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## New Scholars

# BUILDING A FRAMEWORK FOR GREEN BIOETHICS: MOVING ENVIRONMENTAL BIOETHICS INTO THE 21ST CENTURY

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### Introduction

Environmental conservation is a pressing issue for modern humans. Health care systems and the consumption of medical goods should therefore be assessed in light of environmental sustainability. While the primary focus of environmental bioethics has been hospitals and health care facilities, ethicists must also address the offerings of the medical industry going forward. My dissertation proposes four principles to assess the environmental sustainability of current and future medical developments, techniques, and procedures. The four principles of green bioethics are:

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1. General allocation of resources should precede special interest access: distributive justice
2. Current human needs over current human wants: environmental conservation
3. Simplicity before complexity: reducing dependence on medical intervention
4. The common good should drive health care instead of financial profit: ethical economics.

The four principles of green bioethics will move environmental bioethics into the 21st century in a responsible and sustainable manner.

**Use of Sources**

Environmental bioethics in public discourse has been traced primarily to Van Rensselaer Potter and Jessica Pierce. The writings of these two individuals have been augmented by academic journals dedicated to environmental concerns such as the 2000-2002 issues of *Canadian Medical Association Journal* and the *Journal of Medical Humanities.* Furthermore, in 2009, the NHS drafted and implemented a systematic and aggressive *Carbon Reduction Strategy for England* in reaction to their assessment of $CO_2$ emissions of the medical industry. In Catholic health care, environmental bioethics initiatives are displayed in the literature provided by Dignity Health and Catholic Health Initiatives. These take on a concern for the environment similar to the one displayed in public settings, but with a spiritual urgency.

**An Overview of the Chapters**

Chapter one presents the concept of environmental bioethics as a foundational, but currently estranged, part of modern bioethics. While the primary focus of public and theological environmental bioethics has attempted to integrate environmental sustainability into medical systems already in place, theological bioethicists must also address the potential offerings of the medical industry going forward. Green bioethics focuses on medical developments, techniques, and procedures because they are the focus of traditional bioethics. They are a specific area of the medical industry that is seldom addressed in terms of environmental impact — unlike waste management and electricity use. Further, they form a core identity of medical practice and are universal in defining medical care. In proposing the four principles for green bioethics I take comprehensive approach that accounts for the common good in many areas of health care.

Chapter two locates the theological foundation of the four principles of green bioethics in the concept of the common good by building consensus around concepts pointing at the common good. I utilize three theological streams. Protestant theologian H. Richard Niebuhr presents the paradigm of *homo dialogicus*, or "the person in dialogue," to discuss moral responsibility. Evangelical theologian Richard Bauckham's ethics identifies human limitation in scripture. Catholic Social Teaching (CST) is concerned with building more just societies around the two basic values of the dignity of the person and the well being of society. I focus primarily on CST expressed by the United States Conference of Catholic Bishop's *Climate Change: A Plea for Dialogue, Prudence, and the Common Good* (2001), Benedict XVI's *World Day of Peace Message: If You Want to Cultivate Peace, Protect Creation* (2010) and Pope Francis, *Laudato Sí: On Care for Our Common Home* (2015). The remainder of the dissertation develops the four principles of green bioethics from a theological perspective, oriented towards resource conservation, and in support of the common good.

Chapter three outlines the first principle for green bioethics — general allocation of resources should precede special interests: distributive justice. I start the chapter by exploring the ethical and philosophical foundations of distributive justice and solidarity. Then, I address three major challenges to distributive justice: the vast amount of unmet health care needs worldwide, doctor misdistribution, and medical misprioritization. The final part of the chapter appraises my first principle of green bioethics in practice through telemedicine and teleclinics. Although these green technologies support the common good, they are not without objection. In telemedicine, potential ethical issues include inaccessibility and privacy. I address these lingering questions and concerns before moving on to my own suggestions for distributive justice as a means of sustainable medicine. Using a subsidiarity approach, I offer my considered judgments on health care decision-making and suggest avenues for resource conservation through distributive justice. First, I argue that medical consumers in the developed world should voluntarily curtail their use of the medical industry by taking a virtuous (moderate) approach to health care. Next, I propose doctor redistribution through incentives, loan forgiveness, and policies that actively place doctors in underserved areas. Last, I argue that institutions utilize financial sharing plans to make resources distribution more equitable.

Chapter four argues for my second principle of green bioethics — current human needs over current human wants: environmental

conservation. The ethical and theological foundations for the chapter are Martha Nussbaum's capabilities model, Kevin O'Rourke's four categories of human needs in medicine, and the four "traditional goals of medicine" described by Joseph H. Howell and William Frederick. In the following section I proposed two paradigms for distinguishing between health care want and need. Under the medical paradigm, "enhancement" correlates to health care want, while "function" correlates to health care need. Under an ecology paradigm, "quality of life" indicates health care need, but "standard of living" indicates health care want. In the penultimate section of the chapter I highlight two examples of preventive health care in the United States: the Affordable Care Act and Planned Parenthood's provision of health care needs. Objections to providing health care wants are the potential legal conflicts with personal beliefs. Objections to curtailing health care needs are the possible emotional conflicts between familial desires and doctors who deny medically futile treatments. I briefly meet these objections before moving on to a subsidiarity approach for resource conservation that stresses needs before health care wants. Patients must see themselves as beings who are not defined by medical purchases. Doctors must reject a business model of health care delivery and legally be empowered to halt medically futile treatment. Insurance companies, or nations that provide health insurance, must prioritize health needs.

Chapter five describes the third principle of green bioethics — simplicity before complexity: reducing dependence on medical intervention. My ethical and theological foundations for the chapter are human limitation and the concept of medicalization. The next section examines ways in which the health care industry can enact simplicity through the two-fold approach of preventing diseases or conditions, and gradation when prevention is not possible. In my penultimate section, I survey simplicity and resource conservation and examine what has been implemented elsewhere in the medical industry. I describe the Kimberton Clinic, which practices "sustainable medicine," and then consider the natural death movement. After these illustrations, I lift up lingering questions and concerns with simplicity, such as interference with liberty and the hindrance of best patient outcomes. Finally, I offer suggestions for simplicity in all levels of health care. For individuals, I encourage prevention and responsibility as two side of personal health that can reduce medical intervention. For doctors, I suggest a return to the goals of medicine and recognition of human limitation. For health insurance policies and governments that provide health care, I reiterate the need to avoid

medical intervention by first, promoting strategies that prevent disease and, second, using a gradational approach to health care delivery when medical intervention is absolutely necessary.

Chapter six provides the fourth principle of green bioethics — the common good should drive health care instead of financial profit: ethical economics. I use human rights and authentic human development as my ethical and theological foundations. I discuss the health care system as a business predicated on profit, underscored by the lucrative pharmaceutical industry. Then, I underscore two cases of not-for-profit health care: distribution of free antiretrovirals in Brazil and the work of Doctors Without Borders. Next, I raise preliminary business concerns and the role of corporations within a society and argue that revenue alone is a weak standard of human flourishing. I offer Sallie McFague's "ecological economics," Gross National Happiness, and the United Nations' Human Development Index as alternatives to profit-driven commerce that account for the common good. Last, I provide suggestions for ethical economics as a principle of green bioethics. Individuals can employ ethical economics through financial sharing of medical expenses. Doctors can maintain an ethos of service that prioritizes patient needs and best patient practices. Institutions can minimize ties to the pharmaceutical industry.

My conclusion provides one preliminary practice and one area for further work for green bioethics — both centred on the doctor-patient relationship. For the former, "green informed consent" would combine best patient care and sustainability. In the latter, ethicists must argue that the scope of patient-physician relationships should be enlarged from the one to the many through public health care and ethics. In sum, I maintain that the four principles of green bioethics provide a conservationist trajectory for bioethics in an environmentally precarious world. Green bioethics is an urgent issue related to the common good. The health care system and the consumption of medical goods must be assessed in light of environmental sustainability and the good of all people.