Bioethics – Philosophy or Science?

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Abstract: This article focuses on the epistemic position of bioethics: is it a branch of applied philosophy or a new social science that has a transdisciplinary character (Sandu, 2015)? To this end, we aim to identify some features that bioethics has in common with applied philosophy, from where it originated, and, on the other hand, we will try to identify epistemic perspectives specific to social sciences. We aimed to clarify the legitimacy of the claims that bioethics is be a part of the corpus of philosophical knowledge, but also of scientific knowledge, as well as the particularities of its transdisciplinary discourse. The identified epistemological foundations lead to the conclusion that we are facing a emerging new social science, starting from a series of postmodern peculiarities.

Keywords: *bioethics; philosophy; science; phenomenology; deconstruction; social-constructionism.*

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Introduction

The first opinions I would like to discuss are those of Julian Săvulescu (2011), who considers that bioethics is based on applied philosophy and, in the end, is still a form of philosophy specific to the XXI century, dependent on the philosophy of practical action. On the other hand, Robert Fullinwider (1989) and William Kymlicka (1996) appreciate the transdisciplinary nature of bioethics, considering that what we have before us is a new science that is going to develop its own theoretical perspectives, starting from the current philosophical ones, and which, as it constitutes its own objectives of knowledge and its own epistemic perspective, will follow the path of other sciences that have detached themselves from philosophy over time.

A first aspect which we consider is the generally anti-theoretical character of the bioethical discourse, which emphasizes on context, moral casuistry, a form of discourse specific to the scientific one, despite a metaphilosophical component that seems to root it in the specifics of the philosophical discourse.

Starting with the works of Beauchamp and Childress (2012), with the beginning of principlism, the bioethical discourse aims to be known and understood by a wide audience, especially practitioners in the field of health care. It is important for them to have concrete, factual explanations, implementable pragmatic models and, only in the background, to follow the course of philosophical debates and how they lead to one or another of the conclusions expressed by various bioethicists. Bioethics is not without theoretical, universal models; we have a deontological perspective, based on the philosophy of Immanuel Kant (2007; 2010), an utilitarian perspective (Mill, 2014), a postmodern one (Gibson, 2015).

Specific to the bioethical discourse - when it is addressed to specialists in the practice of health care, environmental protection, the development of innovative technologies with a potential to change the long-term style and way of life of humanity and even some defining elements of the human condition - is the normative approach, with a wide inclination towards the concrete, which should include moral casuistry, together with models of ethical decision.

That is why I considered it necessary to understand the possible changes in the specificity of the bioethical discourse at such times when, during the crisis in public health, a crisis of understanding ethics as it has

been so far is foreshadowed, and opens new philosophical and scientific horizons to researchers (Sandu, 2020).

From an utilitarian perspective, public health policies during the pandemic can be analyzed from the perspective of maximizing benefits – to ensure that as many people as possible stay healthy - and especially limiting suffering for as many people as possible. These principles can come in conflict with values, and we were talking about the situation in which doing good, even saving a number of lives, can have the long-term effect of losing a greater number of lives in specific situations due to possible economic effects that impact on vulnerable populations, especially in situations of poverty and lack of access to health care services.

An *apocalyptic* scenario may arise, whose premises are the decline of the European Union against the background of the dissolution of globalism, the rise of nation states, the resurgence of nationalism but also of totalitarian practices, of totalitarian models of government. Such tendencies could be highlighted in certain discourses, which are present especially in the online environment, which were brought into circulation by various influential opponents of globalization, at a time when the state of emergency was in force in various states, a state that has a military component, of government by force with the aid of institutions that use force.

We can think of scenarios that would place the Coronavirus pandemic only as the beginning of a much broader crisis, including a systemic crisis of the contemporary society, that would make postmodern society as a whole obsolete. It is possible, for example, that the current post-secular society may emphasize the resurgence of religious fundamentalism against the background of limiting rights, including religious rights during the pandemic, by banning believers from participating in religious services, regardless if they are of Orthodox Christian Mosaic or Muslim rite. Such restrictions on religious freedom, mismanaged by public authorities or assumed by forces interested in creating a climate of insecurity, can lead in the post-crisis period to an intensification of the element of religious fanaticism, possibly interfaith struggles, especially in spaces in which such confrontations are frequent (Middle East, Pakistan), a resurgence of terrorist movements etc.

Bioethics and traditional philosophical ethics

Bioethics should not be limited to providing a set of rules, principles of good practice for health care, but should include a specific discourse on the various scenarios in which humanity evolves, namely nature, in which

research progresses, whether we are talking about an ethics of technologies, a post and transhumanist ethics, an ecoethics, an ethics of public policies, including health care etc.

From this perspective we are rather talking about a bioethics integrated, in a broader sense, in what we call applied ethics. We are talking about a metaphilosophical perspective, an overview that bioethics or applied ethics might have about the role of philosophy in the XXIst century, and such a direction could be centered on finding the right answer(s) which humanity might have in various crises, not only in the one related to the COVID-19 pandemic, but also in various economic, social, technological crises and, last but not least, moral ones. Philosophy represents that reflective side, that effective predisposition of humanity towards an answer that the understanding consciousness of humanity can give to the problems that humanity provides. Of course, from this perspective, we should think of bioethics as a part of philosophy that is placed in the horizon of scientific knowledge. To place bioethics exclusively on the horizon of philosophical discourse, without taking into account the specifics of the scientific one, the particularities of scientific development, means to perpetuate the alienation of philosophy from social praxis, technological development and the daily interest of individuals.

A series of objections of a metatheoretical nature regarding the possible belonging of bioethics to philosophical discourse aim at the particularist character of bioethical investigations that emphasize casuistry, which contradicts the claims of discursive universality specific to philosophy. Philosophy, as we have become accustomed to it, at least since modernity, is less interested in concrete, particular situations, while privileging a universalized understanding of the investigated situation and detaching itself from a particular context. In the vast majority of concrete situations, technology seems to bring benefits to humanity from the perspective of increasing the quality of life, so the assertion of the benefit of technological development can be achieved through a universalizing discourse. In particular situations, however, technology can produce cognitive dissonances, it can create states of anxiety and discomfort. The minimum necessary social skills for the person to be able to function efficiently in society is exceeded by the requirements imposed by society.

Bioethics and applied ethics in various social contexts

The bioethical discourse takes into account the social context in which ethical decisions take place. The key element of this type of discourse

is the issue of the ethical and social acceptability of a practice, whether therapeutic or social, in the context in which the practice is effectively applied. Unlike the universalist claims of traditional ethics, which state that a certain type of practice, such as euthanasia, is generally acceptable or unacceptable, bioethical discourse rather states that although this type of practice may be considered unacceptable from the perspective of human dignity, if it takes into account the universal value of life - from a religious perspective - the decision on euthanasia can, in some contexts, be left to the discretion of the person, tolerated, or on the contrary prohibited, depending on the interpretive consensus in society. We thus discuss an interpretive adrift of the meanings we attribute to concepts, for example the value of life, when we discuss the bioethical acceptability of a certain medical practice.

Many opponents of the phenomenon of virtualization of social space (Sandu, 2003; Sandu, Cojocaru, & Ponea, 2010; Sandu 2019a; 2019b; 2019c), of the transition of as many interactions from the physical environment to the online one, state that practically the transition of interactions from the physical to the virtual social environment dehumanizes and draws people apart. Such technological mediation of social interactions causes our specific way of behaving in the interaction with the other to change radically, because the relationship with otherness becomes a technologically mediated one.

Another situation in which ethical casuistry is important is the understanding of the specifics of social vulnerabilities that different categories of populations face in exercising their right to health is the fact that self-isolation or social distancing is possible in developed societies, for some social categories, but is a privilege for disadvantaged social categories who can not financially afford the luxury of voluntary self-isolation and can not perform work from home or telework via the internet. Such an example is of people who work in agriculture and whose professional activity can not be achieved through telework.

If our moral conscience does not impose on us the compliance with the rules of hygiene and distancing, we can say, by appealing to Immanuel Kant (2007; 2010), that we have failed to do so in such a way that our own moral norm can stand as an universal norm - that is, to carry out the *categorical imperative*. The existence of moral conscience should prevent us from putting the other in a situation of risk, by treating him as a means and not as a goal, the latest being what both Kantian philosophical deontology and professional one would require.

Bioethics as a transdisciplinary discourse

Continuing the idea of deconstructing the universalist claims of bioethics as a branch of philosophy, we discuss the transdisciplinary side of the bioethical discourse, which claims to have originated in both philosophy and social sciences, applied in qualitative research and social anthropology.

The discursive peculiarities taken by bioethics from philosophy should be reconsidered, especially those related to the imperialism of the theoretical over the empirical, including the postmodern experience and concern for context in the sphere of the philosophical discourse, thus legitimizing the philosophical claims of the hierarchy of immediate and particular categories. The postmodern perspective, originated in Derrida's philosophy (1998; 2001), proposes the deconstruction of legitimate metastories. Inspired by Derrida, we discuss the idea of an interpretive adrift, according to which simple deconstruction leads to methodological impasse. For example, in the case of the myth of continuous progress specific to modernity, the emergence of a collective moral consciousness and the ethics of collective responsibility (Habermas, 1985; Apel 1996) make the progress of humanity, seen by moderns as infinite, have a hiatus at least technologically, determined by the development of ethics in general, bioethics and technoethics in particular.

Basically, starting with the XXth century and leading up to the beginning of the XXIst century, technology takes humanity to a point in its development when it evades natural evolution, although it continues a certain form of anthropological evolution, that it is more about the capacity of the human individual and that of humanity to develop itself either through science and technology itself, or through practices that go beyond the usual patterns of mechanical social solidarity. They impose an individualistic humanity, in which the individual is no longer a wheel, a subassembly in an universal mechanism, but a key element. The individual can become a factor of disruption of the system, but also of the coherence of the various systems in which he operates.

Considering the individual as a central subject of public policies reverberates in the need for the individual's protection by the state, by public institutions, including through measures of social distancing, quarantine, isolation and self-isolation, that are not necessarily agreeable to individuals. We are talking about a humanity that withdraws collectively, evades, we could say, from natural evolution, humanity trying to take control of its own destiny and with it of the planet and nature. In order to establish the anthropic order, the aim is to impose public programs for the protection of

animals, for the protection of the environment, as it is the first time in history when humanity really controls the natural environment, but at the same time has the capacity to destroy - not only its own species, but the whole life on the surface of the whole planet. As such, a new form of collective responsibility is needed, a responsibility that we must have as individuals, but also as humanity - collective responsibility - not only for our immediacy, for those who are immediately close to us, as it was until the XXth century, but regarding all systems - not just human - that we can affect through our actions.

We can speak of a reinterpretation of Apel's (1987; 1998) deconstruction-reconstruction of the idea of progress, in different interpretive constructive contexts. The concept of sustainable development, for example, is such a synthesis between the need for development and the need for progress, which takes into account the collective responsibility for the use of resources. This concept of sustainable development could be such an interpretive context of responsibility for non-presence in the field of bioethics.

The idea of progress can be seen as a founding metastorry of modernity placed under the discursive species of infinite progress. In an interpretive context, related to the responsibility towards non-presence, the concept of progress suffers an interpretive adrift, reappearing in the form of sustainable development. As it is thought in classical ethics, starting from the Christian morality, which speaks of the love for the neighbor, the responsibility is practically oriented towards an almost immediate neighbor. We have a responsibility to our immediate self, to our neighbor, we are even called upon to love him; but it is much more difficult to think of a responsibility towards non-presence, not the absence of someone close but the ontological absence of someone as is the case of future generations, unborn children etc. We also have a responsibility to those who are at a distance. But true responsibility for non-presence means responsibility for future generations, who should find a more viable ecosystem, and should make us concern ourselves with the effects that technology will have, such as genetic technology. This responsibility for non-presence is much more pronounced with the globalization of human movement, which is seen to be associated with a globalization of the spread of pathogens. The interconnection between individuals and not just globally, between states, is highlighted by the current pandemic in what can be called a *butterfly effect*.

Bioethics and the human condition

The current situation, generated by the pandemic, becomes a paradigmatic one because humanity admits to be vulnerable to a pathogen, so a natural factor can only be managed by restricting the freedom of most people or by asking them to voluntarily restrict their freedom of movement, or their exercise of cultural, spiritual, religious, scientific, economic rights, for their own protection and to protect all of humanity. With the development of science and technology, humanity has a new approach to pandemics through public policies but also through rapid technological development measures designed to reduce, by using humanity's own resources, the effects of such a threat to global security.

We find that after decades of evolution towards globalization, towards the construction of a united Europe, all this is at risk of collapsing under the weight of a virus. If indeed globalism, but especially the European Union, crumbles, this will happen not under the weight of the virus, but under the weight of humanity's own claim to withdraw from natural evolution. Humanity seems to consider itself a species that no longer passively accepts its natural condition, we no longer passively accept that a number of people will become infected and some of them will die, while others will not. Humanity is taking measures to stop the evolution of the pandemic, but with economic and social costs that will be felt in the coming years globally, and the most affected will be the populations who are already vulnerable.

Quarantine measures have not been applied on such a large scale until today, which will obviously lead to a change in humanity's perception of its status in the world, which will generate scientific discussions - biomedical, but also sociological, philosophical, of regarding public policy - on possible responses of humanity, both to pandemics - not only to the present one, but also to possible future pandemics - and the economic and social crisis that has occurred as a result of the quarantine.

We are interested in this answer from the perspective of bioethics. Bioethics is called upon to answer questions such as: what is the acceptable human behavior and what is the most desirable behavior, and how should this behavior be presented to the public and then implemented? From our perspective, bioethics should include, in its discourse, the idea of deconstructing metastories, of legitimate stories accepted globally, shifting attention from the universal level of the ethical discourse to local narratives, to concrete situations that generate meaning for practitioners, for individuals who are concretely a subject to threats to health or well-being - in this case

self-isolation - and who face the prospect of an economic crisis, technical unemployment, lack of immediate communication and the social interaction they are accustomed to, and the anguish over their own illness and death. All these people are less interested in the global perspective, in the changes of humanity and in the globalized consciousness, but rather they are interested in the local perspective, in the stories through which each of us assumes this reality and effectively experiences it.

Bioethics and the phenomenological approach

Next, we will analyse the interpretive adrift (Sandu, 2016) of the theoretical constructions that can be the basis of a narrative or phenomenological approach, placing bioethics in a post-Kantian and post-utilitarian horizon. These approaches can form the basis of a bioethics of crisis situations, based on a social-constructionist perspective that rather takes into account the way in which individuals make sense of their situation, their context and their communicative interactions, which take place in a virtual environment, although they can no longer take place in a physical space. Therefore, the problem of the virtualization of social space from the perspective of communicative action should become a problem of interest for bioethics due to the emphasized tendency to delocalize social interactions and mediate them through technological artifacts. These changes in the structure of communication, due to the virtualization of social space, are on the verge of bringing about a significant change in the human condition, at least that of transforming the human being into a quasi-virtual ubiquitous one, which assumes an avatar identity. These changes require an ethical approach, as the way the human being relates to others and to one-self have fundamentally changed.

The specificity of the communicative action mediated through the internet is that of group communication and less often inter-individual, a type of communication that has nodes and peaks, marked by influencers that are completely different from those in the physical space, because the online environment generates ways of exposure for an influencer that allow him to fictitiously capture a real credibility, a notoriety that only in this virtual space can be achieved. A postmodern social-constructionist approach to bioethics that we propose takes into account the ways in which individuals attribute sense to and make sense of their situation, the social phenomena to which they are subjected - for example, the deprivation of certain religious practices, the lack of possibility for direct participation in religious ceremonies. Is this an approach specific to bioethics or rather one specific to

the microsociology or sociology of knowledge, the sociology of elements of consciousness and social anthropology.

The bioethical approach we propose is one of a transdisciplinary nature, in which we recognize a philosophical constitutive element of a postmodern origin, but inculcated in a social-constructionist approach, a scientific one, which favors the analysis of the discourse of various communicative actors and analyzes the interpretive adrift of the concepts of traditional bioethics, such as the one of ethical principles, of autonomy, of informed consent and that would place the social and bioethical acceptability of a phenomenon in the center of the ethical model.

Such issues fall within the scope of bioethics because we are talking about an ethics of technology, which has become part of bioethics in recent decades, because it is concerned with changes in the human species and the (trans)human individual, artificial improvements in the human condition and the social acceptability of these practices stemming from the use of technology. We will follow the analysis of the social context, of the social environment in which various deglobalizing phenomena take place and of the meanings that the individual assumes under the influence of social interactions and social construction instances, whether we are talking about influencers, institutions, or new social practices. This approach is taken from the specifics of social anthropology, which emphasizes the social context of ethical decision making.

We see that in the current situation the founding myths of the European Union, the free movement of people, goods and capital have been called into question by closing the borders of the member countries of the European Union and restricting free movement. The export of certain basic agri-food products is limited, in order to ensure the food security of the population (Ministry of Internal Affairs, 2020). Such a crisis calls into question precisely these founding myths or constitutive values on the basis of which the European Union was established, in order to ensure a common European market, a single European market and, subsequently, an area of free movement. It is precisely these values that have been called into question, and bioethicists should assume this concern, initially of an anthropological nature, regarding the ethical value of institutional constructions and their ethical rethinking. The anthropological approach becomes significant for bioethics, in an attempt to answer the question: who benefits or should receive privileged treatment in terms of health? Can immediate value be a selection criterion or, on the contrary, a limitation of a person's access to medical resources? Can social value (Scissors & Nazarie, 2020) be such a criterion? (Sandu, 2013). What are these rules of

acceptability? Traditionally, this problem would not arise, but the current crisis is a systemic one, with countries and health systems struggling to cope, in some cases, with increased demand for health services of the same type and at the same time.

In these conditions, especially due to the disappointment regarding the inefficiency of communication at European level between states, many express their nationalism and revengeful tendencies and unfortunately also extremist tendencies of ethnic distancing from other nationalities or ethnicities, from other countries, as the idea of a united Europe was built in the XXth century without completely deconstructing nationalism, and the institutions of the European Union were not sufficiently efficient in giving birth to an European identity strong enough when faced with the sense of national identity.

We should take into account social consensus (Habermas, 1985; Sandu, 2016), including the action of influencers who play a significant role in forming social consensus, and we should also consider other instances of social construction for the ethical acceptability of an action, such as the religious discourse, the perspective of a moral and a religious ethics, but also of the secular - classical one for current bioethics. We are talking about a dialogue between bioethics of a religious origin and secular bioethics. The recovery of the great ethical systems can be achieved from the perspective of the analysis of the interpretive adrift, of the semantic adrift of concepts under the empire of the various constructive instances of social reality. Such an approach is called *fractal constructionism* (Sandu & Caras, 2013; Sandu & Caras (Frunza), 2014a; 2014b; Caras (Frunza) & Sandu, 2014; Sandu, 2016;) and consists in following the particularities of the interpretive adrift in various contexts. The term *interpretive pact* refers to the social construction of the meaning of concepts, of the way in which we understand a concept. The social understanding of a concept does not overlap with the dictionary definition, but is a definition that we obtain in the process of anticipatory socialization in our reference groups and that differs more or less significantly from the definition of the concept we have acquired in the process of anticipatory socialization in the membership groups (Sandu, 2014). The reference group is the group we want to enter, where we want to socialize and we practically want to adhere to the norms and values of that group, thus trying to use the semantic resources and operational definitions that members of that group attribute to objects, phenomena, especially social facts. In the process of anticipatory socialization, we distance ourselves from the definitions of the same constructs given in our group of belonging, insofar as they differ from those in the reference group.

This period of self-isolation requires us to look for new groups of belonging, but also to distance ourselves socially from our belonging groups. The term social distancing, even if it was probably not intended to be used in this sense, leads to the idea of distancing oneself from the members of a group, and this is because the groups of affiliation are those in which we maintain constanties, maintain a deep and often close and intimate relationship because the groups of affiliation are represented by groups of friends, relatives, colleagues. It is precisely towards these people that we feel physical distancing as becoming social distancing and therefore compared to them, we consider that the process of virtualization of social interactions, which takes place during this period, is one of alternative resocialization, inside reference groups, towards which we do not feel a real solidarity.

We may miss our loved ones, we can even participate in the process of caring for them, especially the elderly but social distance has effects on our groups of belonging, forcing us to an anticipatory resocialization, even through an online approach, to various reference groups, including those to whom we did not have the time or courage to approach in the usual way, and a distance from the membership groups.

Bioethics and clinical ethics

Another dimension of the relationship between the bioethical and the philosophical discourse on the one hand, and scientific discourse, on the other, is the relationship between bioethics and clinical ethics. The relationship between bioethics and clinical ethics is often seen as one of logical subordination, such as that from genes to species, because medical ethics and professional ethics in the medical professions are most often seen as part of bioethics. Of course, there are a multitude of common elements between the two types of ethics, but we will find that there are also elements of difference that make some researchers (Zwart, 2012; Sandu, 2015) consider that medical ethics makes philosophical language ordinary, both for doctors and for researchers in the field of philosophy and social sciences, who are involved in the development of public health services and medical services. In our opinion, bioethics is an emerging science at the border between applied philosophy and social sciences, which favors the approach of the particular, of the case study to the detriment of the universal, which is the most important object of philosophical reflection. We thus support an approach to bioethics based on a postmodern social-constructionist model.

Such a social-constructionist epistemology can offer bioethics a significant scientific nature, starting from the orientation of bioethics to

moral casuistry, to the study of the particular and discussions on the possibilities of evolution for a situation, an idea, a model applicable in the concrete medical or social practice. We are talking especially about a bioethics applied in the medical field, but which extends to the ethics of research, in particular the ethics of research on human subjects, the ethics of social welfare or psychotherapeutic practice.

Exploring the philosophical and sociological meanings of the phenomena related to the medical field, bioethics takes on medical terms and will explain their ethical specificity. We are talking about the medical malpractice resulting from the non-observance of the patient's autonomy, as a topic in the sphere of bioethics, but also in that of medical deontology. These areas, covered by medical ethics, represent competencies related to medicine rather than philosophy or social sciences, although they use concepts of philosophical value. Within the ethical discourse we therefore have two main directions, a normative one - which is in fact a component of the professional status, of the corpus of medical knowledge, or professional knowledge in general -, while another component refers to - ethical and ultimately social - acceptability, the way in which a medical phenomenon influences social life through the medicalization of society.

That is why the bioethical discourse should be outlined in a debate in the social sphere, to which not only specialists in the medical field would participate, but also specialists in other areas - such as public policies, sociology of health and quality of life, philosophy, of political sciences and, why not, law. The normative discourse generated as a result of such bioethical debates is finalized by a prescriptive document that takes into account the immediate practice of the medical practitioners, nurses and so on. These normative documents and the resulting ethical guidelines will eventually be part of the professional body of the MD or health care specialist, however leaving the bioethical discourse to the bioethicist.

And then, practically, bioethics investigates the significance of the social practices involved in the medical act, the development of emerging technologies and so on, while professional deontology or clinical ethics speaks rather of medical professionalism, that of specialists, about the possibility of including the results of ethical reflection in the professional's own practice. In the case of professional ethics and clinical ethics, we are rather talking about a discourse that informs the practitioner and should be as short as possible, contain as many clear and quick tools for ethical decision-making as are available to the physician, the pharmacist, the practitioner in general. These tools should help them when facing these situations in practice, when time for decisions is limited.

Outlining this distinction between the deontological sphere and applied ethics, we draw attention to the major difference between the two fields, both at the level of the scientific object of the research and of the research methodology, respectively of the discursive practices.

Of course, in the event of an immediate crisis such as the current one, it will be very difficult for the institution to expect a long ethical debate from bioethicists and that is why it is very important that the bioethicists community present such guidance on possible guidelines for practice in the very short term, comprising the reasons and ways in which a practitioner must deal with an ethical dilemma arising in this particular situation. Discussions on ethical issues, negotiations between the actors involved, between *stakeholders*, should be much shorter during this period, in order to give practitioners time to find out about the minimal rules of practice.

That is why we speak of a distinction between proper clinical ethics, as a form of strict medical ethics, which is close to the border of medical law and which requires thorough knowledge of the rules, practices and regimens and their ethical implications. On the other hand, we are talking about the sphere of theoretical bioethics, which aims to have a prescriptive nature, but also an explanatory one regarding the significance of decisions and the ways to surpass ethical dilemmas.

Conclusions

Basically, we reject the dissociation of bioethics from philosophy only on the basis of discursive particularism and the approach of this type of discourse to empiricism. This approach is a specific feature of postmodern writing in general, noting that the bioethical discourse is close to the scientific one, which is part of social sciences, because it favors both a qualitative and quantitative approach to empirically obtained data. Bioethical discourse, similar to postmodern writing, is marked by contextualization and atomizing constructions of theoretical perspectives analyzed with specific meanings, related to moral casuistry, whose semantic universality does not exceed the constructive universality of the interpretive pact in which the discourse was produced. We agree upon the importance of the context in which an agreement is reached on what is ethical or not in medical practice, in social practice, in scientific practice, in technological development etc.

We also formulate the opinion that bioethics has a dual epistemological nature. It belongs partly to the sphere of philosophical concerns, due to the discursive perspective, and at the same time has a perspective that, through its methodological side, belongs to social sciences

and we should distance ourselves from "prescriptive" bioethics, in which we emphasize the opinion of the ethical expert which rules on moral casuistry without regard to the way in which individuals perceive the acceptable or unacceptable, ethical or unethical nature of a social practice.

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