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EDITORIAL

Challenges of Modern Bioethics

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Since the introduction of the current bioethical paradigm, by Beauchamp and Childress in 1979, there has been much discussion about its effectiveness and applicability to various bioethical issues.

Medical Ethics is essentially associated with the interaction of physicians, patients and relatives, and as such, they are constantly at the center of attention, and under constant discussion on philosophical, juristic, or medical practice context.

This debate has its origins in the ever-changing social structures and conditions, as a result of the continuous advance in biotechnology, neurobiology and informative technology [1] leading to what is defined as metamorphosis; "when a moral issue is subject matter for live controversy, it can be easily be thought that an ampler cultural process is on its way, while concerns over morality merely constitute a symptom of the latter" [2]. To be more specific what is currently known as biomedical ethics precept is the outcome of altering the previous model and establishing a new paradigm on the basis of the previous one. According to the previous model, physicians resolved bioethical issues by applying the appropriate, in each case, traditional, Hippocratic medical principles: primum non nocere (firstly, to avoid causing any harm) and bonum facere (doing good).

The rapid technological advancement created pressures to reexamine established practices. Additionally, the increasing health care costs, the expansion of self-determination rights and the pluralistic framework of clinical practice led to a new axis of bioethical concept [3]. The aforementioned Hippocratic values were the basis for the next stage of bioethical deliberation that resulted to the four prima facie principles. The moral values of non-maleficence, beneficence, autonomy and justice are compatible with the deontology and consequentialism. The obligations of physicians have towards their practice, their patients and the state are described by medical deontology [4], whereas the consequentialism is consistent with a balance of virtues and vices, and that certain balance elicits beneficial or maleficent outcomes on the patient [5]. Principlism provides a framework for considering biomedical ethics not as a general moral theory but as a platform of guidelines and instructions to be implemented in each case separately and to help the decision-making process [6]. The challenge for principlism implementation begins with the acceptance of moral doctrines established in the foundations of these four prima facie principles, by solving dilemmas related to these moral values excluding the other moral norms that comprise the common morality [7]. In that sense, when a physician encounters a bioethical issue that comprises more than one moral obligations, only one obligation, relative to a prima facie, is a genuine moral obligation and ought to be followed.

The main challenges though lie in the epistemological essence of biotechnological advancement and not in the descriptive problematic of modern ethics. As biotechnology advances, elicits new and even more challenging ethical issues, and proves the fragility of the balance between virtues and vices, as well as the need to change the currently implemented bioethical paradigm. Biological applications change the relationship between individuals and nature as well as the perception for itself. In that sense, how are we supposed to accept death as a natural process when modern medicine makes a serious effort to postpone it or even determine the time of death by legalizing euthanasia.

In the context of these changes, modern medical practice ceases to view patient as a unique entity, but as a group of symptoms demanding investigation at a molecular level; the very aspects of a patient's personality are ignored and replaced by a specific ID of a molecular disorder.

The problematic these issues produce, is that a virtue is contraposed to another virtue and not a vice in

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which case the doctrines of the traditional Hippocratic paradigm could be implemented. To clarify the aforementioned statement further: a 50 year old patient diagnosed with end- stage rectal cancer, on palliative care, feels pain and fatigue, as days go on. He is tired physically and mentally, symptoms worsen day by day, and he wishes for all this suffering to come to an end soon. He contemplates euthanasia as a solution and discusses it with his physician. The dilemma arisen from their discussion is that life as a virtue is put against patient's desire to end it. In other words a virtue is put against another virtue. Decision making in such issues requires a thorough consideration of anthropological, theological and legalistic parameters.

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