

## TEACHING BIOETHICS IN PERU

**Interview with Yordanis ENRÍQUEZ CANTO PhD on Bioethics, Associate Professor of Bioethics at the Universidad Católica Sedes Sapientiae, Lima, Perú done by Maria ALUAŞ**

***Question 1: "What is, in your opinion, the definition of a bioethicist? What exactly does a bioethicist do in the South-America context?"***

It is difficult to give a definition that in any way clarifies the identity of the bioethicist. However, it is possible to assert that the activity of the bioethicist has a philosophical nature. This is because the questions that a bioethicist asks about technosciences are philosophical in nature. These topics have to do with the meaning of the construction of human identity within the technological action. On the other hand, it is possible to point out two important characteristics. The first is that their work is expressed as critical conscience. What is this "critical conscience"? A critical conscience provides a clarification of a specific practical and theoretical content introduced by technosciences. This "conscience" also tries to understand the historical condition of contemporary man - regardless of its geographical location - and, from it, make value judgments. The second characteristic is relative to the method with which it works and which is expressed in an *esprit de finesse*. That is, in its ability to use language precisely and to make distinctions between notions.

Regarding the second part of the question, that is, what a bioethicist does in the context of South America: it is necessary to indicate a main characteristic of the Latin American context and in particular of the Peruvian one. Although in many aspects it manifests itself as conservative with regard to several issues (such as concerning the protection of the beginning of life and the characteristics of a family). However, the first symptoms of a crisis are beginning to be observed. Which is not primarily economic, but on the contrary reveals a face that we could call anthropological. What is the fundamental characteristic of this anthropological crisis? Today, it is not self-evident what is fair with respect to a great number of fundamental questions, which in some cases can become a law. Precisely with regard to the question of how it is possible to recognize what is right, today more than ever, it is hard to find the answer. This also in the Latin American context, nevertheless, the depth of our knowledge and the increase of our capacities.

In this context, which may seem to be adverse, it is therefore useful to recall what Hannah Arendt said about the value of a crisis: „A crisis forces us to ask questions again and demands new or old answers, but in any case direct judgments. A crisis becomes a disaster only when we respond to it with pre-established judgments, that is, with prejudices. Such an attitude sharpens the crisis and also prevents us from experiencing reality and takes away the opportunity to reflect that reality gives us” (Arendt, Hannah. 1977, *Between Past and Future*). Precisely the work of a bioethicist is closely linked to these last two points: to the possibility to experience reality and to help to reflect about reality. My work in Latin America is closely connected to the possibility of helping others to reflect. A reflection that is not unrelated to the possibility of trying to solve concrete problems. Above all, bearing in mind, that the solution of the problems that life poses each day does not occur directly facing the problems, but deepening in the nature of the subject that faces them. In other words, the particular is solved by deepening the essential. This is the great challenge faced by the Peruvian university in the face of the great contemporary educational emergency.

***Question 2: “What kind of difficulties you met in a multidisciplinary team at work? What are the most usual challenges of this work?”***

In the work of a multidisciplinary team, professionals must achieve a balance that takes into account responsibilities, values, knowledge, skills and especially the goals related to patient care. This balance is not always easy to reach. Sometimes it can be precarious or, in the worst case, has a formal type. In many cases, to reach it is necessary, to leave aside personal opinions that can go against the decision making shared.

It is possible to identify some of the main difficulties that arise in multidisciplinary work teams. On the one hand, and from a practical point of view, because many physicians in particular are accustomed to an environment of clinical practice in which decisions are “taken” by the physician and “carried out” by others professionals, it is sometimes difficult for doctors to adjust to a team approach. However, the deference for a more expert opinion, unanimity or consensus may be more appropriate methods in decision making, than an autocratic decision.

On the other hand, as far as the issue of decisions is concerned, the challenge lies in the process of arriving at agreements. It should be borne in mind that, in the current social context, there are widespread convictions. The first one, in this decisional process must be based on a content-free ethics that can be used among moral strangers. (For Engelhardt: „Moral strangers are

people who do not share sufficient moral premises or rules of evidence". The Foundations of Bioethics. New York: Oxford University Press; 1996: 7.) Expression used to refer to ethics in the public sphere which by its secular nature can not aspire to anything other than being a set of rules. The second is the thesis that faced with a widespread ethical pluralism; a single ethic would not be possible today because it would claim to be absolute.

This situation requires a solution anyway. How to deal with conflicts that arise in a multidisciplinary team? Especially since, as some claim, when there is a plurality of visions among "moral strangers", a single perspective is unable to find sufficient consensus, because it is reducible to a particular worldview. Instead of this worldview, it would seem opportune to introduce a perspective that is respectful of individual decisions, empirically concrete and, in any case, less binding in practice. Faced with the variety of opposing interests and the pluralism of views, only those decisions that can be subjected to a public exchange of reasons and arguments can claim validity.

The first strategy of collaboration is to recognize procedures for working together. This strategy would offer those separated by different visions the possibility of obtaining authority not from God, not from reason, but from agreement. In order to find the basis for cooperation between these individuals, a neutral structure (some secular structure) should be sought to ensure it through the establishment of procedural instances such as the Hospital Ethics Committees (HEC).

The HEC are delineated as a „dialogical instance", the place where, using bioethics as a frame of reflection, the interests of different groups of „moral strangers" come together; the practical articulation of the representation and the representativeness that allows the meeting „face to face". One point should be clarified, given that one of the risks is to make the committee appear to a small parliament, where the discussion cancels the ethical reflection. On the other hand, the people who participate in the committees can be chosen in such a way that they represent only the interests of a „community of moral strangers". From this point of view the „delegates" could promote the debate and discuss with certain reasons in support of the group to which they belong. Such a dynamic can only concretize the evolution of political negotiation groups, moving more and more away from a space for ethical reflection.

***Question 3: "What are the most discussed bioethics topics in the Peruvian universities?"***

One of the subjects of greater discussion is the argument of the so-called „new rights". Today, Peruvian universities and the media are discussing about the right to marry and to adoption among persons of the same sex, the

right to have a child, the right to own gender identity, the right of the child not to be born if is not healthy and the list could be expanded. Many perceive these „new rights” as a provocation or a real attack on the values on which Western civilization has been founded for centuries, and in particular Peruvian society. Many of these new rights exert a great attraction on people, while they are feared by others as factors of destruction of society. It is precisely around these issues of Bioethics and public ethics that the deepest social fractures and the most heated political controversies are created. However, the interesting question is where these “new rights” originate. It is essential to recognize that each of them ultimately born of deep human needs. These demands are the affective need, the desire for motherhood and paternity, the fear of pain and the search for one’s identity.

Each of these „new rights” has its roots in the structure that constitutes human existence. On the other hand, the multiplication of individual „new rights” expresses the expectation that the legal order, in some way, can solve human dramas and ensure satisfaction to the infinite needs of the human heart. They all have as a common feature to place at the center a man who claims absolute self-determination at every stage of life; a self-determination that manifests itself in deciding whether to live or die, whether to suffer or not to suffer, whether to have a child or not to have, whether to be male or female. It is a self that is conceived as absolute freedom, without limits and that does not tolerate any kind of conditioning. The contemporary self is like an eternal teenager: does not want to hear about limits. Being free means in fact to be able to always access new possibilities, trying to reduce desire to enjoyment. This culture carries within itself the conviction that the attainment of „new rights” is the way for the realization of the person. It is thought that in this way could avoid making unnecessary the debate on the fundamentals of life.

***Question 4: “In your opinion, what could be the most appropriate way to introduce ethical and bioethical debates in our hospitals, universities, and societies?”***

In my opinion, on the one hand, it is necessary to rethink and revive the values that lie at the basis of the debates in Bioethics. In fact a value, which is a good, it is not possible to protect it only with laws as this is the current trend in some Latin American countries. On the contrary, it is necessary to start from another point. It is necessary to take up the question from the very base: which means to introduce into the debate the problem of man and the yearning for fulfillment that constitutes us. That is, to reintroduce the theme of the deep need that constitutes us. In this way it would be possible to rewrite, rethink and revive values (for example human dignity or the good of existence at any point in its development) that are at the basis of bioethical debates.

Another important point to establish a dialogue on many bioethical issues could be the rediscovery of elements that from the anthropological point of view accumulate us as a species. One thing about dialogue is that it should not be limited to an exchange of ideas or words. This is a fairly frequent trend in academic debates or in our lessons, ie a high level of controversial abstraction. Ideas, in fact, remain abstract until when one does live them or feel them as part of oneself. The ideas, although sublime and expressed in the best possible way, do not educate if they are not welcomed in the experience of our life.

Returning to the common anthropological point for dialogue, that is, the set of ultimate demands that define the structure of every human being. To discover it within our own experience we must, above all, seriously establish our human problem. For this reason we must first of all open ourselves to ourselves, that is, to give full account of our experiences and to look with sympathy at the human in us. We must take into consideration what we truly are. What does it mean to take seriously what we experience? It means to consider *everything*, to surprise *all* its aspects looking for *all* their meanings. Otherwise, we impose on the experience categories and explanations that block it presuming to solve it. For example, the myth of scientific progress that will one day resolve all our desires is the modern formula of this presumption. A violent presumption that does not consider our true desires and does not know what they are.

Numerous problems with bioethical nature reveal this reduction of man: the lack of awareness of the nature of his desire, of the structural disproportion between what he wants and what he can achieve with his own strength. The reduction of desires or censorship of some demands is the weapons of power. The dominant mentality that surrounds us produces in us strangeness with regard to ourselves. We are at the mercy of many reduced images of desire and we hope utopically that the solution to the human problem, which is the basis of the debates in Bioethics, comes from some rules.

In this way, the awareness of a common factor to all men is seen as an interesting path that can open the way in the search for certainties shared at all level (universitary or social). In this sense, we can understand why the solution to life's problems - and bioethical issues in particular - does not come about directly by addressing problems, but rather by deepening the nature of the subject that confronts them.