

## A New Bioethics for the Anthropocene

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### Letter to Editor

Volume 1 Issue 1

**Received Date:** October 16, 2018

**Published Date:** November 12, 2018

**DOI:** 10.23880/abca-16000104

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How do our conceptions of bioethics develops the world undergoes profound and rapid changes? What active efforts could be made by bioethicists in order to keep up? As the Great Acceleration [1] propels humanity further towards an uncertain future, people's circumstances change at increasing rates. The most recent IPCC report [2] states in no uncertain terms that time is running out to prevent a global increase of average temperatures by 2°C or more. The consequences of this extent of warming for ecosystems and biodiversity, and thus for human endeavours, would be catastrophic. Possible tipping points could even trigger a course towards a 'Hothouse Earth' scenario which most multi cellular life could not survive. Apart from climate change, humanity's collective environmental impact depletes resources, pollutes habitats and extinguishes species at unprecedented rates as we claim ever more space on lifeboat Earth.

Despite the dire warnings from the scientific community over the past decades, governments have largely failed to initiate the necessary drastic changes to global economic systems, socio-political power structures, corporate hegemonies and general business as usual [3]. That is only the tip of the iceberg of cultural inertia that hinders collective behaviour change at a large enough scale [4]. On the contrary, emerging kakistocracies [1] are now pursuing policies that exacerbate the global problems, contrary to the fledgling international consensus that is finally catching up with the extent of the crisis. As disappointing as it is, the widespread failure of policy makers to acknowledge and to address the crisis to its full extent no longer surprises.

As the crisis reminds us that the health of any one species and of its individuals is linked to the health of

home ecosystems and of the biosphere, efforts to expand bioethics beyond professional health care acquire new urgency. According to Potter's [5] suggestion, this expanded concept of bioethics rests on biology combined with diverse humanistic knowledge forging a science that sets a system of medical and environmental priorities for acceptable survival. Potter distinguished among five modes of human survival: mere, miserable, idealistic, irresponsible, and acceptable; at this stage most of humanity is facing prospects between mere and miserable, while a minority survive irresponsibly. The moral precepts of Potter's model derive from the works of Aldo Leopold, Martin Gorke, Lynn White, Jr, Garrett Hardin, and J. Baird Callicott. Even though Potter's conception of bioethics treats the welfare of the biosphere and of all its inhabitants as the greatest good, it also supports a pragmatic focus on human welfare, albeit under new perspectives and priorities, which I address here. Under Potter's comprehensive bioethics, the global environmental crisis generate multiple bioethical challenges. I summarise them in four categories below.

### Violation of Bioethical Principles (BENEFICENCE, NON-MALEFICENCE, JUSTICE)

Humanity's relentless 'war against nature' [6] is escalating, with catastrophic consequences on both sides. Uncompromising extraction of resources under the pretext of economic growth and unconditional domination over anything non-human, even casual destruction for recreational purposes, causes undeniable harm to humans and non-humans alike. Cost intensive reproductive technology exacerbates overpopulation and the misdirection of resources toward high-tech medical care for a minority leaves millions without basic health care.

### **Consequentialist Dilemmas in ‘Sustainable Development’**

More than half of the UN’s Sustainable Development Goals [7], including two goals on health care, depend on the increased use of physical resources that are already overstretched and insufficient to support even the status quo. Efforts to achieve them will certainly sink the three goals that focus on ecological integrity, and vice versa [8]. Other examples show that most projects for ‘sustainable development’ are neither sustainable nor do they qualify as true development of something new [9].

### **Moral Extensionism to Ecocentric Values and Intergenerational Justice**

It has been proposed that the values subsumed under the broad concept of anthropocentrism are categorically counterproductive, informing an undesirable concept of ‘progress’ [10]. On the one hand, the end values of anthropocentrism are shallow and the “flourishing of humanity” is ill-defined. The conceptual constraints within anthropocentrism preclude a more concise definition, which would take into account the utter dependence of the flourishing of humanity on the health of ecological support structures. On the other hand, pursuing the values that inform the actions of anthropocentrism (which may be identical with the “flourishing of humanity”) leads to unintended and undesirable outcomes, even from the view of the anthropocentrism herself. Those problems are not encountered with an ecocentric ethic, and the conceptual steps necessary to adopt it are not insurmountable [11,12].

### **Conflicts of Collective Survival Needs with Humanitarian Norms and Cultural Taboos**

Humanitarians can effectively address inequity and injustice as long as they can avail themselves of sufficient material resources. Since humanity entered ecological overshoot in the mid-1980s [1], those resources are no longer available on a sustainable basis. In fact, trying to mobilise them tends to cause additional hardship somewhere else. This does not refute the merits of humanitarianism in principle but it limits its applicability. Cultural taboos against discussing overpopulation and personal reproduction, let alone proscriptions against family planning, have now become outright harmful. Moral relativism must be abandoned in favour of those particular value systems that can help with the Transition [13].

Those bioethical challenges have been noted since the days of Rachel Carson, Aldo Leopold and since the first warnings were issued by the Club of Rome. However, the situation has now deteriorated to an extent that presents challenges of a new kind, arising from the prospect of partial collapse. Neither the deterioration of ecological support structures nor the cultural basis for our ongoing ‘war on nature’ have been effectively addressed over the past half century – in fact, both have accelerated. It seems unlikely, then, that the international community would all of a sudden change course to the drastic extent that is now called for by analysts, such as the IPCC. The most likely policy projection for the near future is official business as usual, at best slightly mitigated to avert the worst. Many institutions, organisations and communities will not survive the rapid destabilising changes that are likely to be triggered once resource scarcity, hunger, disease, conflict and natural disasters exceed the tolerance thresholds of civil societies. The prospect of partial collapse will most likely result in further changes in our interpretations of bioethics.

Partial collapse will disproportionately affect the world’s poor, disenfranchised and otherwise vulnerable populations to the extent that many will not survive to present life expectancies. The rest of us will become even more habituated and desensitised to daily reports about their misery. Another trend contributing to that desensitisation is the ongoing growth of populations and their densities; victims of ‘natural’ disasters and of other mass tragedies now routinely measure in the thousands; the value of an individual life, unless the person is known to us, is being deflated – while the need for moral intervention ever increases. This constitutes grounds for considering triage ethics [14].

On the other hand, some encouraging trends seem to have appeared just in time to mitigate suffering in the Anthropocene and help making the Transition less painful.

Some, such as the increasing awareness and sensitivity to injustice towards women, towards LGBTQ2+ minorities, and to ethnic and cultural minorities, seem to parallel the expansion and intensification of electronic connectedness through social media. Never before have we been as aware of suffering and injustice occurring in faraway places. Other trends, such as heightened concerns about our often atrocious treatment of animals in agriculture and research, and of our casual destruction of the remaining wild places, appear as patches of

enlightened compassion in what would otherwise appear as a darkening age.

Recognising both the virtual inevitability of partial collapse and the human capacity for empathic altruism, Jem Bendell [15]. A British social scientist at the University of Cumbria, proposed a new platform of policies and collective moral norms. They are to replace the failing and counterproductive goals of mainstream conceptions of 'sustainable development', which he partly blames for the planetary predicament. Bendell refers to this platform as Deep Adaptation. It consists of three principles:

- Build community resilience to mitigate the outcomes of collapse - e.g. aim for the safe operating space between ecological and social boundaries as described by Raworth [16]; a minimum of health care must be made available to all survivors.
- Relinquish what traditions, ideals and practices have become counterproductive – such as the ideals of limitless growth, or the right to personal reproduction; a health care ethic of care without hope [17] can persist even in a context of collapse.
- Restore practices and structures that can facilitate a Great Transition to a sustainable future [18] of acceptable quality – respect for the intrinsic worth of all life forms would be a great start. Many indigenous belief systems included such respect, only to be pushed underground by colonialism.

These principles challenge the implicit ecological legitimacy of many of the political, social, religious and economic institutions on which human societies are grounded, including our health care. Applying them to bioethics would mean that future health care policies would favour low-cost, widespread and equitable measures, preferably for preventive purposes. This would include traditional, naturopathic, homeopathic, energetic and other integrative health care measures with a successful track record. Fertility augmentation is no longer a justifiable goal for any publically funded health care. The principle of 'saving lives' will be modified under triage priorities where end-of-life decisions follow a different approach.

These examples describe a new bioethics that will potentially serve humanity well in its desperate efforts to achieve a Transition that many of us can survive with dignity and good health.

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