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## A REPORT FROM BRAZIL: THE BIOETHICS IN BRAZIL

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The emergence and the consolidation of bioethics in Brazil is associated with the diffusion and the popularization of the principlist theory<sup>1</sup>, proposed by Tom Beauchamp and James Childress in *Principles of Biomedical Ethics*<sup>2</sup>, specially regarding the ideas in the first three editions of the work (1979, 1983, 1989). Today, the principlist theory is, without a shadow of doubt, the bioethic theory with greatest penetration among studios as well as bioethics practitioners in Brazil, in such a way that some Brazilian researchers take the principlist theory as being the bioethics itself. That is not only due to the merits of the theory, but also to the specific characteristics of the access to biomedical scientific production in the country. In this article we emphasize some important points of the history of bioethics in Brazil. The reasons for the wide acceptance of the principlist theory in our country, as the limits of such acceptance will be dealt with in a future article.

The Brazilian bioethics is strongly characterized for being an importer of ethical theories from central countries in bioethics, being the North-American bioethics the mainstream among us<sup>3</sup>. As the concepts of "central" and "peripheral" bioethics have been originally developed in the article *The Bioethical Language: its dialects and idiolects* (Garrafa et al, 1999), we will only present them here to assist with the conceptual vocabulary used in the article.

We understand peripheral bioethics as the bioethics developed from peripheral countries, i.e., countries where bioethics happened later on and where the studies are characterized by the importing of bioethical theories from central countries. Central countries are those where the bioethics originally appeared and consolidated. It is important to keep in mind that the concepts of central and peripheral are transitory; it is possible, for example, that a country initially peripheral becomes central as the year go by. Therefore, countries such as Japan, Brazil, Canada and Korea are peripheral in respect to the structuring and the production of research on bioethics. By the other side, the United States are unanimous considered central in such a way that some authors consider bioethics a movement essentially American. (Gracia, 1996)<sup>4</sup>.

It is worth to remind that the concepts of central and peripheral make sense only when related to each other. Its utility is to draw a sociometry of the intellectual transactions of bioethics among countries. In this knowledge exchange context, the Brazilian bioethics are characterized by clearly being an

importer of bioethics theories from central countries, specifically the import of North-American bioethics, and the principlist theory is the hegemonic theory among us. From this short theoretical background we pass to the history of the appearance of bioethics in Brazil, beginning by the institutionalization of the first journal in bioethics, the formation of the first associative group (fact justified by the reference to the collective, which these two instances imply), and regarding the legislation level, the adoption of the so-called Resolution 196/96.

The history of bioethics has a late start in Brazil, in the 90s. In 1993, the first specialized journal was introduced. *Bioética*, was edited by the country's Federal Medicine Council (CFM), an institution of the medical class in the country. It is published every semester, and has adopted a double composition as its editorial profile: the publication of extra articles (two or three for each number), as well as articles ordered in a pre-established topic (about nine articles that compose the core of the journal). There has already been published special numbers on abortion, euthanasia, genetics, attended reproduction, allocation of resources in health, AIDS, autonomy, etc. The unequal combination of extra articles with ordered ones is due to the lack of bioethicists in the country to support an independent article production with quality every six months<sup>5</sup>. Consequently, the number of operating bioethicists in the country is easily recognizable, since the publication in *Bioética* is an important debut.

Another rite of passage to the beginner in bioethics is the filiation to the Brazilian Bioethics Society (SBB), an entity created in 1995 in order to associate the researchers and to disseminate bioethics throughout the country. There is a close connection with the medical practice and these two bioethical entities, fact that is not an exclusive characteristic of Brazilian bioethics. Most of the journal publishing staff, as well as the directory members of the SBB, are doctors. The predominance of doctors results — among other reasons derived from the constitution of the discipline (for example, its topics) — from the fact that the Federal Medicine Council had been the first national institution to systematically deal with the subject, promoting debates on bioethics thru reviews, monthly bulletins and broadcasting a nationwide cable television program about bioethics oriented towards the medical class.

Right after the publication of *Bioética* and the creation of SBB in 1996, a national norm, Resolution 196/96<sup>6</sup>, was established. It regulates the creation of the National Commission of Ethics in Research (CONEP), a supra-regulating entity of the Ethics in Research Committees (CEP), which also were institutionalized at the local level, aiming at ethically following the researches which involve

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human beings. CONEP is responsible for evaluating the conflicts from these local CEPs, as well as the mega-projects with multi-central references. In summary, with the promulgation of the Resolution 196/96, all the research centers in the country (including hospitals, research centers and universities) would have to be organized for the structuring of Ethics Committees. After the creation of the Ethics in Research Local Committees, there has been some dissemination and popularization of bioethics and, more specifically, of the principlist theory, since it was the theoretical reference for the resolution text (specially in what it refers to the principle of autonomy, as it institutes the obligatoriness of the Term of Free and Clear Consent to all procedures that implies research or intervention on human beings<sup>7</sup>).

Therefore, these were the first structural steps taken towards the consolidation of bioethics in Brazil. Among them, some academic conquests have also been among them. First, and perhaps the most important one of them, is the legitimization of the discipline field. The first years of bioethics education in the Brazilian universities were marked by the delimitation of the bioethics identity in face of other disciplines, as it was, for example, the case of the medical ethics. In the beginning, bioethics education was strongly marked by a contrasting identity when confronted with the medical ethics, stressing the differences rather than its own characteristics. Even now, despite the acquaintances of bioethics as an academic discipline of major importance, not all universities include bioethics in their undergraduate and post-graduate curricula. Aside the recognition as an autonomous discipline, the bioethics-making has been constructed due to isolated efforts from universities, courses and researchers, with the creation of courses in the graduation and post-graduation levels. The second conquest was the creation of nucleus and research centers destined exclusively to research in bioethics. Although new, they will have a significant role in the definite structuring of bioethics in the country, since through them, the researchers will be able to group themselves around common topics and new researchers will appear.

If from a structural point of view, bioethics in Brazil has been able to make its first steps, unfortunately, the same does not occur with the theoretical production. A good indicator of that is the fact that there are almost no books in bioethics edited in the country. Besides the few translations to Portuguese, the existent Brazilian books are collective work where practically all the Brazilian bioethicists write a thematic chapter. Hence, the development of bioethics to us is characterized by the importation of bioethical theories, and, as we have already said, basically by the adoption of the principlist theory. A few researchers try to escape the

hegemonic character of the principlist theory but, as a general rule, the role of bioethicists is limited to replicate the instruments of principlist theory.

## Biographical Material

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<sup>1</sup> Some authors have already pointed to the conceptual imprecision that is to mention the theory of the four principles, developed by Beauchamp and Childress, as being "the" principlist theory, since several theories of the moral philosophy are based on ethical principles (Gert, Bernard; Culver, Charles & Clouser, Danner. Principlism. In: *Bioethics: A Return of the Fundamentals*. New York/Oxford. Oxford Pres. 1997. 71-92 pp.; Fox, Renée. "The Entry of U.S. Bioethics into the 1990s: The Sociological Analysis". In: Dubose, Ronald & O'Connell, Laurence. *A Matter of Principles? Ferment in U.S. Bioethics*. Pennsylvania. Trinity Pres International. 1994. 21-71pp.). However, despite the conceptual inadequacy, we opt, in this article, for the bioethics "common sense" that calls the theory of principles as a principlist theory. On the other hand, its use does not imply, as it was suggested by Childress, in depreciative references to the theory (Childress, James. "Principles-Oriented Bioethics: An Analysis and Assessment from Within". In: Dubose, Ronald & O'Connell, Laurence. *A Matter of Principles? Ferment in U.S. Bioethics*. Pennsylvania. Trinity Pres International. 1994. 72-100pp.).

<sup>2</sup> Beauchamp, Tom & Childress, James. *Principles of Biomedical Ethics*. New York. Oxford University Press. 1994.

<sup>3</sup> For a satisfactory definition of peripheral and central bioethics, see Garrafa, V.; Diniz, D. & Guilhem, D. "The Bioethics Language, its Dialects and Idiolects. *Cadernos de Saúde Pública*. In print.

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<sup>4</sup> Gracia, Diego. "The historical setting of Latin American bioethics". In: *The Journal of Medicine and Philosophy*. vol.21, 1996, 593-609.

<sup>5</sup> The term bioethicists is being used in this article regarding professionals in different fields of knowledge who work preferably with bioethics and those professionals that are directing and starting to develop part of their studies in this topic, because of interest of their own.

<sup>6</sup> Ministry of Health. National Health Council. *Rules and Regulamentating Norms of Research Involving Human Beings*. Brasilia: April, 1997.

<sup>7</sup> The Term of Free and Clear Consent is the Brazilian version of the *Informed Consent*, and received this name in an attempt to clarify its use, that is, the consent from a person must be granted in a free and autonomous way after clarifying the situation at hand.

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