

Foreword

Bioethical problems are almost never settled completely due to the varying contexts and cultures under which they play out. Yet, progress is possible. This does not mean that appropriate solutions are not available for each context and culture, nor does it mean that they are imperfect. Bioethical issues have a special dynamic, which makes them open ended in the context of the diversity and the changing human experiences. Competing moral values can be harmonized in some contexts and cultures, but hardly in others. Scientific advances and breakthroughs open new possibilities for action, which equally liberates and burdens human decision-making. And even when there is an overlapping consensus with regard to the adequacy of normative frameworks, there will still be thorny questions about their application, for which local and general empirical knowledge needs to be generated.

Moral disagreements and uncertainties keep bioethics open to sharpening and deepening of the normative and empirical investigations. Philosophical analysis of arguments and presuppositions will have to determine to which extent standard concepts and principles are transferable to new situations and other contexts, evaluate critically the ethical implications of biomedical policies that prove successful, or mark out irrational attitudes against scientific advances with significant potential in terms of social benefits. Empirical research will have to identify in what conditions the application of morally desirable policies can backfire, and, consequently, determine more favorable conditions or document people's evaluative attitudes and explain by what they are driven.

Contemporary Debates in Bioethics: European Perspectives aims to contribute to these challenges. It includes 14 chapters by philosophers and social scientists on issues of enduring and contemporary importance, such as organ donation, biomedical enhancement, genetic editing, euthanasia, informed consent, biopolitics, social interpretation of disability, end of life, health-care organizational ethics, and the convergence of computing, information, and biological life. The articles feature rigorous analysis and the original results that will be of interest to scholars working on these important issues. Furthermore, they bring important discussions to the table and are topics that need in-depth analysis.

Enhancement technologies constitute one of the most controversial topics in contemporary bioethics. There seems to be a widespread belief that interventions to treat diseases are significantly more permissible than interventions aimed at improving normal capacities, and moreover, that traditional means of improvement (education and institutions) are less problematic than pharmacological, genetic, or biotechnological interventions. These moral asymmetries are pervasive in the public debate and popular culture, but they face philosophical problems. The debate around enhancement technologies deserves an advanced analysis in order to clear it away from gut feelings but also to avoid blindly accepting promising biotechnologies.

In the face of severe organ shortage, there are many proposals to improve organ availability, which needs to be evaluated from a normative standpoint. The proposed policies may be in tension with some ethical standards, but they could still promote other moral values. This gives rise to dilemmas in which one has to balance competing principles or adjust the policies in order to satisfy the relevant ethical standards. In addition, considerate public discourse about organ transplantation is essential in many cases to overcome the ethical dilemmas surrounding organ donation decisions. The way in which organ donation and transplantation are depicted in the media and public debates could widely influence people's attitudes and decisions, potentially undermining the hard work of scholars and policymakers.

The role of films in fruitfully engaging the public about the life experiences of persons with disability, as well as the use of this medium to launch a more-nuanced education and public debate, is an interesting challenge for bioethicists. The topic of disability and movies brings forth the interconnectedness between public opinions and individual circumstances, as well as its resulting choices. In a similar vein, the influence of macrolevel structures on microlevel individual decisions is also underscored in the chapter on health care organization ethics. Thus, for better and greater evidence-based medical decisions, physicians require an appropriate formal environment and culture that allows them to make unbiased choices that are in the best interest of the patient.

This volume also includes topics that may be of concern to the specific niche of bioethicists. However, these topics will gain relevance in the future in the context of globalization and technological innovations. For instance, we know very little about palliative care and the implementation of the autonomy principle in medical contexts in less-resourced countries. The literature to date mostly provides information from, for instance, the US, Western Europe, Australia, and Canada. Hence, a critical evaluation of autonomy in palliative care in the context of Moldova is a unique contribution. That technology is changing how we view and understand the world is becoming more and more evident with its pervasiveness in our day-to-day interactions, but whether bioethics is ready to redefine human agency in our time and era of data science brings us to unexplored territory.

Bioethics has struggled for a long time to harmonize the concept of "informed consent", with pragmatic limitations on how to obtain informed consent in the clinical or research context. There are shortcomings in the "thin" framework of respect for patient autonomy, whereby a doctor presents the patient with information and, possibly, a recommendation about what is medically indicated but then leaves the moral decision-making to the patient. On the other hand, "thick" frameworks prescribe a doctor's duty to build the patient's moral conscience, or the doctor and patient should both decide based on virtues such as prudence or temperance. However, if the doctor and patient do not come from the same (religious or not) moral communities, a dilemma results because they would not agree on values and the doctor would remain an information presenter who does not provide any moral support but

leaves the decision-making entirely to the patient. Given such a deep disagreement, an interesting question arises as to whether philosophical counseling could explain and make explicit the metaphysical worldviews involved, and, consequently, mediate the process of obtaining informed consent.

Nietzsche died on August 25 in 1900. He lacked any opportunity to witness or imagine the possibilities of modern technologies, such as organ transplantation, intensive care, or sophisticated palliative pain and symptom treatments, including deep continuous sedation. This volume contains two chapters that offer interpretations of philosophers who died between decades and centuries ago. Why is it judged important to do so in order to enlighten the discussion of current bioethical topics? The need to refer to the thoughts of philosophers from different times and backgrounds results from the particular characteristics of modern bioethics thinking that started in the US in the 1970s. Indeed, as today's bioethics discourse takes place in a pluralistic society, there is a tendency to prefer "thin" bioethics and to refrain from thick concepts. One typical example of what is referred to as a "thin" framework is principlism. Bioethics in this type of framework is often reduced to procedural ethics or to a way to solve conflicts in society between the "thick" frameworks of each philosophical or theological moral community by simply giving the last word to patients whose autonomy must be respected. In this context, two chapters fill the gap of going back to thick concepts that have been developed by influential philosophers, within their own specific frameworks developed within historical culture and contexts.

Overall, the volume hopes to capture a European gist of theoretical sensibilities, conceptual resources, and research interests, but not in an adversarial way, as opposed to American bioethics. Indeed, bioethics has been dominated by American scholars. However, under the rapid globalization of bioethical issues, it is much harder to draw sharp distinctions between what is European bioethics and what is not. Instead, the volume gathers contributions from European scholars as they collaborate and form a research network, drawing on a diversity of philosophical traditions and local knowledge, with the aim of debating universal bioethical problems.

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