

EDITORIAL

Medicine and society

Tatiana Bragança de Azevedo Della Giustina¹

1. Segunda Secretária do Conselho Federal de Medicina (CFM), Brasília/DF, Brasil.

Although the first concerns about bioethics took place after the Great Wars, especially after World War II, this field of research only took its current shape in the 1970s. In times of social change, bioethical principlism has a lot to contribute to science and the humanities¹.

Bioethics arises from the technicalization of medicine, with its scientific advances and the power over life and death, health and disease, quality of life and suffering, in addition to the socio-cultural changes experienced in the 20th century. American researcher Van Rensselaer Potter proposed the creation of some kind of bridge between the area of science and that of the humanities, reflecting, from the perspective of ethics, on human civilization, individual rights and human dignity^{1,2}. These circumstances have drastically changed the dynamics of the physician-patient relationship, which is currently based on the principle of the patient's autonomy over their body and therapeutic decisions. From this, self-determination and the importance of the informed consent form are prioritized in medical procedures, both governed by Resolution CNS 466/2012³.

Socially, respect for differences is preached worldwide, especially non-discrimination and non-stigmatization, in addition to the guarantee of individual rights⁴. In Brazil, these rights are ratified by the 1988 Federal Constitution⁵, especially its Fifth Article. In this regard, the United Nations Educational, Scientific and Cultural Organization⁶ (Unesco) published the *Universal Declaration on Bioethics and Human Rights* in 2006, whose text was unanimously approved by its 191 member countries on October 19, 2005. In its article 11, the Declaration states that no individual or group should be discriminated against or stigmatized for any reason, which would constitute a violation of human dignity, human rights and fundamental freedoms⁶. This document also included the *Universal Declaration on the Human Genome and Human Rights*⁷.

In this issue of *Revista Bioética*, we can observe some reflections on changes in social paradigms over the years to avoid discrimination against specific groups, whether for ethnic, gender-related or religious reasons, as well as political conflicts or those related to sexual orientation. For example, although homosexuality was excluded from the International Classification of Diseases by the World Health Organization⁸ in the mid-1990s, there are still circumstances that require changes in the legal field, with different interpretations from country to country^{9,10}.

The difficult role of the physician in communicating bad news to patients in cases of congenital malformations is also addressed in this edition. Part of the difficulty discussed arises, for example, from the need for the physician to manage the ethical and legal implications of the final decision, which is fundamentally a right of the patient.

The concepts of euthanasia, dysthanasia and orthothanasia are also a theme that generates ethical conflicts in the health care area. This is because technology in medicine increasingly allows to artificially extend life; however, it is always questionable whether the disease could have followed its natural outcome. In this context, euthanasia is a way of shortening life, and as such it is not allowed in Brazil – like assisted suicide; in dysthanasia all possible resources are used to

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prolong life, even if it brings harm to the patient; and orthothanasia happens when an individual in a state of terminal illness seeks resources to reduce their suffering, avoiding procedures that demean human dignity only to prolong life¹¹.

The advance directives of will (DAV – *diretivas antecipadas de vontade*) in Brazil are manifestations of the patient's desire regarding their medical treatment. On August 31, 2012, the Federal Council of Medicine (CFM) published Resolution 1.995/2012¹², in which the right of the patient or their legal representative to express their will about medical treatments is recognized¹³. DAV also record the patient's opinion about organ donation – although the actual donation depends on family agreement –, another issue addressed in this edition. In Brazil, this theme is regulated by Law 10.211/2001¹⁴, Decree 9.175/2017¹⁵ and CFM Resolution 2.173/2017¹⁶, which establishes criteria for the diagnosis of brain death.

In times of social networks and intense communication between people, reflections on the perception of medical students about medical confidentiality are crucial and therefore are present in the Medical Student Code of Ethics, published in 2018 by CFM¹⁷. This issue also presents an analysis of aspects of the judicialization of health in Brazil, especially in the city of Ribeirão Preto, São Paulo, Brazil, based on the right to healthcare, listed in article 196 of the Federal Constitution⁵ as being the duty of the State. Finally, inclusive practices for people with disabilities are analyzed in the syntagmatic structure identity-metamorphosis-emancipation.

Good reading to everyone; certainly, through the addressing of these themes, important insight will be developed in the field of bioethics.


Editor-in-Chief

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Tatiana Bragança de Azevedo Della Giustina – PhD – tatiana.giustina@portalmedico.org.br

 0000-0001-5905-4722

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