

Januar

Mi. 19.01.2022
18.00–19.00 Uhr

Klinische Ethik neu denken – Die Vor- und Nachteile der sogenannten Care Ethics
Gast: Prof. Dr. Rouven Porz (Universitätsspital Bern)
Moderation: Maria Barthel (HAWK)



WERTE

Bewertungen (pro/cond)

WERTENORMFUNKTIE

Lösungen (rat)



Wertenormen

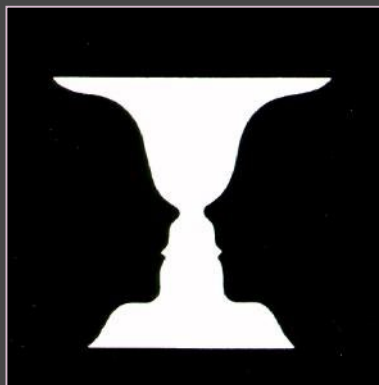
[NORMEN]

Klinische Ethik

Unterstützung

Prozessverantwortung

Keine Entscheidungen



Bioethik

Medizinische Ethik

Klinische Ethik



Respect for
patient's
autonomy

Forschungsethik



Informed
Consent
research
subject

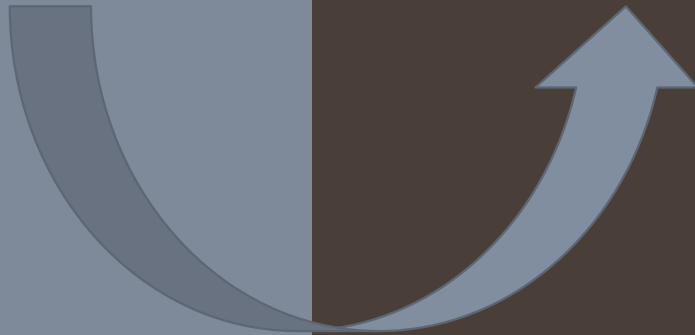
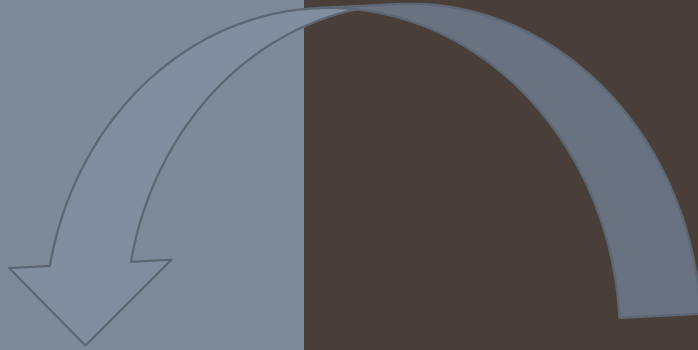
Public Health Ethik



Well being
prevention
public

Ethiktheorien

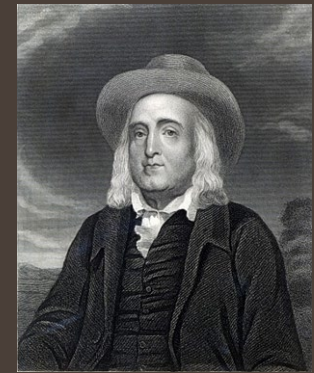
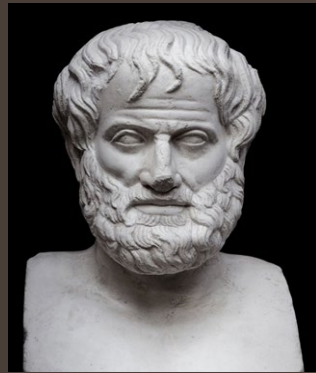
Praxis Bezug





Ethiktheorien





Ethiktheorien



GESUNDHEITSWESEN – BERUFSROLLE DES ARZTES/ÄRZTIN

James F. Childress / Tom Beauchamp



Prinzipienethik



Vier-Prinzipien-Modell von **Beauchamp & Childress**, seit 1979

1. Respekt vor der Autonomie der Patient/In (respect for autonomy)
 2. Nicht-Schaden (nonmaleficence)
 3. Fürsorge, Hilfeleistung (beneficence)
 4. Gleichheit und Gerechtigkeit (justice)
- Tugend-Voraussetzungen: Vertrauenswürdigkeit, Integrität, Gewissenhaftigkeit, Urteilsvermögen, Einfühlungsvermögen
 - Grundidee: Abwägung und Anwendung (Spezifikation) des wichtigsten Prinzips je nach Situation. Prinzipien dienen primär der Versprachlichung des Wertekonflikts, nicht so sehr der Lösung des Konflikts.

Fokus auf Wertekonflikte

**‘Rationale’
Entscheidungsfindung**



Prinzipienethik



Principles of Biomedical Ethics: Marking Its Fortieth Anniversary

Tom Beauchamp, Georgetown University
James Childress, University of Virginia

We are pleased to join the editors of *AJOB* in marking the 40th anniversary of our *Principles of Biomedical Ethics (PBE)*. In this editorial, we will reflect back on the book's original publication, its development over four decades, some of its major themes, and some persistent misunderstandings. To us the publication of *PBE* seems like an event that happened yesterday; to the bioethics community it likely seems like a history that stretches back to the beginning of bioethics. We try here to capture a few aspects of our involvement in that history.

The two of us met first in the mid-1960s at Yale University where our two programs in religious studies overlapped for three years. We believe we were introduced by our fellow student Stanley Hauerwas, with whom Tom grew up in Texas and with whom Jim has had a significant history. Little did we anticipate while at Yale that we would eventually become long-time collaborators on a book in biomedical ethics, a field that didn't even exist in the mid-1960s. After receiving our degrees in religious studies, Tom enrolled in the doctoral program in Philosophy at The Johns Hopkins University, and Jim remained at Yale University to pursue a doctorate in Religious Studies, with a concentration on Christian ethics. Tom's concentration at Yale had been in philosophical theology, and he concentrated on metaphysics and epistemology in his doctoral studies at Johns Hopkins. No form of practical ethics existed in philosophy at the time of our graduate educations.

We joined hands as a team when we became members of the faculty at Georgetown University in the mid-1970s. Both of us were recruited into bioethics by André Hellegers (Professor of OBGYN and Director of the Kennedy Institute of Ethics) and LeRoy Walters (Director of Bioethics at the Kennedy Institute). Tom was already on the Georgetown faculty in the Philosophy Department when Jim relocated to the Kennedy Institute from the University of Virginia in 1975. That same year the Kennedy Institute initiated its Intensive Bioethics Course—the first such course in the world, so far as we know.

We were given responsibility for teaching ethical theory and its relevance for bioethics in a series of six lectures in this course, which was designed for scientists, physicians, nurses, public policy experts, journalists, and others. Virtually no participant in the course in its early years came from a field of philosophy or religious studies.

Participants became very interested in how we approached problems in biomedical ethics from our different standpoints and especially in our ideas about basic moral principles for biomedical ethics. At the time we started these lectures we had been captured by the then dominant view that deontology and consequentialism were irreconcilably opposed theories between which one had to choose. Tom said during these lectures that, if pushed to make a choice (though he thought one should not be pushed), he favored a consequentialist over a Kantian or deontological approach. At the time, under the influence of W. D. Ross, Jim favored rule deontology.

We quickly realized that our different approaches could generate and sustain a *common set of ethical principles* for bioethical discourse and practice. This insight is probably the true beginning of *Principles of Biomedical Ethics*. We appreciated the need for an approach that recognized the value of ethical theory for practical judgments but that did not fetishize a single type of theory or promote a single principle over all others. We became convinced that several moral principles provide significant common ground relevant to judgments in the biomedical sciences, medicine, and health care and that these principles could not be convincingly ranked *a priori* in a hierarchical order. Given our complete agreement on these substantive matters, the idea of a jointly authored book soon emerged.

At the time, few books connected ethical theory to practical problems in biomedical ethics. Most available books, primarily anthologies, were organized around a series of ethical problems, such as euthanasia, the allocation of scarce medical resources, abortion, patients' rights, human experimentation, reproductive

Eva Feder Kittay

Chris Gastmans



Joan Tronto

Care Ethics

Margret U. Walker

Jackie L. Scully



PHILOSOPHIE, POLITIK, GESUNDHEITSWESEN

Gegenbewegung zur Prinzipienethik, Grundidee: Individuen sind nie autonom, sondern umfassend mit anderen verbunden.

Care Ethics – Feministische Ethik

- i) Beziehungen «Relationale Autonomie»
- ii) Machtstrukturen und Vulnerabilität
- iii) immer Kontext, nie universalistisch

Kritische Ethik, z.B.: an Fragen verdeutlicht:

1. Wer trägt die moralische Verantwortung in dieser Situation?
2. Wer hat die Macht?
3. Was ist das Besondere an dem Kontext dieser Situation?
4. Wer hat welche Sichtweise auf diese Situation? (Perspektivenwechsel)
5. Wer ist das schwächste Glied? Welche Stimme wird am wenigsten gehört? **Fokus auf relationaler Autonomie**
6. Was ist das Schlimmste, was passieren kann?
7. Was ist das Beste, was passieren kann?

‘Reale’ und gerechte Begründungen

Eva Feder Kittay



Joan Tronto

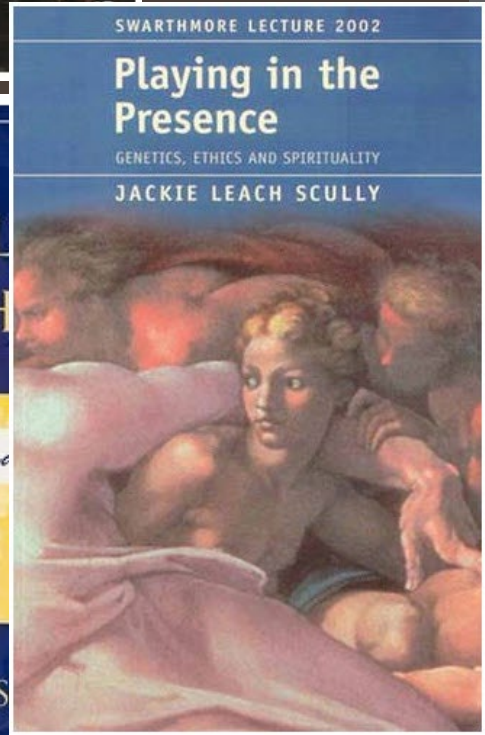
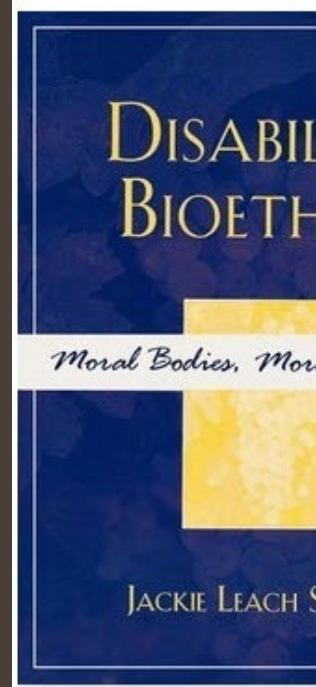
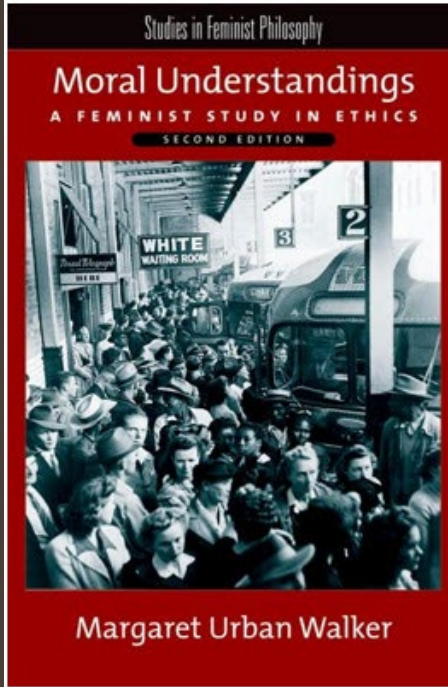
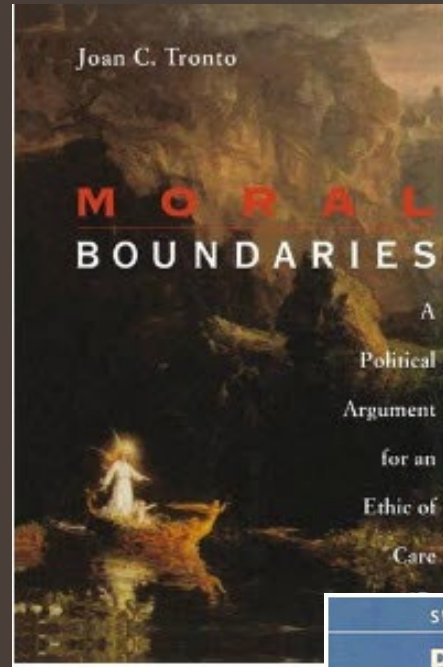
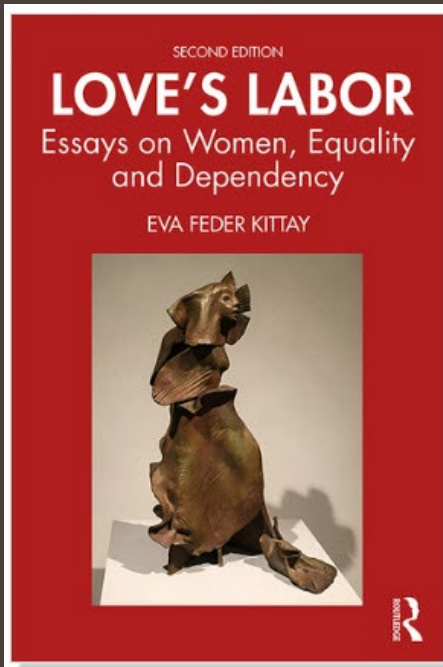


Care Ethics

Margret U. Walker



Jackie L. Scully



Pre-eminent bioethics institute elects UNSW professor as a Fellow



14 JAN 2021 | BELINDA HENWOOD

The Hastings Center in the US honours Jackie Leach Scully, Director of the Disability Innovation Institute at UNSW.



Professor Jackie Leach Scully, Professor of Bioethics and Director of the Disability Innovation Institute at UNSW.

MEDIA CONTACT

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16th World Congress of Bioethics (WCB)

Basel, Switzerland
20 - 22 July, 2022

Congress of the Feminist Approaches to Bioethics (FAB)
18 - 19 July, 2022



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Welcome to Basel, Switzerland

The Institute for Biomedical Ethics, your host of the 16th World Congress of Bioethics, is looking forward to welcoming *You* to Basel, Switzerland in July 2022. Check out our short welcome clip to know more about us and the congress.



Timeline

- 19 April 2021**
Start of abstract submission & online registration
- 30 July 2021**
End of abstract submission
- 31 January 2022**
End of Early Bird fee
- 18-19 July 2022**
Feminist Approaches to Bioethics (FAB)
- SAVE THE DATE »**
- 20-22 July 2022**
16th World Congress of Bioethics (WCB)

Eva Feder Kittay



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Care Ethics

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