povijesna svijest, kritički realizam, metodologija, Kanada, Sjedinjene Američke Države

Michael George

Integrative Bioethik in Kanada

Ein Überblick

Zusammenfassung

Der erste Teil dieses Artikels befasst sich mit den Hauptmerkmalen der Bioethik in Kanada und den Vereinigten Staaten mit einigen wenigen Hinweisen auf Aspekte einer Integrativen Bioethik (in erster Linie historische Perspektiven und Pluriperspektivismus), die in Zeitschriften und Texten erwähnt zu werden scheinen. Die Gesamtbeurteilung lautet, dass die Integrative Bioethik als solche in Kanada (oder den Vereinigten Staaten) nicht in nennenswerter Weise existiert. Im vorliegenden Beitrag werden immer wieder methodische Bedenken geäußert. In der zweiten Hälfte des Textes werden einige grundlegende methodische Ansatzpunkte vorgeschlagen und einige Möglichkeiten für Projekte in/von Integrativer Bioethik skizziert, die mit den vorhandenen institutionellen und kommunalen Ressourcen initiiert werden könnten.

Schlüsselwörter

Integrative Bioethik, ethische Perspektiven, Pluriperspektivismus, historische Perspektiven, historisches Bewusstsein, Kritischer Realismus, Methodologie, Kanada, Vereinigte Staaten

Michael George

Bioéthique intégrative au Canada

Un aperçu

Résumé

La première partie de cet article traite des caractéristiques premières de la bioéthique au Canada et aux États-Unis d'Amérique, avec quelques références aux aspects de la bioéthique intégrative (principalement les perspectives historiques et le pluriperspectivisme) qui semblent être mentionnés dans les revues et les textes. Ce qui ressort de cette évaluation générale est que la bioéthique intégrative, en tant que telle, n'existe pas de manière notable au Canada (ou aux États-Unis). Tout au long de cet article, des préoccupations méthodologiques surgissent à plusieurs reprises. La deuxième partie de l'article propose quelques points de départ méthodologiques fondamentaux et esquisse des possibilités de projets dans/de la bioéthique

intégrative qui pourraient être lancés avec les ressources existantes, tant institutionnelles que communales.

Mots-clés

bioéthique intégrative, perspectives éthiques, pluriperspectivisme, perspectives historiques, conscience historique, réalisme critique, méthodologie, Canada, Etats-Unis d'Amérique