

Why Surgical Bioethics?



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Why Surgical Bioethics? What does Bioethics have to do with surgery? Broadly speaking, isn't it a medical practice? Why associate Surgery with Bioethics? Why take a Bioethical approach in Surgery?

Many doctors, i.e. "operators" working in either universities or hospitals or clinics or research institutes, say that medicine is a science. This claim is often made in the print media and on radio and television. But this is not so.

Medicine is a practice based on sciences and that operates in a world of values. Hippocrates would say that it is a *techne* (art) with its own cognitive and evaluative knowledge, and that differs from the other techniques because its subject matter is an entity: man.

The *Ars Curandi*, namely, the *Techne Iatrike*, is a technique, an art, a profession that has its own culture, tradition, vocation. In this culture, the technique is the means and the *anthropos* is the start or the end.

Does this make anthropology a philosophy? Apparently, no. Hippocrates, undisputed father of Western Medicine *in toto*, distinguished this type of anthropology from the religion of the priests of Asclepio (interpreters of the sacred) and also from the philosophy of "physiologists" who studied nature and its laws. Therefore, anthropology is placed at the origin of a critical knowledge of the two intertwined ways of learning. But in the end, it is evident that this movement was organised to affirm one's identity.

In reality, Medicine in broad sense has (or should have) its own religiosity and philosophy. A *religio medici* (Religion of a Doctor) or religiosity (which does not mean it belongs to a church or religious practice) is expressed in the anthropology of the relationship between doctor and patient, a so-called "dual" relationship.

Whereas, the philosophy is expressed in the man-nature relationship, in the Hippocratic context of *de aere, aquis, et locis*, which in turn is expressed in the ethics of polis, in the politics of co-existence in the city where Hippocrates and his contemporaries Socrates and Pericles lived. Therefore, the "dual" relationship developed into a "plural" relationship between doctor and society and the two-way dialogue between doctor and patient expanded into a "social system" that implicitly governed not only the behaviour of the individual, but also the relative life and conduct of everyone. This shows that medicine originally had a philosophical soul. The technique of the *iатros*, namely, the profession of a doctor, had its own method (the clinical method), its own episteme (a theory of scientific knowledge), its own moral order (a collectively sworn pact), its own general conception of man and the world (an eco-anthropologic vision with the individual at the centre of the cosmos). The most famous doctor in the Roman Empire Galen said: "Quod optimus medicus sit quoque philosophus" (The best doctor is also a philosopher).

From here comes the understanding of how the "dual" system and the "plural" system relate to each other and how they flow into the everyday life of every surgeon and patient. This is the nodal point for interpreting surgical bioethics: it is and must be the start, putting into practice, and pragmatization of the meaning and significance of bioethics and bioethical codes, and of what the reflections made to date by bioethicists and philosophers have been able to demonstrate. The surgical speciality must not only draw strength from what up to now has been said and decided by bioethical principles, but it is also needed for the principles in order to better define and clarify themselves in the various specialities.

In surgery, everything is bioethics: in the decisions made by patients, for patients and on patients, the various ethical codes, biotechnologies, research, biomedicine, nerveless surgery with all the problems that this entails, autologous/heterologous transplants, living beings, and in many other fields we find explanations supported by bioethical studies.

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In all cases, care must be taken when defining the word "pragmatism": it must be intended as the realisation of the bioethical philosophy, in the putting into practice of the bioethical guidelines, and must not be intended only as pragmatism. Pragmatism must be implemented in bioethics according to how it is coordinated by thought, ideas, reflections, philosophy. Therefore, the traditional concept of theoretical truth as a criterion of choice must not be substituted by practical utility but must organise, facilitate and guide practicality of thought. Thought only exists when it is actually applied and when it develops on something that is alive. Therefore, bioethics must shape man in this perfect combination of philosophic and practical instances, in this construction of the person in both the line of being and that of having.

Surgical bioethics is therefore based on this *dual* and *plural* system, and its evolution has foundations, also found in society, that draw life from it and that, therefore, are reflected in it. Bioethics and, above all, surgical bioethics must permeate in today's society. And even more so bioethics, based on philosophy and on man, must relate to religion and with religions. In fact, in my opinion, it must be laic even though it must associate itself with religions, because multi-religious society, as well as society in general, poses a series of practical questions in bioethics. In fact, clear and precise answers must be given to the various cultures, to the various religions that present practices and traditions which greatly influ-

ence behaviours. And in fact, as already mentioned, bioethics, and to a greater extent, surgical bioethics, must be associated with and become a part of the clinical practice.

We can give a few examples, but simply by comparing the different attitudes between Christianity and Islam or Judaism and different cultures and traditions that reflect themselves on the Health of populations, we can also find practical medical and surgical techniques such as circumcision, different ways of coping with sick people, patients and, above all, death.

Bioethics and especially surgical bioethics must come together and relate to each other in these multi-religious populations. Talking to the whole world meaning communicating with different worlds, focusing on and going back to the initial discussion, i.e. to man. Therefore, religions have a fundamental role because they permeate the minds of people. Bioethics often talks of mutual responsibility. Inventions and the spreading of new technologies enable responsibility and awareness to be given to human dignity. This trans-culturalism in ethics and this multidirectional anthropology allows implementing and defending human values in health, which can be fundamental in the growth of bioethical thought.

It is a continuous realisation, a continuous becoming of the human being inside one's body. And bioethical thought, especially in surgery, can and must gradually be shaped in this realisation.