

# The Annual Conference of The Societas Ethica 2011

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August 25-28, 2011  
Lugano, Switzerland

## **The Quest for perfection The Future of Medicine / Medicine of the future**

### **Theme and guiding question**

There is all over the world a sort of fever affecting all the research fields related, closely or somewhat loosely, with human health issues. Some of them – cloning, therapeutic cloning, stem cell therapy, human enhancement, etc. – arise fierce and controversial public debates. At the same time, a concern can be felt worldwide that tomorrow's medicine might well become more and more « dual », the advanced health devices threatening to become the privilege of a small wealthy minority, or at least excluding the vast majority of the poor and the low middle class. Furthermore, there are even greater disparities between wealthy and poor nations in access to health care and in the level of protection available to members of the latter's population in a medical context. The theme of rationing health care has been ongoingly gaining in prevalence over the two to three last decades in the public debates, causing many to express worries about the ability of our health system to provide both efficiency and justice in health care. But, among all the new health care devices, are there not some which could be efficient both in terms of improvement of the management of patients' health and of a just allocation of care ? Besides, not only emerge concerns linked with the development of new technologies in health care, but also in connection with the impact of social-political transformations onto the medical relationship : what are in this context the doctor-patient relationship in regard to autonomy and gender ? Should we be free to use or not to use these new technologies ? Might not the « quest for perfection » develop into a duty of perfection ? And, with the improvement of the therapeutic power to prolong human life, are we to think of assisted suicide as the future of death ?

These are some of the issues that this conference wants to address from an ethical perspective and *with rigour*. To enrich our discussions also medical and life science practitioners willing to reflect ethically on moral questions of health issues in their professional life and politicians faced with ethical decisions in the domain of health are welcome to participate.

### **Call for papers**

To achieve this goal, we invite everybody active in academia working in bio-medical ethics and related fields to join our academic discussion by handing in an abstract. This invitation is intended also to medical and life science practitioners willing to reflect ethically on health issues.

More precisely, we invite you to submit us a proposal of max. 4'000 characters in which you describe the question you want to address as well as some indications concerning the data and the method through which you intend to deal with your problem. The issue you raise may be related to one of the subtopic mentioned below or on any other topic of your interest – there will be a session channel reserved for contributions which do not bear on the theme of the annual conference. The decisive point is that you show a broad knowledge of the field and/or a great sense of relevance in the way you formulate your interrogation.

The head topics on which we expect your proposal are :

- Justice in the future of health: economic, demographic and global issues
- Personal health monitoring
- Human enhancement
- Gender and medicine
- Autonomy in care and medicine
- End of life ethical issues
- Open channel for papers not on the conference theme

- *Justice in the future of health: economic, demographic and global issues*

The underlying concern here is that a two (or more) classes medicine might be more and more tomorrow's health care reality : at the global as well as at the local level evidences of an increasing gap between the medicine for the wealthy and the one for the poor seem to be piling in. Does the rationing of health care necessarily mean the exclusion of care of the ones who do not have the financial resources to pay for it ? Is this market driven selection ethically just ? Does not a « just allocation of resources » in the field of health care require another model ? If « just » means « more equal access regardless of financial resources », is just allocation of resources in health care irreconcilable with a performant medicine ? Could we not – should we not – reconcile efficiency and justice ?

- *Personal health monitoring*

With the help of monitoring devices, sensors, robots and information technology, future medicine will move from hospitals to patients' homes. Other actors, like insurances or other interested parties could have the opportunity to gain information about the patient : Will the emerging health care at a distance pose a threat to patient privacy, personal autonomy, the relation between doctor and patient, and perhaps even to personal identity? Can distant health care allow underprivileged regions to have access to medical expertise and hence contribute to justice ?

- *Human Enhancement*

Human enhancement challenges the traditional medical goals ; therefore one has to ask how the status and the mission of medicine will be modified by the fostering of enhancement technologies. Were cosmetic surgery, anabolic steroids, and growth hormones to become usual social practices, how would medicine and society evolve under the pressure of moods elevators, cognitive enhancers, somatic or germinal genetic recombination, brain engineering and intracorporeal prosthesis ?

- *Gender and medicine :*

Ethical questions concerning the issue of « gender and medicine » refer to research, health care organization, and treatment : How can gender issues get inserted into research without enforcing gender stereotyping ? Do biological sexes shape moral decisions ? How is the patient-doctor-support staff relation affected by gender issues ? Do new biotechnological developments have differential impacts on gender ? Which implicit moral framework do they follow ? Which ethical argumentations have to be developed concerning gender and medicine ?

- *Autonomy in care and medicine*

In the field of care and medical treatment autonomy is a core issue. On a very basic level the concept of autonomy itself has to be questioned: What does autonomy of the person really mean? How is it related to the social conditions of human life? How is it legally constructed, what are the determining social, economic, political and cultural factors of autonomy? What is the ethical impact of autonomy beyond a merely individualistic reading of the term? On this base special questions have to be asked: What does autonomy mean in the patient-doctor-relation? How can patients be enabled to take autonomous decisions in face of a rapidly developing high tech medicine? What is the impact of social expectations and economic pressure on personal behaviour and decision-making in health issues? What are the conditions of communication and treatment to be guaranteed within the medical and care system in order to empower and encourage real autonomy despite the asymmetric relations between the 'experts' – the caring person or doctor – and the one who receives care or medical treatment?

- *End of life ethical issues*

End of life issues involve many questions ranging from withholding and withdrawal of treatment, care for the dying person, his-her place in society, how new medical technologies affect the way patients are treated and kept alive, by who and how life-and-death-decisions will be made, etc. All these questions boil down, maybe, to this one: Do the new emerging technologies change our thinking about the good death or end of life? Do they push us to think of death as either an accidental failure (of medicine, of our power on our lives, etc.) or as deliberate choice?

**To take part to the cfp application, Please send in the two following separate documents :**

- Your name, first name, email address, institutional address + the title of your abstract + in case, your application to the young scholar award (see condition on webpage) ; + the precision of the headtopic under which your abstract falls

- Your abstract (max. 4'000 cars ; *we do not accept* full papers) without your name on it (this anonymised document will be sent to the reviewers who will be in charge to assess its academic worth and relevance), in pdf format (preferably) or word

Please do note that the **criteria for acceptance** of a paper refer mainly to the masterhood in designing an ethically relevant question and in leading an ethical discussion.

**Deadline** for the submission of your abstract : 31 March 2011  
**To be sent to** : cehrwein@bluewin.ch