Bioethics Diversity and A possible “Global Bioethics”
Reflections from the social systemic perspective

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1. Differences in Diversity

Nowadays, a few universalistic ideas of “global bioethics” emerge while bioethics has been diverse or plural\(^1\). But, what does the so-called diversity or plurality of bioethics mean, and on what background does it grow? Or, what kind of bioethics are such universalistic ideas, and in what sense are they possible? In this paper, I will analyze the diversity of bioethics and put a new proposal concerning the possibility of global bioethics, from the perspective of the social systemic theory.

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“Bioethics” implies double contents. It means a certain situation called as bioethics, on the one hand, and intellectual reflections on such a situation, on the other hand. People, even though professionals in this field, rarely pay attention to the difference between the both in ordinary discourses. However, the relation of the intellectual reflection to the situation means that of the second-order observation to the first-order observation—because the situation consists of ‘observation’ as its indispensable element. Therefore, the situation of bioethics precedes the intellectual reflection of bioethics. And it is the very situation that is diverse.

For example, there is a type of national or regional diversity, as American, European, French, Asian, or Japanese bioethics. This type of diversity is the remains or the repetitions of the view of nation-state, which had been dominant since the end of 19 century. Politically speaking, it sounds the national type of tribalism. And it is derivative, because it is a result of crossing between both the historical and the ideological dimension of social system, as mentioned below.

Or, for another example, there are the types of diversity of gender, economical-social status, or anthropological medical culture. But, they are also derivative, because they are various identities in 20 century, followed after diffusions of the Christian-white-male identity paradigm in 19 century. These types are results of crossing among the historical, structural and ideological dimensions of social system, as mentioned below.

In short, there are two differences in the diversity of bioethics, that is, the difference of “situation/reflection” and that of “essential/derivative.” The essential diversity is that of the historical, structural or ideological dimensions of social system. It is the bioethical situations of three dimensions that cause the diversity of reflections on them.

2. The Historical dimension of Diversity

Firstly, we take the historical dimension of diversity, which is effects/burdens of the changing constitution of social system. “Social system” here indicates a certain communication-circulation, where people mutually connect certain information as meanings (namely, distinctions). In
this circulation, the same meaning connects with each other, producing the difference between inside (namely, system itself) and outside (namely, environment). In short, the so-called society is basically meaning-connection, neither human individuals relation nor action correlation. This perspective is of critical significance concerning social theory. However, we here want not to refer to it anymore.

The social system counts face-to-face communication, organization, and functional system. It also counts “whole society” which includes all the social systems. (See figure 1). The whole society in human history has changed according to its differentiated form: firstly from the segmental one, via the center/periphery one, through the hierarchical one, and now up to the functional one. The so-called modern society is characterized by mutual connections among functional differentiated systems, which became independent from the three former functionally undifferentiated societies. (See figure 2).

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2 Lumann’s main theoretical books are as follows: Soziale Systeme. Suhrkamp Verlag, Frankfurt am Main, 1984; Die Gesellschaft der Gesellschaft I & II. Suhrkamp Verlag, Frankfurt am Main, 1997; Einführung in die Systemtheorie. Carl-Auer-Systeme Verlag, 2002; Einführung in die Theorie der Gesellschaft. Carl-Auer-Systeme Verlag, 2005.
This functional differentiated society becomes, by repeating the same differentiation, more and more complicated. Roughly speaking, the process of complicity has three stages of 19 century, 20 century and 21 century. “19 century” here applies to the periods of about from 1780’s to 1870’s. The same way as this, “20 century” is 1880’s to 1970’s, and “21 century” is after 1980’s. The main driving force at each stage is individual enterpriser in 19 century, nation-states in 20 century, and global corporations in 21 century.

As for the theme of this paper, scientific system and technological system are the most important among all the functional systems. This both interpenetrate under the mutual connections among functional systems, and emit their various effects/burdens outside, that is, knowledge, innovation or products. They affect not only other functional systems, but also all the social systems, through the medium of mass-communication. Furthermore, they have a great deal of influences over individual human systems and natural circumstances.

As a result, sciences and technologies are combined with each other, such as genetics, neuroscience, robotics, nanotechnology, information technology and artificial intelligence (namely, computer). Under this circumstance, digitalization of human system and social system is now expanding.
“Digitalization” here means the completing differentiation/integration of single dimension, where all the various and different expressions or forms could be dealt with indifferently. Such Influences are striking in medical system.

Functional system is based on a certain division principle (namely, binary code). In the case of medical system, it is “disease/health” or “abnormal/normal.” Therefore, any changes of disease model causes those of any dominant medicine and medical system itself. The typical disease model was “acute” one for the modern clinical medicine in 19 century. It turned to “chronic” one for the scientific medicine in 20 century, and then becomes “genetic/environmental” one for the risk preventive medicine in 21 century. Corresponding to those changes, the frontier of medical ethics also has changed: research ethics (essentially, voluntary will of research subject) in 19 century replaced the equality and care ethics (essentially, rights of self-determination and respect to patient’ feeling) in 20 century, and then risk-probability ethics (essentially, uncertainty) in 21 century. (See figure 3).

It was after 1970’s that the bioethical situation emerged with its distinct outline, contrasting to the old fashioned medical ethics. This situation has then already contained the three different ethics, as mentioned above. All
the historical stages exist simultaneously like the annual rings of a tree, and the former stage conditions the latter one. In the end, medical ethics now holds four different ethics, including traditional profession ethics.

3. The Structural dimension of Diversity

Secondly, we take the structural dimension of diversity. As mentioned above, the whole society includes three types of social system: face-to-face communication, organization and functional system. Let us furthermore count in them human system, as far as it couples with social systems. It is reasonable because neither the social nor the human system can exist without coupling. Then, there are four types of social-human system. And each type has its own structure, so that there is divers situation of this dimension.

“Structure” here means the constraint condition that makes individual operations stably connect with each other inside the system. This condition itself operates recursively in order to stabilize connections, and it causes changes of the system itself, if necessary. Therefore, recursive operation of the structure of social-human system, or, “recursive structuring,” in abbreviated, is isomorphic in the four types. Under this perspective, we can have a new concept of ethics.

Until now, people have stuffed many meanings in ”ethics.” If we put them in order, there are four rough groups: individual ethics (namely, moral), human relational ethics, organizational ethics, and societal ethics. In fact, there is never any integrated perspective, so that ethics eventually remains ambiguous. As a result, people have coped with four groups separately. But, if we here introduce the perspective of structure as mentioned above, then four groups of ethics are all considered as isomorphic. That is, groping for a meaningful life, settling good relationship, defending organization or reforming society—all are in common recursive structuring of the system itself. In short, ‘ethics’ could be newly defined as the ‘recursive structuring’ of social-human system.

Ethics of four groups, in concrete scenes, present themselves in conflicts of communication. For examples, in the case of medical system, doctors’ profession ethics conflicts with patients’ bioethics, while profession ethics
conflicts with organization ethics or nursing ethics. Or, risk management communication among professions conflicts, at various levels, with citizens’ uncertainty communication. Furthermore, here involves trade-off relations between functional systems, for example, economy and welfare.

Nowadays in 21 century, digitalization is, as mentioned above, so expanding that nation’s desires become much more limitless, on the one hand, and systemic risks become still more uncertain, on the other hand. As a result, any communication conflicts are, whether at individual or at group level, frequently actualized and become restoratively serious.

Here, mass-media communication plays the part of mediator, reflecting mutual influences among functional systems, as a mirror. This mirror reflects diffusely various effects/burdens emitted from a certain system, shaking structures of other systems, and invents a kind of totality (namely, public opinion). Certainly, such a totality is apparent and just one aspect of the whole society. But, otherwise, it is difficult for individual human systems and organizations to approach the whole society or natural circumstances. In the end, the role of mass-media communication is indispensable and questionable.

4. The Ideological dimension of Diversity

Thirdly, we take the ideological dimension of diversity. The Idea or ideology is the recursive structuring of the whole society itself. It totally observes the whole society, especially the correlation among functional systems, and authorizes or criticizes the existing structure. Consequently, it has its own rhythm and history. To be concrete, ideologies play, coupling with transformative interpretations inside individual human systems (especially, consciousness), the part of discovering a certain “problem” inside the whole system and indicating a certain “resolution.” However, there inevitably are conflicts among various ideologies.

Let us imagine controversies concerning bioethical problems: for examples, organ transplantation, euthanasia, animal experiment, genetic manipulation and surrogate birth. Whenever such controversies occur, there is a certain similar relationship in common, whether in Japanese, American, or
European communication. The following set of four value-ideas emerges in the light of a view of human beings. (See figure 4). That is, these are liberty (namely, respect for individuals), common good (namely, individuals within tradition and community), equality (namely, human rights or the dignity of man), and sanctity or inviolability of life (namely, individuals with unknowable existences).³

The four value-ideas are based on a set of four poles (or extremes), of which consists the ideological dimension. (See figure 5). That is, these are operability, communality, universality and transcendence. Why in the world is this set of four poles? It is because that this set is the basic distinction frame of world for the human system, which consists of molecular biological system, living organic system, and self-conscious (namely, thinking) system. The following is its minimal explanation:

The human system produces the same meaning-connections self-referentially, transforming and simplifying outside various stimuli by certain specific distinctions, so that it maintains itself. To be more precise, physical-chemical distinctions (concretely, proteins) are transformed through biological ones (namely, images: sensations, affections or desires)

³ The same value-idea, such as sanctity or dignity of life, is, of course, interpreted differently among various cultures. It is difference in the diversity.
Figure 5

Figure 6
to linguistic ones (namely, symbols). When it transforms, it uses a certain distinction-framework, which consists of both the “actual/potential” and the “indicating/indicated.” (See figure 6). From this combined framework generates the set of four pols. We here already enter into the metaphysical sphere. However, the point of the argument remains the same, even if this framework is considered as a convenient conceptual tool.

In fact, the set of four value-ideas changes together with the historical dimension of the whole society. In 19 century, when individual enterprisers lead, there was the dominant pattern of liberalistic individualism, organic communitarianism, Kantian autonomy and traditional religion. This pattern changed in 20 century, when nation-states lead, and then is changing in 21 century, when global corporations lead, as follows. (See figure 7).

Firstly, liberalistic individualism turns through individual personalization to irreplaceable identity. Secondly, the organic communitarianism turns through pluralistic collective identity to demands of countless minorities. Thirdly, Kantian autonomy changes through fundamental human rights to formal and procedural justice. And fourthly, the traditional religion changes through individual internalization to mere belief in individual meaningful life. In addition, the national or regional diversity of bioethics above is the remains or the repetition of the collective nation-state identity.
5. Ethics (Bioethics) Diversity

Ethics as reflection on ethical situation is, as defined above, the recursive structuring of the second order inside the system itself. That is, it is ethical reflection on ethics. Here, we try making the relation between ethics and bioethics clear.

“Bio” of bioethics is a response to strong influences from molecular biology and biotechnology. However, behind them are lying interpenetration between scientific and technological system, conversion among high technologies, and correlation among industrial, political and educational systems. Ultimately, those events are all inside the functional differentiated society in 21 century.

Consequently, whenever “bio” related effects/burdens are emitted, they have a great influence not only on medical system, but also on all the social systems. Furthermore, they influence even on outside the social system: human system, which consists of molecular biological system, living organic system, and self-conscious (namely, thinking) system, or natural circumstances. Therefore, ethics must turn to bioethics.

But, this very bioethics is exactly diverse and falls into a certain conflict. Let us illustrate that. There are the following four types in American bioethics, which is the birthplace of bioethics. (See figure 8).

![Figure 8](image)
The first type is, which seems to be the mainstream of the bioethics, advocated by Jonsen or Caplan. They seek a point of compromise among majority, excluding two extreme, consequently non-sense opinions, for example, the utilitarianism of P. Singer. And this type recently tends to closely connect with politics, as seen in younger generation. Next, Beauchamp or Callahan supports the second type. Callahan typically thinks that for consensus, instead of political inclusion/exclusion, there must be required “common good.” However, this type is supposed to be a secularized version of Roman Catholic ethics. And then, Engelhardt, Jr. advocates the third type. He considers ethics diversity to be inevitable, and he postulates certain procedural conditions of peaceful conversation among them. However, this formal condition is itself a dialectical version of H. Spencerian liberalism 4.

The tree types above are secular versions of bioethics. But, the fourth type is a religious ethics, which considers consensus based on belief in certain ultimate beings. Its leader is the Roman Catholic Church. However, in other national or regional bioethics, there is not as clear demarcation between the sacred and the secular as in American bioethics.

As we can see it, it is clear that the four types of bioethics cannot break out of the ideological dimension at all. Rather than that, to be fundamental, classical ethics theories have themselves still been binding on the ideological framework. This is the case of liberalistic or utilitarian ones, Aristotelian or Hegelian ones, Kantian deontological one, and theological or non-theological ones. (See figure 9). Ethics as reflections on ethical situations never move in the second order of recursive structuring of system 5.

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4 Engelhardt, Jr. places, in his later book (The Foundations of Christian bioethics, 2000), emphasis on dignity of life, preceding the formal conditions. But, this emphasis remains ambiguous. So, we here take the earlier book (The foundations of Bioethics, 1st ed., 1985) and place it in the coordinate.

5 There is an utter difference between the second order of ethics and the meta-order of ethics as linguistic analysis. The former is substantial and recursive, while the latter is formal and separated.
6. Parallel model and Self-transforming system

Now, let us introduce the following three formal models, resolving certain conflicts between dual communications, whether at the individual or at the collective level.

The first is the “one-sided” model, where the one side assimilates the other side, despotically or enlighteningly. (See figure 10). It varies from ancient ages to 19 century. For example, in medical ethics, it applies not only to doctor-based paternalism, but also to patient-based self-determination. Although people consider this model negative in 20 century, it is still necessary and useful for limited occasions, such as emergency medicine.

The second is the “consensus” model, where each side holds respect for the other and aims at agreement through understanding and acceptance. (See figure 11). It much fits to the equality and care ethics in 20 century. For example, in clinical ethics, it is the case of information-consensus model. However, this model has weak points, which are the illusion on the possibility of understanding and the unconscious compulsion of ideal view of human beings. In this sense, this model is also one-sided. Besides that, it is cannot cope with limitlessness of desire and uncertainty of risk, so that it is much more difficult to reach joint determination.
Figure 10

Figure 11
In contrast to the two above, the third is the “parallel” model that is here newly proposed. (See figure 12). What is expected in this new model is not agreement between both sides, but “self-transformation” within the each side. Consequently, it is not the dissolution of conflict, but just the move from one conflict to another. In fact, both sides happen to come close to, but it is not intended. Therefore, this parallel model is unrelated to one-sided compulsion, self-righteousness tribalism, or certain relativism, such as tolerance type or indifference type, because of lacking in the recursive structuring of self-transformation.

The parallel model is based on the system theory as N. Lumann’s. Let us here explain it minimally as follows. System is self-referentially connecting the same specific meanings, and producing the difference between inside (namely, system itself) and outside. Therefore, the system is ‘open’ in the sense of being influenced by outside stimuli, and, at the same time, ‘closed’ as far as it transforms and simplifies them. And it also produces inside its structure to stabilize those connections, operating recursively. Consequently, this is the point, the self-referential system essentially self-transforms.

The self-transforming system is possible only under the condition of inside comparing perspective. That is, it is possible when this system
compares inside meaning-transformations both of outside stimuli and of inside connections. Is there any other way than that? The relation between both self-transforming systems in conflict becomes, to be formal, a parallel model. This model applies to all the communications, whether personal or impersonal, or, whether individual or collective.

7. The bioethics as the suggesting mediator

The parallel model incorporates a mediator inside, which does not any direct compulsions or interventions, but some indirect “suggestions.” This suggesting mediator is the very function of ethics of the second order. Then, what kind of suggestion is appropriate? The answer is the following two steps. The first is to suggest both sides their own relational positions, in reference to the “four distinctions” and the “tree stages” above. And the second is to suggest them their blind spots, in reference to the “three models” just above. (See figure 13). However, of course, how to receive these two steps and transform its own system depends on each side in conflict.

Figure 13
Bioethics Diversity and A possible “Global Bioethics”

In additions, let us characterize this parallel model from the perspective of “identity.” The western white-man identity paradigm was dominant in 19 century. It turns to diffuse into various identities in 20 century, and this diffusion is still more advancing with digitalization in 21 century. Corresponding with this advancing, now, there is the ideological conflict between reconstructing certain identity and going through with non-identity. As compared with this both sides, the parallel model is neither identifying, nor non-identifying. It is also not dialectical, attaining to identity of identity and non-identity. But it is just oscillating from one side to another side, from the inside comparing perspective.

In conclusion, universalistic ideas of global bioethics are considered nothing but imperialistic illusions within the consensus model. If there is a quite different global bioethics, that is, if there is the exact bioethics itself, it is possible as a mediator inside the parallel model, which gives some suggestions to each side in conflict, admitting various diversities of the three dimensions of all the systems.