

Nikola Biller-Andorno

Clinical ethics: adolescent times

_ Editorial

Biomedical ethics is at a critical stage. A few decades later than in the US, it has by now come to be acknowledged as a field in Europe, but a number of uncertainties remain: Who «does» biomedical ethics, and who can do it properly? Is it a privilege of those who have dedicated a substantial part of their lives to the study of classics, have worked their way through the ever growing literature on ethics and philosophy more generally, and have refined their argumentative instrumentarium in numerous intellectual debates? Is biomedical ethics an «applied ethics» in the sense that – once the theory has been understood – figuring out answers to given moral questions is a small, simple, subordinate step that requires nothing more than crunching relevant empirical information with the help of the well-developed theoretical apparatus at hand? Or do the real challenges consist in a full appreciation of what exactly the moral problem is for whom, and in the development of options and processes that are helpful in the search for a solution that works for all concerned? And if so, does that mean that all a good ethicist needs is a fair share of social intelligence, communicative abilities and good common sense? Against the background of this struggle over the primacy of biomedical ethics as an academic or a practical enterprise resp. the possibility of having it both ways, a sub-speciality is currently trying to establish itself: clinical ethics. While issues like the physician-patient relationship, advance directives, truth-telling etc. were already declared «old hats» in comparison to ethical questions related to new fields like nanotechnology, stem cells or pandemic preparedness, these issues obtain a new quality when they are not dealt with as paper exercises but genuinely emerge from clinical settings, as questions to the ethicist (or committee) «in charge» at an institution. Whereas having some sort of ethics expertise in the house is becoming increasingly mainstream, also in European hospitals, for this service to be successful an alpinist's prudence and determination is required – to use a Swiss metaphor. Failing is indeed quite easy: «Ethics» can start as a promising grassroot movement in a hospital but remain completely ineffectual, eventually turning away those who make relevant clinical decisions and rendering «ethics» at risk of being used as an excuse for power fights between professional groups. Alternatively, «ethics» can start on the wrong foot as an order from the top of the hospital hierarchy, without any echo from those who actually have to implement what was decided in morally conflictuous cases. Ethics can be too «nice» and risk being dismissed as irrelevant, a decorative element called in when convenient. On the other hand, if it is right on spot and keen on seeing problems solved it risks being regarded as a menace. Making ethics *work* in a clinical setting is not an easy task. Fostering its establishment as a respected and sought-after consultative service and a routine element of clinical decision-making requires identifying forms and processes that are suitable for the respective institution, avoiding moralizing or trivializing ethical deliberation, and evading attempts of becoming instrumentalized for power struggles or other un-ethical purposes. The way clinical ethics will come of age may well be a test case for biomedical ethics as a discipline that aims to integrate theory and practice.

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