



# Ethics, Politics, and Minorities

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The late Helen Bamber was a distinguished pioneer of torture, trauma survivor, and refugee welfare work in the United Kingdom. She paints a vivid picture of the liberation of the Bergen-Belsen concentration camp in 1945 as a young Jewish welfare worker. She describes what she calls the Saturday afternoon war movie view of joyous liberation and how different the reality was. The initial outpouring of pity and horror at the amount of death, starvation, and ill-treatment on an unimaginable scale was followed by a prolonged period of resettlement which was far less empathic, as so many survivors had nowhere to go. Compassion fatigue can set in whereby those who are seen to be disadvantaged or worse wear out the wider attention span and goodwill pool.

Much of bioethics deals with minority interests, their recognition and protection in policy, law, and service delivery. Both politics and ethics are conversations about dealing with difference but the “difference” between them is that the political process doesn’t *sui generis* depend on any moral claims (despite no doubt inevitable howls of protest to the contrary). In politics minorities are often seen as a threat to the culture and economics of a society. In psychodynamic terms they are the “other” which means there is suspicion and

perceived threat, states of mind that are frequently leveraged by populist politicians who understand these sentiments cynically and often use them to great effect. Good examples of this include Donald Trump’s Mexican wall or Florida governor and presidential republican candidate Ron de Santis saying Florida is where woke goes to die! The campaigning of minority groups often leads to impatience, indifference, accompanied by a sense of so-called political correctness or this strange term “wokeness.” Ethics and certainly bioethics, on the other hand, rests on a (albeit contested) basis of normative values. High up on the list of these widely held values in the discipline is that of respect for personal autonomy and flowing from that the contemporary interest in what is known as diversity.

Kröger, et al. (2023) from Norway and the Netherlands describe a process of clinical ethicist facilitated dialogues to develop diversity statements. When we speak of diversity we are usually talking about minorities and therefore some degree of vulnerability that arises from potential oppression by a majority. We often refer to western “liberal” democracies as a virtuous political/social construct because individual freedom is highly prized forgetting that a 51 per cent majority can laud it over the other 49 per cent, that a majority can oppress anyone else with impunity unless other checks, balances, and processes are in place to look after the myriad minorities in any given society. In the European Union there is an overarching policy framework for diversity, and this forms the basis for a Socratic type of dialogic process driven by bioethicists.

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In this project whereby it is recognized that a democracy can hide many less enlightened behaviours and tendencies towards those who are different: that simple majoritarian government does not of itself protect minorities whose needs and challenges require deeper exploration and normative evaluation.

It might surprise many that there is an accepted psychic and theoretical position known as pro-natalism, even with strong and weak wings. To be against birth and having children would seem odd per se, being fundamental to the survival of the human species. Nonetheless, population control, often focused on the environmental impact of human expansion, has a long history and in the Chinese one-child policy, a rather bruised record. Many countries are now facing the challenges of an ageing population without enough younger people and tax payers to sustain services. Disregarding biology and concentrating on the social aspects, surely nobody should feel any pressure to reproduce or not and most people would say it is a matter of personal choice unless we are faced with some sort of dystopian crisis (see for example *The Children of Men*; James 1992). Hereth (2023) explores the notion of a moral obligation to care for needy children that cannot be side-stepped based on reproductive intention, i.e., the need to preserve the resources for one's own future children.

Olchowska-Kotala, et al. (2023) report on a survey undertaken in Poland in groups of old and young patients concerning autonomy and drawing on Schwartz's value theory. They found that older patients valued their autonomy for maintenance of independence and to show humility, whereas the younger participants tended to want to be appreciated as a person and to be able to deviate from accepted social norms—in other words also to be free to assert independence.

Johnston (2023) proposes a “revised” approach to advance care planning from a theoretical point of view in law and jurisprudence (preventive law theory and therapeutic jurisprudence to a “good” result). The author emphasizes a holistic and integrated approach to a “rest of life” rather than an “end of life.” The idea of planning all contingencies (legal, financial, family, and health) for the rest of one's life seems commendable but while the legal emphasis and ongoing professional involvement is desirable, it is not always practical or affordable, nor some might say even necessary if people take responsibility for their affairs and drive them in a practical and realistic manner. All too often there is brinkmanship in which an ageing person struggles

on without plans, hits the wall and ends up in hospital with limited choices and therefore loss of independence. Whilst the journey is important, anything that distracts from the arrival by failing to be explicit about the dying phase would probably be a step backwards.

Bayraktar, et al. (2023) present a study of Turkish nursing students relating their caring behaviours and ethical inclinations, finding a correlation between “protective” family structures and ethics class participation and caring dispositions. This suggests that early family life and both social and maybe religiously based values have enduring influence in this cohort and no doubt many others.

Della Croce (2023) argues that “epistemic injustice” leads to what he terms “testimonial” injustice and conflicts with the principle of non-maleficence. This is illustrated by reference to the fibromyalgia literature. The problem with this condition is that it is group of symptoms without clear causation and specific treatment so it fails the medical pathology test as a valid and recognizable disease entity and hence can lead to invalidating interactions with frustrated doctors and disappointed patients: doctors because the disease model is not fulfilled and patients because they feel judged and maybe abandoned or worse, with both suffering from a lack of effective treatments.

Rubin, et al. (2023) report on a hospital procedure for arbitrating prolonged disputes about the abatement of life sustaining treatments (LST) by running an ethics consultation service. Over a twenty-year period, they were only involved with ten patients and recommended abatement in all cases, with four stopping treatment. They observed that families were sometimes quite relieved to be able to share the burden of decision-making, but escalations of anger and litigation also ensued. The authors point out that it takes time to negotiate, and this approach is not very useful in emergency situations. For those who run palliative care services in hospitals such conversations and processes through family meetings in particular are likely to be an almost daily event without recourse to ethics consultation.

All the states of Australia now have or will have law enacted to allow voluntary assisted dying (VAD). Victoria was the first jurisdiction to implement VAD. Close, et al. (2023) examine the issue of institutional policies for non-participation. They found that the public facing material did not follow governmental or peak body guidance and therefore tended to lack clarity about the extent of such refusals, how requests would be dealt with and access to the relevant state regulatory bodies.

Ibrahim, et al. (2023) describe an Islamic approach to mitochondrial replacement therapy and conclude that, by introducing “third party” genetic material with the intention of giving parents a healthy baby this practice should not be permitted by Islamic ethics.

Rakić (2023) encourages us to be open to moral “enhancement” using the developing moral bio-enhancement (MBE) technologies. He outlines the basic cardinal virtues (justice, prudence, fortitude, and temperance) and shows how they promote human happiness.

Most workplaces are severely regulated and there is an impression at least that this is increasing especially since COVID-19. There are rules and polices for almost everything and far more likelihood that the corporation is watching and will act against transgressors. It is often said that culture will always prevail, and culture is a socially determined phenomenon often driven and undermined by strong individuals who “subvert the dominant paradigm.” Within these organizational straightjackets, individual workers will often carve their own way around the rules. In health sometimes the act of care itself is a form of rebellion. Essex, et al. (2023) look at rebellion within the U.K. National Health Service (NHS). They found a rich subculture of power avoidance, alternative practices, and outright confrontation, often with political motivations.

The distribution of so called “scarce” health resources is a universal challenge made progressively harder by both demand and technological progress. Of course, the sums of money involved are far from scarce being vast slices of Gross Domestic Product (GDP). Some treatments are particularly expensive, most notably the immunotherapy agents used in malignancy and inflammatory diseases. Despite many attempts over the years, bioethics and governments have largely failed to come up with fair and transparent systems for distribution of resources. Rationing occurs everywhere by one means or another, and nobody wants to face up to the fact that it either happens overtly or mostly covertly through waiting lists that never end or access block. Surely acknowledgement of the finitude of resources and prioritization to treatments that are effective represents good stewardship if it is transparent and clearly communicated to all concerned. Bladt, Vorup-Jensen, and Ebbesen (2023) find that Beauchamp and Childress’ principle of justice is helpful in deciding how to distribute expensive biological therapies in Denmark, balanced against other more generic health needs, including in the community.

Hartman and Dholakia (2023) point out that it is not uncommon for health workers from high-income

countries to work outside their scope of practice when visiting poorer countries. However well-intentioned and absent other alternatives, the authors recommend ethical and professional vigilance, presumably linked to a credentialing process.

Diller and Williamson (2023) present ideas about the need for ethical innovation in the face of the threat of zoonoses such as COVID-19, to move to a more holistic view of the interplay between human, non-human animals, and the environment. They propose a One Health (OH) strategy that flattens the power imbalance that situates human interests above all else and may thereby ensure our mutual destruction.

Much of bioethics is preoccupied with the beginning and end of life, or in the case of abortion, end of life at its beginning. Abortion is still a fraught topic with uneven access to reproductive rights for women across the world and still hotly contested in some wealthy western countries, most notably the United States. Many complex and convoluted arguments are run against it and in this issue Bobier (2023) argues that causing foetal death by inducing impairment cannot be judged to be unethical by recourse to the Don Marquis future like ours (FLO) account of the wrongness of abortion, to which there are other objections anyway (Brown 2002).

Are you really dead when you are assessed as brain dead for the purposes of life support cessation and possible transplantation? The body, it is argued lives on, so not dead in the sense of still being here even if all capacity for independent function is lost. How is that different from a polio patient in an iron lung? The answer is surely in the absence of willed action and consciousness that means the biographical life is over (you are no longer an actor in your own play), but is that death? Nair-Collins (2023) contributes an essay that brackets objections to abortion and brain death policies together as potentially illiberal. If neurological criteria for brain death are fulfilled, then death is declared and the author then argues that there is then an equivalence between brain death and pro-life opposition to abortion if it underpins a “universalist” policy.

Pérez-Blanco, et al. (2023) point out that uterine transplantation for uterine infertility is an experimental treatment and should be evaluated as such. As the procedure can last around sixteen hours and involve up to twenty health professionals, this does seem like a high price to pay in anyone’s book (NSW Government 2023).

This collection of submitted papers has no discernible theme but does show the diversity within the field.

The main contest of ideas appears to be the freedom of the individual weighed against the collective and how the authority of the state is manipulated or not by the majority against the many diverse minorities. Unlike the Saturday afternoon war movie, the heroes and villains are not so easy to discern. Ethics in a liberal democratic society should defend the individual against bad treatment and discrimination, based on principles of justice and a curated battle of competing ideas. Politics on the other hand doesn't always reveal the "better angels of our natures" but nonetheless must deal with conflicts born of fear, insecurity, prejudice, even cruelty because the "other" is always potentially frightening. In the final analysis one would hope that the disputes of the academy can help to clarify and inform politics for the better and at its best maybe inject some logic and fairness in the societal debates that are so often driven by emotion and dog-whistled prejudice. In the broader political process, it is an advantage to try and avoid so pressing one's case that you end up being seen in the wider community as perhaps worthy but annoying—in other words don't overplay your hand or snatch defeat from the jaws of victory.

#### Declarations

**Competing Interest** The author(s) declare no competing interests

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