



## EDITORIAL

## Bioethics: a compass to guide our path

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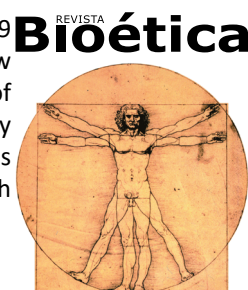
We start this issue of *Bioethics* with the theme that has dominated the discussions on health worldwide: decision-making during the Covid-19 pandemic. Inevitable dilemmas arise in clinical practice due to the increased demand for health services and to the great knowledge gap still surrounding the disease. Even if supported by protocols and resolutions, having to choose who will be prioritized in intensive care unit beds – given their scarcity – causes us some uneasiness; the uncertainty of whether we acted correctly or not. Whether decisions are based on deontology or utilitarianism, for example, we know that both paths have limitations and will have a profound impact on society. This is the exact reason why bioethics remains a safe and useful path for those on the front lines.

Ethical principles will be the compass that guides us to the best decisions; those that safeguard the rights and dignity of the sick, especially the most vulnerable<sup>1,2</sup>. In fact, if the Hippocratic ethics remains essential to the clinical relationship by affirming the primacy of the full dedication of physicians to their patients, other values, such as justice, integrity and respect for personal autonomy, are also fundamental. Thus, considering the postmodern perspective of Beauchamp and Childress<sup>1</sup>, altruism and solidarity, which have always characterized medicine, must evolve into a new therapeutic alliance respecting individual self-determination.

The scientific integrity of research on Covid-19 will also be discussed, starting from the dramatic scenario of the pressure placed on the scientific community to immediately produce knowledge and achieve treatments and solutions for the management of a still little known pathology. Conflicts of interest that may invalidate research projects and scientific work travel this path, where ethics and seriousness must prevail; strict ethical criteria must be applied to protect life and assess the vulnerability of participants.

Santos and Perez<sup>3</sup> argue that questions related to funding agencies, universities, scientific publications, researchers, the pharmaceutical industry and governments, have been debated for a while now. For Faria<sup>4</sup>, the proximity of science to the pharmaceutical industry and political pressures can interfere in the research process. An example of this was the issue involving *The Lancet*, one of the world's leading scientific journals, whose editors decided to take a step back and remove an article from the journal's collection<sup>4</sup>.

The duty to treat becomes a complex issue in the context of the Covid-19 pandemic. According to Carvalho and Aguiar<sup>5</sup>, physicians treat patients, but new dilemmas arise: the lack of personal protective equipment generates a danger of contamination for professionals and their families. The stress caused by the scarcity of resources is further intensified by the testimony of numerous deaths of patients and colleagues. Usually, physicians accept the risks imposed on their work, but such risks can interfere with public health.



The legal and ethical aspects of facial feminization surgeries in transsexuals are among some of the other topics addressed in this issue. According to Silva Junior<sup>6</sup>, such procedures have become quite popular among transsexuals, as they reduce stigma and help social integration.

This edition also addresses environmental issues. For Fischer and collaborators<sup>7</sup>, the acceleration of technological development have profoundly altered global ecology, requiring changes in the ethical pattern of human relations with nature so our species can survive.

Both “Euthanasia from the perspective of extended bioethics and clinics” and “Spinozian power as resistance to control over death” deal with the end of life and the autonomy of patients in this context. The resolutions of the Federal Council of Medicine 1,805/2006<sup>8</sup> and 1,995/2012<sup>9</sup>, in addition to the Code of Medical Ethics<sup>10</sup>, provide on the subject, instructing physicians about the delicate process of death.

This issue also deals with the bond established in the physician-patient relationship, which is shown in the trust and in the deontological and reflective aspects of this interaction. For Cassel<sup>11</sup>, the task of medicine in the 21st century will be the discovery of the person, that is, to identify the origins of the disease and suffering and, from this knowledge, develop methods to relieve pain, revealing the power of the individual.

From the Ricœurian perspective, the contractual medical relationship involves several paradoxes: the human person is not an object, but their body is observable as a physical nature; although medicine is not a mercantilist activity, it has a price and costs for society; and although suffering is private, health is public. In the reflexive function of deontological judgment, each society has its own way of integrating suffering and acceptance of mortality into the idea of happiness<sup>12</sup>.

Finally, the article “Secularism, postmodernity and justice in healthcare in Engelhardt” discusses the difficulty of the modern philosophical project and the plurality and tolerance in the context of healthcare. According to Madrid<sup>13</sup>, Engelhardt’s proposals provide for a global ethics that accepts diversity and multiculturalism. A Libertarian, Engelhardt<sup>14</sup> also questions the State’s duty in healthcare regarding the issue of justice and equity in the allocation of resources.

These and other interesting topics and research articles are available to our readers. Enjoy an excellent reading!

**The editors**


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