
Editorial

Bioethical intoxication

In the previous issue, I had the opportunity to thank everyone who, in one way or another, contributed to the Journal's growth through the years. Now, it seems only fair that I write a few words about myself.

What I could not have foreseen was how deeply bioethics would seep beneath my skin. My formal education lies in public health, with prevention and the promotion of well-being as the axis of my professional orientation. And yet, somewhere along the way, I was infected by bioethics. No fever, no rash, no acute symptoms. Merely subtle but unmistakable side effects: an insistent urge to question, a touch of doubt, a widening of horizons, and a newly acquired intellectual restlessness I have come to cherish.

At first, I believed bioethics to be little more than a moral safeguard for individuals taking part in research or experimentation. When I say "individuals," I mean, of course, human beings; other forms of life hardly caught my attention during those laboratory practicums of my student years. But soon I realized that bioethics was something far deeper: a philosophy – one I once adored in high school, enough to compete in philosophy contests (admittedly more to skip other classes than out of love for wisdom itself). I even chose it as an elective course on my state exam, though it did nothing to ease my admission into Environmental and Public Health studies. Later, I buried that philosophical spark somewhere within, until bioethics unearthed it again. I sometimes imagine philosophy as a kind of invisible force which, when it joins hands with medicine, grants the practitioner an added measure of humanity – whispering to medicine that it must not only attend to the patient's consciousness, but also to their mind.

Through bioethics, I rediscovered what medicine and public health too often overlook: that behind every patient and every policy stands a person; that behind each intervention may lie an ethical dilemma – one that confronts humaneness itself (for there are humans who lack it).

Eager for understanding, I began reading about the differences between American and European bioethics. The American tradition struck me as pragmatic, procedural, almost utilitarian – neatly organized, principled, and, to my mind, somewhat

imposed; like a fast-food burger of applied ethics – cleanly assembled, swiftly consumed. European bioethics, by contrast, infused with Mediterranean sensibility, more inclined to reflection than resolution, felt rooted in a cultural landscape where ethics and life intertwine. It simmers longer, with more patience and passion. I found it more to my taste.

Americans seek consent. Europeans seek meaning. And somewhere between these two schools, I began seeking myself.

What I found was that I had been gently intoxicated by European bioethics (call it integrative, Mediterranean, what you will; the difference lies only in the seasoning). Whether grounded or imagined, it has worked on me like a *Latrodectus* antivenom against narrow notions of health and humanity, indeed, of life itself. Instead of offering clearer answers, it taught me to ask better questions. Its aim is not to produce a formula of four principles, but to invite conversation – an ongoing questioning of experience, of values, and, ultimately, of (scientific) truths. How? Through meaning, reflection, and understanding.

Today, when I say that my field is public health and that I delve into the history of medicine, I often add, like a miner descending into the shaft with a wishful “safe return”, unsure if he will return, ...*and bioethics*. Because bioethics has not only changed what I see, but how I see. It has not taught me what to think, but how to think.

And I can no longer, nor do I wish to, go back.

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