

# Preconditions for the Development of Global Bioethics Policies: What Purpose, Attitude, Effort, and System are needed?

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## 1. Introduction

As biomedical science is advanced, we are faced with lots of new ethical, legal, and social issues. Bioethics as an interdisciplinary study has tried to respond to them. However, we have observed different conflicting answers in bioethics. These answers are based on fundamentally different worldviews or conceptions of a good life. Thus we cannot often decide which answer is the most plausible one for our society. It is very hard to reach consensus on bioethical issues. However, we need a consensus that may guide us and further can be included into a policy on a certain bioethical issue. For example, genetic research and embryonic stem cell research requires us to make a policy, which says about what is allowed and

what the standard is in biomedical practice. Thus a policy on a bioethical issue, which I call a “bioethics policy,” is involved in making a guideline or regulation. Such a bioethics policy is not limited to a certain country. As a global bioethics policy, we have developed intergovernmental convention or declaration as well as professional declaration or guidelines.

However, there is skepticism about the development of global bioethics policies. After I respond to skepticism, I will argue for critical optimism. We need global bioethics policies because bioethical issues and biomedical research are globalized. I will point out the roles of global bioethics policies and their effects. I will present some preconditions on developing global bioethics policies with the categories of purpose, attitude, effort, and system.

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## 2. Skepticism about Global Bioethics Policies

Global bioethics policies have been faced with the problems of abstract concepts. This problem is common with ethical norms. Policies or guidelines cannot help including abstract and vague concepts.

Inmaculada De Melo-Martin argues that the concept of human dignity in global policy documents is too vague to be useful for the guidance of public policies in several countries, referring to the Council of Europe's *Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine* (hereafter *Convention*) and the *Additional Protocol to the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, on the Prohibition of Cloning Human beings* (hereafter *Additional Protocol*).<sup>1)</sup> Martin said, "By using human dignity as a criterion to determine the permissibility of particular biomedical developments that involve human embryo experimentation, the documents fail to guide public policy on embryo research."<sup>2)</sup>

A definition of human dignity does not

appear in the *Convention* or the *Additional Protocol*. The *Additional Protocol* prohibits human cloning. Martin interprets this as supporting the belief that human embryo possess dignity, based on the expression in the *Additional Protocol*, "the instrumentalisation of human beings through the deliberate creation of genetically identical human beings is contrary to human dignity."<sup>3)</sup> But Martin said, "Article 18 (1) of the *Convention* underscores the necessity to protect human embryos in the framework of research,"<sup>4)</sup> because Article 18 (1) says "Where the law allows research on embryos *in vitro*, it shall ensure adequate protection of the embryo." Martin thinks that this would appear to support the view that human embryos lack dignity. Thus Martin argues that the *Convention* and the *Additional Protocol* fail to provide guidance in helping states determine which embryo research practices are contrary to human dignity because the concept of human dignity is left too vague and because it is applied in ways that appear inconsistent.<sup>5)</sup>

As evidence of failure in guidance, Martin dealt with Belgium and the UK that allow the creation of embryos *in vitro* for research including the creation of SCNT embryos against Article 18 (2) of the *Convention*,

1) DE Melo-Martin I, Human Dignity in International Policy Documents: A Useful Criterion for Public Policy? *Bioethics* 2009 : 1-9.

2) DE Melo-Martin I, 앞의 글. 2009 : 2.

3) DE Melo-Martin I, 앞의 글. 2009 : 4-5.

4) DE Melo-Martin I, 앞의 글. 2009 : 5.

5) DE Melo-Martin I, 앞의 글. 2009 : 5.

which says “The creation of human embryos for research purposes is prohibited.”<sup>6)</sup> Martin argues that although Belgium and the UK have not signed the *Convention*, this still shows the failure of its guidance for national legislation.

However, Martin is committed to the fallacy of throwing the baby out with the bath water.<sup>7)</sup> Even though the *Convention* may not work as guidance for embryonic stem cell research, it does not show that the *Convention* does not provide any help for national legislation in biomedical research. The issue of embryonic stem cell research is not only ethical, but also political in that it is related to economic prospect. Globalbioethics policy like the *Convention* and UNESCO’s Universal Declaration on Bioethics and Human Rights (hereafter UDBHR) cannot be free from political and economical interests each country pursues.

When we struggle with bioethical issues, it is common that we are faced with the politicization of ethical issues. Mark B. Brown explains why bioethical issues are politicized as follows.

Because bioethical dilemmas are often intertwined with power, and because they often involve conflicts of value, interest,

opinion, or worldview, bioethics today is easily politicized. . . . . Once something becomes political, it becomes necessary to find ways of resolving conflict and exercising power without relying on pre-existing standards of religion, culture, or tradition to provide conclusive guidance. Such “fundamental” resources may well have a legitimate role in politics, but in a pluralist society, what role they play is itself a political question.<sup>8)</sup>

If bioethical issues are easy to become political in the sense of politicization meaning “conflicts of value, interest, opinion, or worldview,” it is reasonable in a democratic society that moderating this kind of conflicts follows political decision-making, that is, compromise. Compromise in ethical issues may be misunderstood as breaking one’s integrity. However, when we have to decide a policy that affects all members of a society, the only one opinion among conflicting ones cannot be allowed as a policy without suppression. Recognizing the conflicts of reasonable worldviews, John Rawls points out this: “we noted two general facts about the public culture of a constitutional regime: the fact of reasonable pluralism and the fact that this diversity can be overcome only by

6) DE Melo–Martin I. 앞의 글, 2009 : 6–7.

7) Throwing the baby out with the bath water is an expression that suggests one doesn’t need to reject an entire idea, concept or practice if only part of it is good. The baby, in this sense, represents the good part. The bath water, on the other hand, is usually dirty after the baby is washed and needs to be discarded.  
<http://www.wisageek.com/what-does-throwing-the-baby-out-with-the-bath-water-mean.htm>

8) Brown MB. Three Ways to Politicize Bioethics. *The American Journal of Bioethics* 2009 ; 9(2) : 44.

the oppressive use of state power.”<sup>9)</sup>

I do not argue that all bioethical issues are subject to compromise. Compromise should be considered only when we are faced with reasonable disagreement and when policy-making is needy and urgent. Reasonable disagreement is, according to Rawls, disagreement among reasonable persons who take into account other’s own reasonable end of life.<sup>10)</sup>

Back to the issue of embryonic stem cell research, there have been conflicting views about the moral status of human embryos. These conflicting views are based on different philosophical or religious beliefs, which cannot be moderated. Martin thinks that the reason of inconsistency in the *Convention* and the *Additional Protocol* lies in the vague of the concept of human dignity. However, I think that the reason fundamentally lies in the different understanding of human beings with human dignity. Martin laments that there is no definition of human dignity in the *Convention*. However, such a concept in itself is so basic and vague that we cannot define it. When Rawls explains “the burdens of judgment,” he mentions the abstractness of our values and norms.<sup>11)</sup> It is impossible to eliminate vague terms in our ethical discourse.

While there is inconsistency in the *Convention* and the *Additional Protocol* and even Article 18 (1) and 18 (2) from Martin’s perspective, therefore, this may not be considered to be inconsistency for those who intend to discern ‘embryo to be used for research’ from ‘cloned embryo to be born.’ This inconsistency for Martin basically comes from the view that all kinds of embryos are the same. Although I have the same personal opinion as Martin’s, this inconsistency may be also considered to be an outcome from compromise.

However, we have to pay attention to Article 18 (2): “The creation of human embryos for research purposes is prohibited.” This is an important agreement although we have open question about SCNT embryo. Belgium and the UK do not sign the *Convention* in order to avoid the compliance with it. This means that global bioethics policies have the binding power only for countries accepting them while they cannot force a country to do so. It may sound as if global bioethics policies were just a piece of paper. However, we have to focus on the fact that not adopting global policies may provide a ground for blaming countries not to do so.

This view is true of UDBHR. Even though it is not a legal document unlike the

9) Rawls J. *Political Liberalism*. Columbia University Press, 1996 : 54.

10) Rawls J. *앞의 책*. 1996 : 48-55.

11) He mentions other burdens of judgments: conflicting evidence, different weight on consideration relevant to an issue, different total experiences, different kinds of normative considerations, and value pluralism Isaiah Berlin points out. Rawls J. *앞의 책*. 1996 : 56-57.

*Convention*, it may play a role of international customary law. Herman Nys said this as follows.

[The Universal Declaration on Human Rights, adopted the United Nations in 1948] did not directly create binding human rights norms under international law. But it can come to be accepted as representing international customary law *if sufficient states implement it with the sense of being obliged to do so*. Although none of the three UNESCO Declarations on bioethics are binding documents in the legal sense as they are not subject to ratification by the Member States, they nevertheless call on the States to take all appropriate measures, whether of a legislative, administrative or other character, to give effect to the principles set out in the Declarations in accordance with international human rights law.<sup>12)</sup> (My Italics)

As Nys points out, whether UDBHR may be considered as international customary law depends on the implementation of sufficient states. This explains the importance of consensus in bioethics.

### 3. Critical Optimism about Global Bioethics Policies

Although the global bioethics policies embodied in the *Convention*, UDBHR, or Declaration of Helsinki have the difficulties like vagueness of key concepts and non-legal binding, I am critically optimistic about the development of global bioethics policies. The reason I use the expression “critical” is that the current conventions or declarations are not sufficiently satisfactory. However, making these policies is better than otherwise. In addition, we will be able to improve them. It is more important that we pay attention to the fact that global bioethics policies are needed in various fields.

First of all, we have observed lots of international multicenter clinical trials. This kind of clinical trial needs global bioethics policies. As the AZT trial showed, we have to develop some guidelines to deal with justice issues between developed countries and developing ones. This issue is also involved in the problem of double criteria. Although CIOMS (the Council for International Organizations of Medical Sciences) guideline has had a special interest in this issue, we need more specific guidelines. When we deal with this issue, we have to pay attention to

12) Nys H, Towards an International Treaty on Human Rights and Biomedicine? Some Reflections Inspired by UNESCO's Universal Declaration on Bioethics and Human Rights, *European Journal of Health Law* 2006 ; 13 : 6-7.

human subjects who are not fully protected by the legal system in their own country.<sup>13)</sup>

Second, lots of genetic research is performed with the collection of human materials that are different in race from different countries. UDBHR has already paid attention to the protection of personal information including genetic information. However, we need also protect the genetic information of a group, like Koreans' genetic information. Thus we have to develop a global bioethics policy on the confidentiality of a group's genetic information. In addition, we have to deal with the issue of different regulations in different countries because international biomedical research is performed across countries.

Third, SARS and H1N1 flu emphasize the necessity of international efficient cooperative system. As our global society becomes smaller than before due to the development of transportation, pandemic becomes more serious issue. This experience urges us to develop a global bioethics policy on global public health including the issue of public health relevant to xenotransplantation. People worry about zoonosis as a safety issue in xenotransplantation.

In the above, I mention just some important and urgent issues waiting for a global

bioethics policy. We also have to develop a global policy on bioethical issues relevant to new scientific advance like nanotechnology. Issues I mentioned in the above are similar in that they are involved in interstates issues to need global cooperation.

What is the role of global bioethics policies on the above issues? What should we expect from global bioethics policies? From the experiences in developing the *Convention* and UDBHR, we can infer that global bioethics policies should provide the minimal principles and standards for our practice. The more principles and standards are based on consensus, the more countries will adopt global bioethics policies.

According to O. Carter Snead, there is an issue whether to follow consensus or vote as a procedure of decision-making. Snead raises the question, "Which model produces more useful and legitimate result?" dealing with the UNESCO's vote resulting in a declaration calling for the prohibition of human cloning. Snead suggests a shift from a rule of consensus to procedures for voting.<sup>14)</sup>

As long as what we have to struggle with is an ethical issue, however, consensus is more desirable. I think that vote should be used only when there is consensus on what, when and how to vote. Here what I mean as

13) For example, there is a report in which India does not fully protect human subjects. See the documentary, "Drug Trials: the Dark Side" produced by BBC, 2006. Patricia Marshall and Barbara Koenig also says "In recent years, the existence of 'organ broker' who operate at the margins of the law have been reported in India, Brazil, and other nations." Marshall P, Koenig B, Accounting for Culture in a Globalized Bioethics, *Journal of Law, Medicine & Ethics* 2004 ; 32 : 253.

14) Snead OC, Bioethics and Self-Governance: The Lesson of the Universal Declaration on Bioethics and Human Rights, *Journal of Medicine and Philosophy* 2009 ; 34(3) : 221.

consensus includes an overlapping consensus, which is incomplete one in that people agree on the conclusion without the agreement of reasons to support it. Vote can be also considered as a kind of consensus. However vote is different from other consensus, whether complete or incomplete, in that it is consensus on the procedure of decision, not on the content of decision.

Global bioethics policies, of course, have some limitation in their concreteness and application scope. Making more specific and ample policies is a task of individual countries. The role of such global bioethics policies is to make each country recognize what are minimal standards and to develop its own regulations that are much customized to its cultural and economical situation. As long as each country's policy is not contrary to global one, each country's unique situation should be able to be taken into account.

Another role of global bioethics policies is to provide our shared ideals and core concepts in bioethics with our global society. Such global bioethics policies will have, as an outcome of this role, the binding power which is ethical if not legal because they can let us blame a certain country when it has acted contrary to them. Therefore, the establishment of global bioethics policies brings about an effect that each country adopts them or develops its own policies coherent to them.

#### 4. Precondition for the Development of Global Bioethics Policies

It is certain that developing a global bioethics policy is not an easy work in a plural society. Even developing domestic bioethics policy is a very tough task. The conflicts of opinions in bioethics often come from the conflicts of worldview. Thus we cannot often reach an agreement even though we overcome prejudice, misunderstanding, and faulty reasoning.<sup>15)</sup> As Rawls points out, we have to recognize reasonable disagreement and reasonable pluralism as a fact in a plural society.<sup>16)</sup> Therefore, developing a bioethics policy including a global one is a task of reaching consensus among persons who have different ethical opinions, which are often based on different but reasonable worldviews. In addition, the establishment of bioethics policies is to build up minimal standards in bioethical practices beyond giving personal answers to bioethical issues. Developing bioethics policy requires interdisciplinary approaches. Thus developing bioethics policy needs the following attitude, efforts, and system with the specific purpose.

The purpose of global bioethics policies is limited. They should not aim at setting up the full guidelines for our practice, but the

15) Rawls J. Political Liberalism, 앞의 책, 1996 : 58.

16) Rawls J. Political Liberalism, 앞의 책, 54-60.

minimal standards. If we develop an ample policy beyond consensus, it will lose legitimacy although it may provide detailed guidelines from a specific perspective.

For attitude, we need toleration when we are faced with reasonable disagreement.<sup>17)</sup> Toleration is a virtue in a plural society. Toleration means that we respect others' different but reasonable opinions. However, this does not mean that we have to accept these opinions as a true belief. We may think that our own belief is true or right while others' opinions conflicting to ours are false or wrong. If we cannot rationally prove that others' opinions are false or wrong, however, toleration is needed.

Another ethical virtue is reasonableness. When policies or contracts have to be made, a reasonable person considers values or purposes that others pursue, not only what he/she pursues because policies or contracts should be applied to all the relevant persons.

In order to develop bioethics policy, we have to give an effort to understand values or purposes that others pursue. In addition, we as a reasonable person try to understand why others have different opinions. If we do not know what brings about disagreement on bioethical issues, we cannot reach consensus. Discussion and debate serve this kind of understanding. They help us recognize what

makes difference and what is a shared opinion and perspective. A shared opinion like an overlapping consensus is a starting point for reaching another consensus or compromise as a consensus.

Forum, hearing, and conference are the best places where we understand one another. Like President's Council on Bioethics in the U.S. or National Bioethics Committee in Korea, national bioethics committees should try to hear various opinions through hearing or survey when they review and set up national policies.

Thus, consultation of stakeholders is also very important when we develop bioethics policy. Cheryl Cox Macpherson reports "CIOMS has been criticized for failing to consult stakeholders in the debate about its proposed revisions to its ethical guidelines for medical research," although "international consensus remains that the revised guidelines are valuable."<sup>18)</sup> Macpherson says "Consensus building requires debate among stakeholders,"<sup>19)</sup> and continues to say "Public debate is a means of disseminating information, a form of education, and a step in consensus building," and "Public deliberation raises awareness of others' views, and of the strengths of different views."<sup>20)</sup>

Academic societies can also provide opportunity of mutual understanding.

17) Rawls J. Political Liberalism, 앞의 책, 58-59.

18) Macpherson CC. To Strengthen Consensus, Consult the Stakeholders. Bioethics 2004 ; 18(3) : 283 & 291.

19) Macpherson CC. 앞의 글. 2004 : 283.

20) Macpherson CC. 앞의 글. 2004 : 287.



Conference organized by international academic societies like World Congress of bioethics serves as a place for discussion or debate on differences and similarities. It may directly contribute to the development of global bioethics policies. But many academic societies often design their conference as a place where personal answers to bioethical issues are argued rather than desirable social answers.<sup>21)</sup> Finding desirable social answers is a necessary procedure to establish a bioethics policy.

In this respect, it is valuable that we distinguish bioethics policy from bioethics. While the former tries to give an answer to what is a desirable policy on a certain bioethical issues, the latter tries to respond to what is ethically right answer.<sup>22)</sup> Ethically right answers will include a specific view of morality as well as that of what a good life is while a desirable group belief like a policy has to be grounded on or cohere with beliefs commonly shared in a society.

In order to develop a policy on a bioethical issue, therefore, we have to give an effort to study “bioethics policy” as a new discipline. Bioethics policy as an interdisciplinary study aims at research on the following questions: How should we reach consensus when we are faced with reasonable

disagreement?; Is a particular disagreement reasonable one?; What brings about different ethical opinions?; What public dialogue is desirable?; What compromise (or a group’s belief) is most plausible in a particular bioethical issue beyond just personal ethical answers?; And what justifies such a compromise, etc.

The development of a global bioethics policy is the same as that of a bioethics policy within a country. Developing a global bioethics policy is involved in more diversity and complexity. Compared with the development of a domestic bioethics policy, making a global one will need comparative cultural studies and descriptive ethics. The reason I emphasize on cultural studies is that most of international declarations or guidelines reflects Western worldviews and conceptions of a human being. Asian cultures may have different views and conceptions. Criticizing “the exportation of a Western approach to bioethics,” Patricia Marshall and Barbara Koenig as anthropologists point out that “the adoption of bioethics’ concepts and practices has been more contentious, in part because the moral meanings of illness, health, and healing systems are culturally and religiously grounded.”<sup>23)</sup>

For example, the principle of autonomy is

21) In this respect, the International Forum, “Bioethics Issues of International Concern,” is valuable in that it deals with international perspectives on bioethics, international concern, and global policy. This forum was held in Seoul, Korea, on December 4–6, 2009, organized by The Korean Society for Medical Ethics, Asian Institute for Bioethics and Health Law, Bioethics Policy Research Center, Korean National Commission for UNESCO.

22) Choi K. “Bioethics Policy” As a New Interdisciplinary Study. *Biomedical Law & Ethics* 2007 : 1(1) : 1–20.

23) Marshall P, Koenig B. *앞의 글*. 2004 : 252.

one of the important principles in bioethics. This principle has, however, cultural and historical background. Especially in the culture that weighs family like Japan and Korea, this principle may not enjoy fully its power compared with the Western culture.<sup>24)</sup> This does not deny the significance of autonomy. In a democratic society, autonomy is one of the very important values. But the ways to exercise autonomy and its relative weight may vary depending on a particular culture. A global bioethics policy should not ignore a particular cultural context. If not so, the policy will not be able to stand any longer.

In order to develop a global bioethics policy, we also have to build up a system facilitating the process of drafting, reviewing, and implementing it. Thus we need a committee for decision-making, network among governmental or civil representatives, and regular conference for discussion or debate.

UNESCO is the best organization to play a role of this system. UNESCO has 193 member states and 9 associate members.<sup>25)</sup> In addition, it has two advisory committees, IBC (International Bioethics Committee) and IGBC (Intergovernmental Bioethics Committee). IBC consists of 36 experts. They are independent of the member states. IBC

makes the initial drafting of recommendations including declarations and conventions. IGBC also consists of 36 members. IGBC advises IBC on its activities, especially on IBC's drafts.<sup>26)</sup> Therefore, the good cooperation between two advisory committees is very important for developing a global bioethics policy. We can guess that IGBC cannot adopt IBC's recommendation if it includes what a government cannot fulfill.

For the improvement of UNESCO's task on bioethics, Snead emphasizes "a more collaborative relationship between IBC and IGBC." Snead also suggests "more diversity (regional, disciplinary, and ideological), meaningful consultation, greater transparency, and perhaps a shift from a rule of consensus to procedures for voting (though this is a difficult question)."<sup>27)</sup> Here we have to pay attention to "transparency" to improve publicity in the procedure of developing a global policy.

Although UNESCO is the best organization for developing a global bioethics policy at the governmental side, it is not the only system. International academic or professional associations like WMA (World Medical Association) and ISSCR (International Society for Stem Cell Research) are also the very important body in developing a global

24) Tia Powell deals with this difference. Powell says "some bioethicists argue that U.S. practices inappropriate exclude families from a role in decision-making, while excessively focusing on individuals." Powell T. Cultural Context in Medical Ethics: Lessons from Japan, Philosophy, Ethics, and Humanities in Medicine 2006 ; 1(4) : E4.

25) <http://portal.unesco.org>.

26) For the explanation of the IBC and IGBC, I refer to Snead's article. Snead OC. 앞의 글. 2009 : 205.

27) Snead OC. 앞의 글. 2009 : 221.

bioethics policy. WMA's Declaration of Helsinki provides the standard for medical research. ISSCR Guidelines for the Conduct of Human Embryonic Stem Cell Research provides the standard with researchers. The ISSCR Guidelines also prohibits the creation of reproductive human cloning. Although these professional declarations or guidelines also have some limitations, they are valuable in that they provide core standards in their practice.

In addition, these academic or professional global bioethics guidelines will contribute to developing an intergovernmental bioethics policy because they provide what are overlapping consensus among professionals in fields. This overlapping consensus may be adopted into intergovernmental bioethics policies.

In order to improve these intergovernmental or professional global policies, we need experts who can provide interdisciplinary perspectives free from professional interests. Griffin Trotter points out the problem of experts found in WHO (World Health Organization). Trotter says as follows.

We find, in actuality, that the physicians and public health experts who predominate at WHO and its affiliated organizations are mostly experts about diseases and their transmissions,

treatment, and prevention. As their numerous writings exhibits, most have barely a wit of sophistication when it comes to issues of epistemology, moral philosophy, political philosophy, economics, and other disciplines that seem crucial to the construction of a worldwide utopia.<sup>28)</sup>

For the development of a global, even just domestic, bioethics policy, experts we need are not experts merely in medicine, law, and philosophy, etc., but experts of bioethics policy who have interdisciplinary perspectives and are willing to cooperate with experts in other disciplines. In order to get such experts, we also have to give an effort to educating students in an interdisciplinary academic environment

## 5. Concluding Remarks

Although I acknowledge some problems of the current global bioethics, I tried to present critical optimism for developing global bioethics policies. Following Rawls, I emphasized reasonable disagreement and reasonable pluralism as a fact in our environment where those policies are established. Consensus is the key notion in

28) Trotter G, The UNESCO Declaration on Bioethics and Human Rights: A Canon for the Ages? *Journal of Medicine and Philosophy*, 2009 ; 34 : 196.

developing bioethics policies, whether domestic or global. I proposed setting up minimal standards as a purpose to develop a global bioethics policy. I emphasized attitudes such as toleration and reasonableness. In order to find and obtain consensus, I suggested efforts to study bioethics policy and cultural bioethics as well as to understand one another through discussion and debate. As a system, I gave a value to UNESCO. I emphasized the cooperation between IBC and IGBC. In addition, I hope the cooperation among intergovernmental organizations and professional associations. Especially I emphasized experts of bioethics policy and an interdisciplinary educational environment for future experts.

Some may argue that my optimism is still so ideal that the future of global bioethics policies is not bright. They would think that reaching consensus is difficult. Making global

bioethics policies has to overcome lots of obstacles. I agree with this voice. However, I would like to say that we must take an optimistic stand because there is no other way. Skepticism for global bioethics policies is easy to turn into nihilism about morality or moral relativism. Reasonable disagreement in itself does not imply moral relativism. Even for scientific theories, there is a disagreement on some issues. What we need for developing bioethics policies is to pay an attention to our overlapping consensus rather than disagreement. Overlapping consensus is the starting point to make more consensuses. <sup>ME</sup>

### **Keywords**

global bioethics policy, reasonable disagreement, toleration, overlapping consensus, UNESCO

## 지구촌 생명윤리정책 개발의 전제조건들: 어떤 목적, 태도, 노력 및 체계가 필요한가?

최경석\*

### ○ 국문초록

혹자는 <생물학 및 의학 적용에 있어 인권과 인간존엄 보호를 위한 EU 협약>의 한계를 지적하며, 생명윤리 쟁점들에 대한 지구촌 정책은 모호함과 비일관성을 지니고 있다고 주장한다. 그러나 의·생명과학 연구의 세계화와 그에 따른 생명윤리 쟁점의 세계화로 인해, 지구촌 차원의 생명윤리정책을 개발할 필요성이 대두되고 있다. 지구촌 생명윤리정책은 중첩적 합의에 기초하여 개발될 수 있다. 중첩적 합의는 모든 사회 구성원들 사이에서 의견의 일치를 보이는 견해로서 생명윤리문제를 다룸에 있어 최소한의 기준을 제공해 준다. 뿐만 아니라 지구촌 생명윤리정책은 생명윤리에서 우리가 추구하는 이상과 가치가 무엇인지 알게 해 준다. 이런 점에서 지구촌 생명윤리정책은 윤리적 관점에서 일종의 구속력을 행사한다. 이러한 지구촌 생명윤리정책을 개발하기 위해서는 관용과 '이성적임(reasonableness)'이란 태도를 요구한다. 이것들은 이성적 불일치가 종종 목격되는 다원주의 사회에서 우리들이 견지해야 할 덕으로 간주된다. 생명윤리정책의 개발에 있어 토론과 토의는 필수적이다. 왜냐하면 토론과 토의는 무엇이 이성적 불일치를 야기하는지 알려주고 이견을 지닌 사람들 서로를 이해하는 데 도움을 주기 때문이다. 또한 우리는 하나의 학제적 학문 분야로서 '생명윤리정책'을 연구하고, 문화적 차이를 고려하며 생명윤리문제를 연구하는 문화 생명윤리학 연구를 증진해야 한다. 새로운 학문분야로서의 생명윤리정책은 생명윤리의 쟁점에 대한 개인적 차원의 윤리적 해답을 얻는 데 그치지 않고, 사회적 차원의, 나아가 지구촌 차원의 해답으로서 무엇이 바람직한지 연구한다. 아울러 지구촌 생명윤리정책 개발을 위해 우리는 국제적 의사결정기구, 국가간 전문가들 사이의 네트워크, 토론을 위한 정기회의 개최 등의 협력 체계를 구축해야 한다.

### ○ 색인어

지구촌 생명윤리정책, 이성적 불일치, 관용, 중첩적 합의, 유네스코

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