
Bioethics as a Motion

Bioethics is a motion. A motion from “doing what we think is right” to “doing what is right”. It is a reflective examination of the ethical issues in the field of healthcare, research, and health policy. These fields have always had the ethical standards, which were meticulously handed down within each profession, but often without a question.

Around fifty years ago, bioethics was just emerging to come up as a field. It was in 1971 that a Time magazine article brought this newly coined expression, ‘bioethics’, to the attention of their thoughtful audiences who during that period already began to wonder about how the upcoming advances in medical technology and research might impact their lives and may even potentially change what it really means to be ‘human’. What kinds of moral reflection and discussions would be necessary for the era of new reproductive technologies, life-extending research, environmental challenges, and resource scarcity?

Bioethics is actually that discussion. It takes place in the academy, in labs, in offices, and hospital wards. It involves not just doctors, but also the patients, not just scientists and decision makers but the general public. Traditional ethical standards have been constituted, reflected upon, challenged, and revised. The standards for new issues have been created – and then challenged and revised. Often such a conversation is sparked by new developments, like the possibility of cloning and easy availability of powerful molecular tools like CRISPR-CAS9. But, bioethics also raises some new questions about the old issues, like the use of placebos and the treatment of pain.

Our understanding of what is ethical has definitely grown, but it is never complete. Ethical advances open new questions: We now see that getting an “informed consent” does not rule out the exploitation (thinking of the desperately poor or the desperately sick); Even the term ‘exploitation’ is hard to define. Scientific and increasing technological success has forced on us some new choices: For example, what do we do with the “unused” embryos created in the fertility labs?

Bioethics has brought about significant changes in standards for the end of life care in terminal illness and for the conduct of research. Every health care professional now understands that patients have autonomy, which can be simply put as a right to know what is being done to them and to refuse. Every researcher now understands that participants in their studies have the same rights, and ethics review boards to evaluate the proposed research on those grounds are almost universal.

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Bioethics is not just limited to healthcare providers or researchers but, the political and economic facts are just as challenging: One example is that some countries are able to hire doctors and nurses away from the world's relatively poor countries – but should they? These are some urgent, yet practical questions. There are many individuals today who consider us, who study and try to practice bioethics, as idealists or extremists. Bioethics makes a difference; it advances slowly, and it is not finished.

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