UNIVERSIDADE RIO DOS SINOS

MASTER PROGRAM IN PHILOSOPHY/ETHICAL SYSTEMS

BIANCA ANDRADE

BIOETHICAL DILEMMAS

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Dissertation submitted in conformity with the requirements for the Master Program in Philosophy/Ethical Systems of Graduate Department of Philosophy Unisinos.

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Ficha Catalográfica

A553b Andrade, Bianca.
Bioethical dilemmas / by Bianca Andrade. – 2016.

64 f. : il. ; 30cm.

"Supervisor: Prof. Dr. Marco Antonio Azevedo, Ciências Humanas ".

Master (Dissertation) — Universidade do Vale do Rio dos Sinos, Master Program in Philosophy/Ethical Systems, São Leopoldo, RS, 2016.

1. Bioethics. 2. Bioethical dilemmas. 3. Ethic. 4. Medical ethics. 5. Philosophy. I. Azevedo, Marco Antonio. II. Universidade do Vale do Rio dos Sinos – Unisinos. III. Título.

CDU 17:614

Catalogação na Publicação:
Bibliotecária Esp. Camila R. Quaresma Martins - CRB 10/1790

“Our lives begin to end the day we become silent about things that matter.”

Martin Luther King Jr.

To my beloved family.

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1. INTRODUCTION

This is a dissertation about bioethical dilemmas. The aim of this work is to determine what are dilemmas, what are dilemmas in bioethics, what are the subjects common to all dilemmas and classify dilemmas in bioethics dividing them into categories to diminish the fuzziness around these polemical discussions. I plan to build a system that could help us, ethicists, recognize what issues we are dealing with and that would probably would be a first step towards the resolution of dilemmas in bioethics.

The scope of the work will be: this introduction, a chapter about dilemmas divided into simplified dilemmas, amplified dilemmas and moral mathematics and bioethical dilemmas: why solve them, a chapter about problems involving all dilemmas: the matter of time and well-being and suffering, a chapter on a proposal on bioethical dilemmas: identity dilemmas, self-consciousness dilemmas, future suffering dilemmas and freedom dilemmas and the conclusion.

For this dissertation, I used classical philosophic papers and books, recent relevant books and articles in the fields of health (bioethics and medicine), humanities (history, political geography, philosophy, politics and ethics) and mathematics (modal logic and probability theory). I tried to use as many books and articles relevant in the analytical philosophy as I could, especially if the author was, same as me, utilitarian.

The personal reason why I chose to do this dissertation is that, as a nurse my fascination for bioethics grew as fast as the problems would appear at the Oncology floor that I worked in as an intern. That happened, mostly, because the agent usually had two or three possible ways to deal with the same problem. The answer concerning what to do when a dilemma would arise was never too obvious for one simple reason: Human beings are too complex!

The concept of dilemma is a very old riddle in the world of philosophy. The concept of bioethics, on the other hand, not so much. Officially recognized as an issue in 2005 by an UNESCO conference, the term “bioethics” is a very specific subject on contemporary philosophy and practical ethics (Willmott, 2004).

Why pair these two together? I am not the first one to do so. Dilemmas and bioethics – well, perhaps not this specific word since it is so new – but issues on health care, hospital cases and life administration have been used as an example in philosophy throughout the years. Its use shows us how philosophy has a role in thinking practical ethics and has its share in solving real life situations and that is quite fantastic.

As a nurse doing philosophy, I could not help but to think on *bioethical dilemmas*. That is: What to do when a specific situation would arise with two or more possible outcomes in the day-to-day reality that involves bioethics decisions? I was not surprised it was so difficult to answer this question. Mostly because dealing with bioethics is too polemic – it involves life and death, rights and wrongs, beliefs and disbeliefs. In addition, choosing – having in mind that people think different from each other – of course, it is chaotic!

Reasoning did not seem to help in some situations because sometimes there was not best choice, in addition to that I did not wish to show people what they should do but why they choose what they choose and how this affects us. I meant to show what the problem with *bioethical dilemmas* truly was. Although this is a work for many years to come, beginning to untie the issues around *bioethical dilemmas* seems urgent in the present world and very suitable for a nurse doing philosophy.

2. AN INTRODUCTION TO DILEMMAS

a. Simplified dilemmas

Dilemmas can be complex, especially in this dissertation since I plan to talk about one kind of moral dilemma (bioethical dilemmas). Nevertheless, before even entering that, let us try to understand what a dilemma is in its most basic formula. If we understand, the logical aspect of a dilemma that might help us comprehend how a dilemma behaves in a real life situation: bioethics.

The first step is to think of what composes a dilemma, so let us being with *"lemma"*. The noun *"lemma"* means "a statement that you accept as correct". A lemma is off personal matter and has nothing to do with a general rule or law (McConnell, 2014). One good example would be "I (personal) should always donate to charity when I can (lemma)". To ease the way into thinking *"dilemmas"* let us think of *"lemma"* this way:

1. Σ is consider true or correct (my *lemma)*;
2. Ʊ is a possible way to act if Σ is true;
3. If Σ is false then Ʊ is not (a required) a good way to act.

If I assume that Σ is true or correct (my *lemma*) then I can analyze the truth-value of Ʊ (whether Ʊ it is a rational justified way to act), but, if Σ is false then Ʊ is necessarily false too. I have to think that my lemma is correct in order to use this as an argument for acting.

So, if my lemma is "I should always donate to charity when I can" (Σ) and I consider that to be true or correct, if I have money available then it would now be possible to donate (Ʊ). If I don't have money available, then I do not have the possibility to donate. In the case where I don't have money available Σ would still be correct or true but I don't have a Ʊ (possibility). If a lemma is false for me, and, for example, I don't believe that charity

is a good thing for some reason, then, although I might even have a possibility to donate, I would not consider ʊ, because Σ is false for me.

As the word itself suggests, the word dilemma can be deconstructed into *"di"* and *"lemma"* that refer to *two statements*. The Oxford Dictionary defines dilemma as "a situation in which a difficult choice has to be made between two or more alternatives"; The Cambridge Dictionary defines dilemma, as "a situation in which a choice has to be made between possibilities that will all have results you do not want".

1. Σ is true or correct
2. Σ' is true or correct
3. If Σ and Σ' are true then ʊ and β are correct ways to act
4. ʊ and β are possible outcomes but cannot coexist
5. Σ or Σ' will fail either ʊ or β

Here is one example: Jean Paul Sartre created in the twenty century a classical conflict that was not simple to be solved. In his tale, a young French student whose brother had been killed by the Germans in 1940 wanted to join the war to avenge his brother. But, on the other hand, he lived with this mother and was, indeed, her only consolation in life. So, the student had what he beliefs to be a conflict of obligations in which he could not choose both. If he joined the war, he would, in his believes, fail the duty to care for his mother and if he stayed home he would fail to avenge his brother.

According to Sinnott-Armstrong (McConnell, 2014) true dilemmas involve symmetry, conflicting, and identical obligations of at least two parts. Thus, it seems that the same act is both required and forbidden. The person should do both, but not doing one is a condition on doing the other. In this sense, Sartre's student should go to war but also should be with his mother. Furthermore, Sartre's student should not go to war to be with his mother and should not be with his mother due to his duty to go to war.

> The crucial features of a moral dilemma are these: the agent is required to do each of two (or more) actions; the agent can do each of the actions; but the agent cannot do both (or all) of the actions. The agent thus seems condemned to moral failure;

> no matter what she does, she will do something wrong (or fail to do something that she ought to do) (McConnell, 2014).

Having all this in mind, I came to this:

✓ ***Simplified dilemma sketch***
1. The agent has two or more possibilities of action,
2. The agent thinks all possibilities to be good or correct,
3. It is possible to choose any of the possibilities,
4. The agent cannot choose two or more possibilities,
*5. The agent will fail one or more beliefs as he chooses**.***

This basic simplified sketch demonstrates what most contemporary philosophers, like McConnell (2014) for example, believe to be *genuine* dilemmas – including moral dilemmas. I do have some objections towards this sketch, which I plan to talk about in the next section, but, for now, this is not relevant to present the logics behind traditional "genuine dilemma". Dilemmas, for most philosophers, like McConnell or Sartre, need to be genuine to take place. The agent must feel he is required to do both (or more) actions. In this sense, the emotional suffering is real – he will fail one because doing one is a conditional of not doing the other, therefore he will fail what he believes to be, in some level, an ought. It seems impossible to justify good way out in genuine dilemmas – they always seem to involve a failure of at least one ought.

Although there are many situations in which we can point out how difficult it would be to choose, some reasons sometimes seem stronger than others and would indeed justify our choice but that would not be a genuine dilemma as suggested by Sartre or Sinnott-Armstrong. Genuine moral dilemmas are, in a way, ontological. They do not happen because the agent does not know what the best choice is, or because the agent isn't ready to choose. There is no best choice in a genuine dilemma.

b. Amplified dilemmas and moral mathematics

We have seen in the last section what the basic sketch of a dilemma is but that is not enough to even begin to talk about bioethical dilemmas. Maybe the logical formula is set – and I called it simplified dilemma sketch – but the truth is that real dilemmas are not that simple. The first problem with using only the simplified dilemma sketch to argue about this work is that not all "lemmas" have a moral content. You can have a "lemma" that you should always watch your favorite show when it's on but there would be nothing moral to evaluate about it. I am not interested in "lemmas" or "dilemmas" that do not have a moral content.

The second problem – and the most difficult one to solve – is that dilemmas in real life situations don't always follow the basic sketch I draw in the simplified dilemma sketch and therefore might be a bit more complex to solve. In my simplified dilemma sketch I am working with even values or symmetric situations and if that was the case I could just roll a dice and be done: any possible outcome would be as good as the other – and that is a very odd thing to say about decision-making and would not be a complete or satisfying answer. Don't you agree?

Also, I could not present one moral theory and claim that to be a full solution. Although I would love to convince everyone that only one moral theory could solve all dilemmas I don't think that would satisfy us as an answer. Competing moral theories give competing answers about general questions raised in moral theories for decades and we still don't have a clear way to proceed (Timmons, 2013).

Maybe that is why Derek Parfit (1984) suggested that we need more than morality in order to solve moral dilemmas: we need also politics and economics. So, the point here is not to present one general answer or to defend that one thing is right or wrong within its core, but to present some moral solutions. Those solutions might be very specific and solve only one dilemma – but that is all they ought to solve, one dilemma at a time.

When we talk about dilemmas using just a simplified dilemma sketch we might forget that persons – and the same happens with reasons to act – are not as narrow as

the formula suggests (Jeffrey, 1995). Reasons are not all that could influence the basic formula to deform: there are a lot of external influences that could explain why people act the way they act and there are lots of odd situations that can compose one dilemma (and it's not always as logical as a formula on a piece of paper).

The formula can deform so much that even "fake lemmas" can compose a true dilemma when it comes to practical problems. How is that possible? Let us imagine that you live in a country where you are obliged to vote for president and you not only hate politics but also consider yourself to be an anarchist. The problem is that if you don't vote you lose your passport and therefore cannot visit your mother that lives in a country next to yours. Being an anarchist, of course, you not only don't like the idea of voting for president but also you don't have a lemma where voting is needed or seems correct but, having a mother in another country, this "fake lemma" will compose your dilemma of "To vote X Not to vote".

	To vote	Not to vote
See mother	Yes	No
Being true to anarchy	No	Yes

The lemmas might not even be logical to all of us but still we might be forced to think about the truth-value of a statement to other people. I am not Jehovah's Witness, for example, and I would always be open to the possibility of receiving blood to save my life (for me that is not even a moral issue), but I can understand that there are some people who would have problems receiving blood and I can respect that.

The composition of one's dilemma is strictly personal and its solution has to do with the best option available at that set of possibilities (Parfit, 1984; Singer, 1993). This will have results that seem acceptable or at least better than others in a moral mathematical calculus. Plus, this calculus can sometimes not only consider the best choice for me, but also the choice that will cause less damage for others and that could

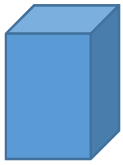
led me to choose the second best choice for me just to have the satisfaction of seeing other people happy – and that wouldn't be illogical (Jeffrey, 1995).

Now, let's imagine that you are called to participate in a television show called "Pick the box show". In this show, people are called in front of an audience to choose between boxes which have a specific cash value inside – and you get to keep the money of the box you pick. You cannot change your mind after you picked the box and you cannot exchange the cash value, also, there is no way to predict the value for sure in most cases.

In this specific night in which you are called on to participate, there are two boxes in front you. The host tells you that there is 1,000 $ for sure in the first box (Box 1), and, in the second box (Box 2) there is 1,000,000 $ or nothing ($M). You have two possible choices in this night: (a) you can take what is in both boxes or (b) you can take what is in the second box.

Box 1

(1,000 $)



Box 2

(1,000,000 $ or nothing)

Most people would choose taking what is in both boxes, because this would guarantee you at least 1,000 $ for sure. There is also the benefit of doubt: (Box 1) + (Box 2) = 1,000 $ + $M. In this case, you might even gain more than 1,000 $, because, $M might be equal 1,000,000 $. This is an intuitive example of probability called The

Newcomb's problem (Nozick, 1995). This regular example of the Newcomb's problem, nevertheless, is not our major focus here.

If we "adapt" the Newcomb's problem* – because people might not always have the chance to pick both boxes – we would have this problem:

Imagine for a moment that you could only pick one of the boxes. (In the case of a dilemma, for example, one choice disables the other, so you could only pick one of the alternatives). In the case you choose Box 1, because you are a realistic person who knows that $M might be equal 0 $ and is not willing to take chances you will certainly gain 1,000 $. If you are an "adventurous" person and you choose Box 2, you know that 1,000 $ would be guaranteed but you also know that $M might be 1,000,000 $ (Or, sadly, a 0 $) and you want to bet higher. Which one is a justified way to act? It depends.

> Newcomb's problem is a complicated one, other eases involve still further complications, the reasoning seems quite compelling on all sides – and we are fallible creatures. It would be unreasonable to place absolute confidence in only one particular line of reasoning for sure cases in any one particular principle of decision (Nozick, 1995).

We can see why a person might choose Box 1. This is a sureness value – a guarantee of success – but the value might be lower if we assume that $M has a chance of being equal 1,000,000 $. In the case of Box 2, even if the choice seems a little bit more "adventurous" I think we can imagine why people would choose it, after all, there is a possibility that $M is equal 1,000,000 $ and most people would prefer 1,000,000 $ over 1,000 $. If you still think this is a little bit harsh to understand imagine this: You have 1 $. This 1 $ is yours for sure, you earned it with your hard work. You go to the lottery and buy yourself a ticket. If you win the price, you will gain 1,000,000 $ and lose your 1 $. If you don't win the price you will only lose 1 $ and gain nothing. There is a chance (a very small chance) you win the lottery, and there is a chance you won't. Still, many people continue to bet on the lottery and can we call them "irrational"?

If you think that taking chances is silly, you might never bet on the lottery and always keep your 1 $, but you know that someone who did bet will get that 1,000,000 $ price. This is true and there is no arguing against it – this is a probability example. Of course, the chances might be very small – but they still exist. As Nozick (1995) said "[a]

person might adopt a principle to believe only what is true (…) Believing a particular truth comes to have a symbolic utility not tied to its actual consequences".* So, you might actually believe that you will win the lottery – or that you have a very good chance to win the lottery – and this belief is not actually tied up to reality (After all, what are the odds of winning your local lottery?). This belief has a symbolic utility for you and will motivate you to spend that 1$.

Utility has a very important role in decision-making. It comes from a simple calculus that you make every day in your life. If something is more useful for you, of course, you might feel inclined to choose that. For example: You might want to take a shorter way to work every day because this might help you save money with gas. So, take a shorter way has a realistic utility for you. You will save money – that seems a reality and saving money seems good. The symbolic utility is, nevertheless, quite different.

Symbolic utility has no realistic attachment to facts and it serves only as a "helping hand" on decision-making. You might assume, for example, it is better to take a "longer way" to work because there is usually less traffic in the "longer way". In this case, usually does not stand for always, therefore, there is a possibility that in some days taking the shorter way would be "better" – but symbolic utility makes you drive though the "longer way" every working day because you actually believe that this is better for you.

Follow this example now: let's say that you have one particular illness that does not have a cure yet – Alzheimer, for example. You know that if you engage regular treatment you will gain certainly a couple extra years to live with some quality of life. You also heard of an experimental treatment that, if it works, would give you more than a couple of years – let's say ten years - to live and with some reasonable quality of life but it is not guaranteed. The odds of this experimental treatment working out are slight compared to the regular treatment. You cannot choose both treatments because it is a must of the experimental treatment that you do not take any parallel drug while in treatment – so they can actually know for sure that their treatment works.

* Note: The Newcomb's problem described in this dissertation is not the original one but one adaptation to better explain the problem in this chapter. You can find the original problem in Nozick's book "The nature of rationality", chapter II (Nozick, 1995).

Your odds are these:

Alzheimer Treatment	Years to live (Addition)	Odds of working out
Regular treatment	1 year	1 to 1
Experimental treatment	10 years	1 to 10

You get the idea: It is rational to think that someone would choose the regular treatment, after all, there is some guarantee of success in this fictional example, but you might also imagine that it would be rational – or at least justifiable – that people would choose the experimental treatment – if there is a chance of living longer and there is no cure after all, some people might be willing to take chances. Maybe if there was a cure, and the regular treatment were the answer (the cure itself), and the gain from the experimental treatment were higher (even if not certain) some people would feel compelled to try out the experimental over the regular – and how could we blame them?

It is clear then why the symbolic utility of our beliefs are so important in our moral mathematics calculus and for me this could be demonstrated following this:

Symbolic Utility Belief - (Realistic attachment) = Choice, being:

Symbolic Utility Belief a personal belief and the Realistic attachment not necessarily existent.

So, we know that the odds of the experimental treatment working out is 1 to 10. This is obviously less than 1 to 1.

(Regular) 1/1 > (Experimental) 1/10 = Realistic Attachment.

But if you truly believe that living longer is more important this might have a Symbolic Utility Belief for you. This might cause your calculus to turn up like this:

(Regular) 1/1 < 1/10 (Experimental) = (- Realistic Attachment).

This has, of course, no attachment to reality because there is no way in the real world of 1/1 be lower than 1/10, but in the cause of Symbolic Utility Belief, the reality of mathematics can disappear. This would explain why people make odd decision based on unrealistic beliefs for example and show how their calculus are not – in a way – wrong.

c. Bioethical dilemmas

Persons have agent-related bioethical dilemmas, but not every human being is a person (Frankfurt, 1971). Human beings can be non-persons – that would be the case of children, for example. This happens because children or mentally incapacitated people, for they only have first-order volitions – that is, they only have cravings or "wants" that are mostly connected with a primary primitive instinct, such as: eating when hungry, fight to survive if drowning. Fully developed humans – "persons", as called by Harry Frankfurt – can have second-order volitions, that is, they can desire to have wants (or desires). So they can want that they wish that other people don't suffer, for example, or they can imagine how they could suffer in the future (so they can want not to want that in the future). Second-order volitions are connected to wishes, wills and more complex ways to view the world – they are not basically connected to instincts, they are indirectly more refined. Maybe, as Frankfurt suggested (1971) we can separate humans as having first and second-order volitions like this:

1. Agent-related bioethical dilemmas: Persons have both first and second-order volitions.

2. Non-agent-related bioethical dilemmas: Non-persons, that only have first-order volitions.

I will not consider small children, mental handicaps or people with chronic or temporal mental incapacities in this work for one simple reason: they are not capable of moral dilemmas. That would be a subject for non-agent-based dilemmas and that is a work for years to come. Also, I must say that this does not involve people that made choices in the past and now are unconscious – I will consider that still as an agent-based dilemma, but we will come to that in the next chapter.

Now, let us try to point out what are bioethical dilemmas. The philosophical work on moral dilemmas is old but yet to be completed. This dissertation is the first work on bioethical dilemmas and it seems off urgent matter. Life support and medical affairs developed way faster than our abilities to deal with the upcoming issues. The invention of mechanical ventilation is a fine example of how life support advanced faster than morality. Now we could keep alive people that were almost certainly die just because we have mechanical ventilation – but that does not mean that this person (or non-person) will ever have a chance of being functional again or even live without mechanical ventilation. Of course we were excited about mechanical ventilation (we use it a lot nowadays and many people own their lives to mechanical ventilation), but now we have to deal with the persons (or non-persons) that are not to “wake up” ever again: what to do?

The possibilities over health care and medical affairs became overwhelming. We ought to believe that all these possibilities can sometimes (frequently, I believe) generate moral dilemmas – some might be easy to solve, others not so much. I truly believe that moral dilemmas in bioethics are becoming more and more present in the world as time goes by. Plus, with the unstoppable advance of medicine, this subject ought to increase - there are too many possibilities and we need to make choices that sometimes cannot coexist.

Despite the fact that we already have too many options in the health care and medical affairs, we should also consider that people think differently from each other. People have different religions, life history and diseases, so, different people will have different lemmas. We are working with one huge set of possibilities. Bioethical dilemmas are not just about being sick and fragile (although that could be a factor in some

dilemmas), but it is about being in a situation that involves a choice of personal matter that will need other people (cooperation or approval) to take place.

Since we will need other people cooperation or approval we are now leaving the world of "just" moral evaluation and entering the world of social and political issues. Bioethical dilemmas will take place at a hospital, clinic, and home care or even at your own house but will often involve two or more agents. We are not just talking about being sick and decisions involving life or death directly. Bioethical dilemmas can involve illness (that would be the case of cancer for example) but it can involve a situation where there is not illness involved (that would be the case of an unwanted pregnancy).

My concept of bioethical dilemmas is:

Bioethical dilemmas are situations in which any person is confronted with an uncomfortable situation concerning her health or existence and needs to make a difficult decision between possibilities that cannot coexist.

So, following what we have seen so far, a bioethical dilemma is a type of moral dilemma. Saying that is easy to pick a way out of bioethical dilemmas is really complicated – different people might have different Symbolic Utility Beliefs and would not always choose the "best option available". Moreover, "the best choice available" is not always the best choice at all! Imagine that physicians always would choose Amoxicillin to treat regular pneumonias. Imagine that Amoxicillin is the best drug available to treat pneumonia. Now imagine that you are allergic to Amoxicillin. Did you get the idea? The best choice available is not always the best choice for us. "The best choice available" can never be a general rule.

Decisions in bioethics, unfortunately, are not always as simple as "not taking a drug that I am allergic to". Decisions in bioethics can be complex because human beings are complex. We have blood transfusion procedures, but some people believe it is better not taking any (even to save their lives). We have safe abortion procedures available, but some people believe that doing an abortion is wrong. This just to name a few problems!

So, of course, with so many options available in the world of medicine and with so many different people in the world the specter of bioethical dilemmas seems huge. Some people want to stop pain but at the same time don't want to take a drug that will damage their liver. Some people want to try out an experimental treatment to have a chance to live longer while, at the same time, might feel motivated to engage a euthanasia procedure. The possibilities in bioethical dilemmas are almost endless and I am sure you can come up with some examples yourself. Talking about the bioethical dilemmas, then, seems complicated, but also urgent and this is what we will do in the next chapters.

3. PROBLEMS INVOLVING ALL DILEMMAS

a. The matter of time

Dilemmas are, as pointed before, a situation in which a difficult choice has to be made between two or more alternatives. In bioethical dilemmas we need to choose eventually – even with even values – and we've seen in the previous section that solving these issues do matter. I will try to point out – once chosen – why the decision of the patient should be carried out and why time and timing is so important in dilemmas.

The fulfillment of one's desire is important for one's life. This is a core idea of what Derek Parfit called in his *Reasons and persons* a Desire-Fulfillment Theory (Parfit, 1984). Every person has interests that their desires are fulfilled, even if this person never know that those desires were fulfilled. For example, a father leaves his car for his son in a testament. He won't, of course, truly know whether his son came to be the heir of this car, but it is still good for the father that his desire is fulfilled.

This is also part of a Theory of Success (Parfit, 1984); after all, don't we all want to be successful? And doesn't it seem that success has a tight connection to desire-fulfillment? The success of desire-fulfillments seems, at first, important for one particular individual. But why is it so important for us that we come to fulfill our desires? Does it matter how strong these desires might be? Or for how long I wished them for? Or when they get fulfilled?

Values may vary and my values weight are not equal to the values of every individual on earth. This does not call for moral relativity, but for the amount of good I could produce if I solved one bioethical dilemma in a reasonable way for a patient. Values weights – similar as reasons to choose – may vary from (i) *people to people* and from (ii) *time to time*. (I will use sentences that do not have a moral content to make the point, but later on we will consider the same idea with moral contents.)

(i) I could wish, for example, for my favorite show to be on now, while you could wish for the same to be on later. Does your desire outweigh mine?

(ii) I could wish for my favorite show to be on now, and later I could wish for my favorite show to on Saturday. Does my later desire that my show would be on TV Saturday outweigh my first choice?

About the question (i), if I have a desire that my show would be on now, it would be good for me if it does. Although there are several reasons why we could wish for other's desires to be fulfilled, it seems plausible to think that *my* desire outweighs yours – it is the same show, nothing different about it. I would not see one extra scene if I watched it now – and the same if you watch it later. It would be weirdly altruistic to think that someone should – for no good reason – give up on her desire for the sake of others (Thomson, 1990). So, yes, when it comes to choose based on equals (consider dilemmas), we tend to be (and we are permissibly) selfish.

One good reason to answer yes to (i) is that this person who has a different desire than my own can be a loved one and that would affect our final choice. Although I am not entirely sure why, I believe that to be true at many levels. I could say that would be wrong to choose according to others' beliefs, but in practice it would be very difficult to actually convince people on that matter, don't you think?

If I had a son or a daughter, for example, and I wanted to turn off the medication keeping me alive now but my child wanted me to live longer, this could create me a very difficult *Dilemma.* My point of view in this matter is that we wouldn't – for no good reason – abandon our own beliefs for the sake of others, but that is not an absolute rule.

I could say that in (ii) some desires are conditional to their own persistence. If I desired before that my show would be on now but later I desire that my show would be on Saturday, then my first choice did not persist. Therefore, I do not have a true desire (not anymore) that my show would be on now. I gave up on my first desire.

Maybe it would be plausible to say that when I had that first desire – that my favorite show would be on now – it would be good for me that my show was on now (we will come

back to that in (iii)), but I cannot say so if I already had changed my mind. If I wanted my show to be on now but then I remembered that I need to study and then wished for my show to be on Saturday, it would not seem good to me that my show would be on now because I already changed my mind.

Now let us consider this:

(iii) I wish for my show to be on now and so it does, but later I remember that during that time I was supposed to be studying and I regret that I watched the show. Does this change the amount of good I produced for myself?

In (ii) I had the time to change my mind before acting and that is great, I had reasons to choose (I wanted to watch the show) and then change my mind (I had to study or go to the supermarket or was feeling lazy – It does not matter). (iii) Had all that too: I wanted the show to be on when it did. In the time I in (iii) made a choice I believed that watching the show would be good for me (I would fulfill my desire!), but then something went terribly wrong and I remembered that I had to study and now will probably fail an important test.

One important thing to keep in mind is that desires are forward-looking: I cannot truly have a desire to change my past since it is impossible to do so (Parfit, 1984). Remember, that works in dilemmas too: it needs to be possible for the agent to choose any of the possibilities, so, if it is not possible to change the past, then we will not consider that to be a desire.

By the time I chose to watch the show the amount of good my choice would generate me was positive and I had the chance to be selective, now I have to deal with regret since I cannot change the past. I could wish I did not watch the show when I did but I cannot do something about that since it's in the past:

> If desires are essentially forward looking, I must be held to be in two states of mind: a conditional desire, and a conditional hope. (…) Even if it chances the concept, it is therefore best to say that we can have desires about the past. And it is not clear that this is change. (…) It would be more natural to call that *a wish* (…) Desires are essentially tied to possible acts. This is like the claim that "ought" implies "can". On this view, we cannot have desires on which it would be impossible to act (Parfit, 1984, p. 171).

That is one tricky thing about choosing and time: What are the odds that we choose something that will end up having catastrophic results in the future? Some, at least. We cannot change the past or predict the future for sure and some situations – especially in bioethics – have a great chance of having unexpected outcomes. By the time I made the choice I had reasons to believe that watching my show would be good for me and I did in fact generate some good in the past but then there is regret. Does regret vanish the amount of good I generate in the past for me?

I will answer that question appealing to moral luck (Williams, 1981). We are responsible for what we choose and, of course, we want to choose what will have – according to our beliefs – most chances to fulfill our desires in the future. It is as simple as that: I choose one particular thing – among all the possibilities – (or way to act) and so I do. Even if you are a good decision maker, the problem with this is that there are too much environmental influences that contribute to the outcome of a situation. In the case of bioethics we can name: genes, family members, care givers, laws, and so on.

We have no control on the facts beyond our own choices and own acts. We can choose and we can hope, but, in the end, some results are matter of luck. In this situation we are dealing with things that do not depend entirely on us (Williams, 1981). I believe that in this matter the deal is as set: there is no solution. We all are exposed to moral luck – good or bad luck. We choose because we want something and we might have to deal with terrible consequences.

It is kind of a distressful circumstance, I know. When I made the choice to watch the show because I wanted to watch it, there were a chance that that choice would have good results – but also there was a chance of having bad results – even if it was a much smaller chance. I made the choice to watch it but I could not guarantee that the lights would not be turned off or that I would remember afterwards that I had a test soon and I had to study.

Of course we want to guarantee that everything runs according to our plans but there is no way to present a solution to this. I cannot guarantee that treatments will work or that every death will be peaceful. We can make some contributions to maximize the

chance of fulfilling our desires – such as naming a good agent in case of our impossibility to choose or reason about the possible outcomes a couple of times at least – but we cannot be sure of anything.

Is this a reason for me not to choose what I want? If I am defending that the Desire-Fulfillment Theory is good and that we all want to have our desires fulfilled, then some chance of fulfilling these desires must be better than none. If the father from my first example never even wrote a testament expressing his will that his son should be the heir of his car, there is no good that can be produced from that (No desire = No chance of desire-fulfillment). If he did write the testament, then there is a chance that he will fulfill this desire and he made it possible for his will to be heard – even if the testament gets burned or lost (moral luck).

The idea that we need to try other than leaving things to chance must be emphasized phasing out this: isn't there a chance that the son comes to be the heir of his father even if there is no testament? Of course there is a chance that the son comes to be the heir of the car even if the father does not write the testament, but doesn't the odds seem better if he writes it on a piece of paper and give it to his lawyer (Hare, 1997)? Even if something terrible happens to the paper, shouldn't we all agree that he should try to fulfill his desire?

If we consider this simple example I just gave and think about bioethics, would it be different? Of course, if we think that people might live long enough to see the results, some people will not have the outcome that they were waiting for. Regret is something we wish to avoid at all cost – especially if it will cause us pain of any sort or put us in a situation that we cannot get out. But can I say that I failed to produce some good for me in the past if I choose and the consequences were terrible?

If in (iii) I wanted to watch the show and so I did, of course I did produce some good for myself back there (when I watched the show I fulfilled that desire)! Later on, there is regret, but I did not have a way to know that in advance and therefore I cannot say that when I made that choice the possibility seemed terrible! There is no magic philosophical formula to vanish regret from our possible outcomes. Therefore, I have to

believe that having a chance of producing some good is better than none (Greene, 2013) and if I have to deal with regret I have to believe that, when I chose, I was making a fair choice to produce myself some good.

Now that we answered regret appealing to moral luck, let us move a little bit and talk about (I) immediate future and (II) distant future. Derek Parfit, when considering this issue, the matter of time, said "[p]art of what makes our lives go better is enjoyment, happiness, and the avoidance of pain and suffering" (Parfit, 1984. p.158). I believe our choices to be based in some level in this sort of explanation, but I still have some considerations about future time; after all, if I asked you: "Do you want to suffer in the next hour or in a couple of decades?" what would you say?

Consider this:

(I) You are a patient with one particular illness (it does not matter which one) and you need a procedure that will cause you lots of pain in a scale you cannot even measure. You will have this procedure tomorrow.

(II) You are the same patient with one particular illness and you need that same procedure that will cause lots of pain in a scale you cannot even measure. You will have this procedure in six months.

When we think about future – immediate and distant – we often tend to bring pleasures into the near future and postpone pains. If you can suffer later, why do it now? If you have no good reason to do the procedure tomorrow such as it would prolong your life or so on, what would you choose? Do you remember your childhood? What did you like to do first: homework or play? We care more about the immediate future for one simple reason: it is near to us!

Moreover, would you study today for a test that you have tomorrow or for a test that you have next week? The nearer the future the more we seem to care about it. When we imagine pain in a distant future some of us see it a little less vivid or less real, and Parfit claims that to be what economists' call *"myopia".* It seems obvious that we care

about (I) immediate future (Nozick, 1995), but isn't it imprudent to care less about the (II) distant future?

The fact that we seem to care more about immediate future does not outrun the fact that we still care about distant future – even if it seems less vivid or real. We might have some preferences on not suffering now to suffer later, but when later comes to be immediate future then we will have one big problem. We seem to care about distant future even if we prefer caring more about immediate future than the distant.

Nevertheless, as John Rawls (1985) said, "[m]ere temporal position, or distance from the present, is not a reason for favoring one moment over another". The fact that distant future has the power to turn into immediate future needs to have some influence over our choices – or at least it should. If we choose based only on immediate future, what are the odds of moral luck reaching us?

Some may argue that in (II) the person might not even be alive in two months or there might have one treatment that will be only half as painful as the one offered now, and if she postponed that pain then she did not suffered as much and that would be good. Others may say "If I have one chance to gain time to live in these examples – or if it has another benefit for me – I would rather prefer the pain now, the nearest the possible". That is a good argument to choose (I). But shouldn't we consider when the pain will be inflicted, how bad will it be and how I as a person will be affected by it?

We are all in agreement that postponing pain is desirable. We may have good reasons to consider distant future, but caring about immediate future seems more urgent. We only consider bringing pain into the immediate future if we will have some profit in that – such as the possibility of living longer, for example (Singer, 1993).

Nevertheless, it is hard to argue that we should care about distant future more than immediate future. Maybe we should be neutral when it comes to time, but I don't think this is the way people in fact behave – none of us seem to be neutral when it comes to choose when to suffer. Of course, there are lots of arguments about time I could present you, but a fact is still a fact: we actually do care about the time things happen and this seems to have some impact upon our choices.

Another argument essential for discussing how the matter of time affects Bioethical Dilemmas actually has to do with concepts of consciousness and past time and that will be my last argument in this section before moving on to chapter three.

Consider this:

(X) You wake up from a procedure. You remember that you suffered lots of pain for the past two days but it's over now. Is it ok to suffer if it's the past now?

(Y) You wake up from a procedure and a nurse tells you that you've been in pain for the past two days and suffered a lot. You cannot remember such pain. Is it ok to suffer if you cannot remember?

First of all, when we consider pains that are in the past they might not seem as strong as the ones that are in the future, but as a memory it is still a part of our lives and we care about it. (Remember that we cannot change the past and it is impossible to have desires concerning the past.)

When we go through deep pains – emotional or physical – it can affect us and when it's over we may have a wish we did not go through that. It would be irrational to think that we do not care about our past even if the past is not as important as the present or future. When we look back in time, the pain we suffered may help us choose better in the future and some of us can afford to be selective about pains straight over time (pains in the near past might seem stronger than pains in a distant past).

I cannot change that (X) did suffer in the past but, if I am (X), my past suffering is not ok for me. I could have a wish that I did not suffer, although I could be relieved that it is over. As for (Y), none of us would be happy to wake up and find out that we did suffer – even if we cannot remember. If I were to have a procedure now and woke up by the day after tomorrow and learn that I suffered all this time that would not please me. How many of us would think: "Wow! I really did suffer, but since I cannot remember, why this matters after all?"

I think it would be plausible to say that some people might be happy to realize that they do not remember the pain, but I don't think that these people would be happy to know that they were in pain in the past (Parfit, 1984). Think of a surgery, for example. We might feel happy not to remember the pain or that the surgery went well, but that does not erase the fact that we might suffer if we come to know that the surgery was complicated or that we needed a resuscitation procedure.

This seems to work even if the person never comes to know that she suffered and this is a long discussion about what a person is and about her dignity (which we will come back to in the next section). We would find odd to think that we could do whatever we wanted to a person (Frankfurt, 1971) if she were not to wake up never again. We do have some studies pointing out how it is to be in a deep coma or so on, but still we cannot be sure of many things. To think that pain is ok – or extreme procedures – just because a person won't remember that seems to be a bit hard to defend.

Even if we argue that a person with advanced Alzheimer is not a person anymore, for example (and note that the concept of a person is a very controversial issue), we would not believe that would be ok to inflict a deep pain to this individual. After all, don't you agree that it is wrong to cause pain for no reason to any living beings – person or no person (Baier, 1995)?

Just because a pain is in the past it does not vanish the existence of pain from our lives and if it was possible for us to predict pain every time, I believe that most of us would try to escape it. Since pain is not associated with a good state of affairs (*pace* sadistic persons), it is reasonable to claim that most people would rather prefer a life with no (or less) pain. This particular thought about the past helps us understand that to say that one particular pain will be over soon or that people might not remember it is not a good argument to prevent people from escaping pains (Prior, 1959).

b. Needs and claims

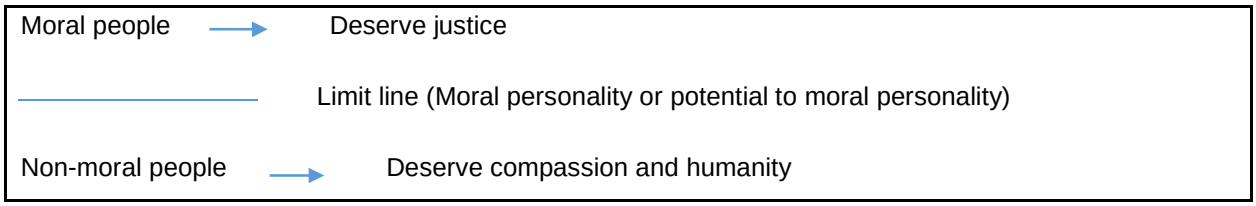
All human beings have needs, but it seems that not all needs have the same weight on a moral scale – some may seem stronger, some may seem weaker, and some can collide on weight (Parfit, 2011). A need is a “must do” – something that we crave or actually depend on to keep on living. This need is not necessarily bound with a realistic attachment, but it necessarily has the power of a lemma (this lemma can be a fake lemma, but it still can to have the same power over people – such as in the anarchy case). If you fail a need, or if that need is not attended to, you would fail something that is fundamental to you and will directly affect you (physically or physiologically). So, a need can be translated as the craving of fulling a lemma – it seems morally vital. If a need does not have this characteristic, then we can simply treat it as a “want”. Nevertheless, a “want” does not necessarily have a moral content, and it certainly does not have the power of a lemma. This section will discuss how fulfilling a need has to do with fairness and if it is viable to demand actions from other people in order to fulfill our needs.

Is it possible that our perspective of respect to other people demand us to do as claimed in some situations? If it is good that human beings should get – in most situations – what they need or deserve, we ought to think that some situations will involve other people’s actions. We can’t always do as we please for ourselves – if you believe you are sick and that you need a medication that is only prescribed with a medical recipe, we ought to believe that you will need to seek a physician to get this recipe (Thomson, 1990). This is a need that depends on agents. Saying that other people can demand us (or other people) to do something can be quite problematic.

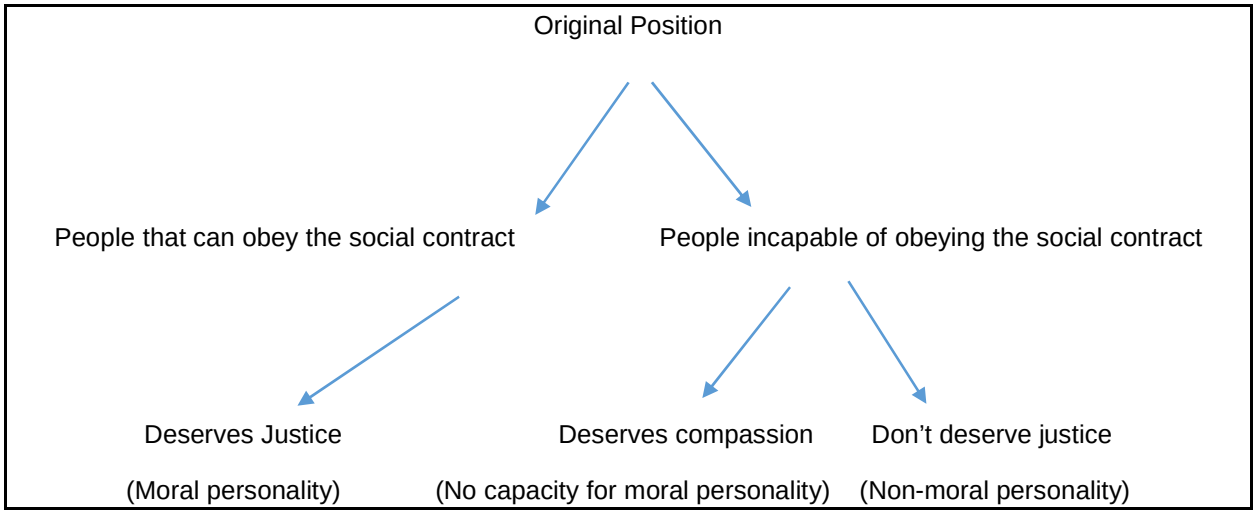
Let us begin with John Rawls’ idea of dignity just to set up a general picture. In his *“Theory of Justice”,* Rawls says that our dignity is attached to our capacity of having a moral personality. This personality is composed of two capacities: the capacity for good; the capacity for justice (Rawls, 1971). Fortunately, Rawls complements this idea by saying that if at least the minimum of moral personality is satisfied, a person deserves all justice guarantees. In developing this view, Rawls invite us to imagine ourselves in an Original Position where we all are the same. In this way, everyone in conformity with the public comprehension (contract) would deserve justice. Then, he just proceeds to highlight those who need some sort of what he calls justice (Rawls, 1971; Rawls, 1985).

One could reply against Rawls that not all people have the capacity for a moral personality. Here we can cite babies, toddlers and mentally incapacitated people, just to name a few that do not have, according to Rawls' theory, a moral personality. Why those people would be respected as persons with equal dignity or even benefited by distributive justice if they actually do not have capacity for moral personality? Ralws answer is that the potential for this capacity is enough to guarantee all people the benefits of justice (Rawls, 1971). But this is obviously not enough. Some people don't even have the potential of developing a moral personality (Baier, 2009) (that would be the case of people with mental deficiencies, such as severe forms of autism), even though we assign to them a greater amount than we assign to people without those severe disabilities. Or could we suggest that some people deserve "more" from us than others just because they have some skills that others don't have? For the people who don't have the potential of developing a moral personality, Rawls said that they deserve *at least* compassion and humanity – but not justice (Rawls, 1975).

So:



Then:



Rawls' theory has an answered gap that creates a massive problem if literally applied. If we think about bioethics, for example, a person that was once a functional human being and now has no capacity of moral personality would not have the right to justice and you would probably agree with me that that is very disturbing. People deserve justice and respect not because they have an extra capacity or skill that could justify such valorization (Quinn, 1989); justice is deserved by all no matter how they are capable or not of justice.

Saying that everyone, no matter what, deserves justice is not the same as saying that everyone deserves the same sort of justice. It seems to me that it would be unfair to give the same medical attention for a child who has a common cold and to a child that is bleeding a lot. Different people (and different situations) should be treated differently, according to what is demanded or needed. This might suggest that equal treatment can be sometimes unfair, and that people are not primarily concerned with equality (Azevedo, 2012). (It is true that both children need medical attention, and this can be afforded even by "a same action"; but we should agree that there is an important different between the two cases – for there is a salient difference in "need.)

But, how come we are not concerned with equals? Shouldn't all people be treated as equals? No, they shouldn't. Imagine this: Two children come into an emergency room. Child A, who came in first, has symptoms of a common cold. Child B, who came in last,

ran into a knife while playing and is losing a lot of blood. Although you might believe that all children should be attended and usually who comes first is to be attended to first, you would hardly agree that child A should get the medical attention first. It seems that child B is in a more urgent need for medical attention.

The need for urgent medical attention, in the case of child B the need is stronger than the need in the case of child A, although both of them deserve medical attention – that is intuitively what seems fair (Parfit, 2011). This is also in accordance with what Professor Scanlon called the RESCUE PRINCIPLE (Scanlon, 2000). Therefore, I strongly believe that being fair has nothing to do with choosing equals (a too general claim for complex situations), but choosing what better satisfies or solve one particular problem. Choosing equals in those circumstances can lead to perverse outcomes. Consider the so-called "leveling down objection", by Larry Temkin (2000). If we were just concerned with equals, we could just file a sentence saying "no person is to receive medical attention" and that would be ok when it comes to "equals", after all, everyone would be in the *same* situation; but this obviously is neither good nor fair. In our minds – as the leveling down objection has proved – we are concerned with some sort of "padrone" where everyone should get at least what is fair or deserved (and also what is truly needed) – and this is what is demanded by justice in those circumstances (Feinberg, 1974). Child B, who is in need of urgent medical attention, should be attended to first despite the fact that she came in last. This is what justice demands over us, and even if we find out after Child B was attended that we cannot attend Child A anymore (maybe because another incident occurred), that decision continues to be the right one.

That could easily answer my question about the generic approach on fairness: equality is not a principle or a heuristic device that help us to solve dilemmas about needs, and we probably never will because people are different and what is a need to people may vary. One huge problem about my claim is that dilemmas sometimes just ask people not to do something such as "don't kill me", but sometimes they demand that people do something, such as "save me", and this has a direct connection with other people's rights! If I am a patient and I need you, my doctor, to perform a euthanasia procedure, I need to know if I have the authority to claim over what other people should or shouldn't do!

Let's examine Quinn's work (1989) because I think that he has a very good answer to that matter. Imagine one situation that would secure good to one person but would harm others: such as killing one to save five. Consequentialists such as myself would say that if it maximizes the overall welfare, this action would be good, but unfortunately it would be very difficult to defend that in a real life situation, because non-consequentialists would say to me that many factors matter – and I would be obliged to agree, since I want this work to be about real world. I think that is more acceptable to let certain harm befall than to do harm about – Quinn is sure about that. In his "Doctrine of doing and allowing" (1989), Quinn says that there is a big difference in the "intention structure".

In a terrorist attack, for example, there is a genuine intention of harming people, while in a military attack that only intents to strike down an enemy basis, the death of civilians, even if foreseen, does not have the same intention. Despite that, some may say that even if there is no intention of harm in the example of the military action, the damage was foreseen, therefore, it is still predictable that people will die and that would be a problem. Consequentialists could agree with these people in some level. None of us would think it would be ok – because killing is primarily a bad moral action - for military forces to kill civilians even if there was no intention.

Maybe we need other example to argue about this, so I can lead you to my point of view. Imagine a fetus that will most likely kill the mother if not removed (preeclampsia would be a great example here. In cases were the mother's blood pressure becomes dangerously high, most health care teams would choose perform an emergency C-section even if the baby was not viable). Medics, hopefully, don't have the intention that the fetus dies; quite the contrary, if there was a way of saving the fetus, they probably would do it. Unfortunately, removing the fetus is the only way to save the mother and will, most likely, cause the death of the fetus. In this case, we would have a justified harm that many people – including people that are against abortion practices – could at least agree to be acceptable. Quinn's work describes then what he calls negative and positive rights. Negative rights, such as not being killed, are easier to deal with, because they do not

require that other people actually do something. Positive rights, such as being saved, on the other hand, demand a lot from other people.

Negative rights: the agent should not do something; has the right not to suffer some action. Positive rights: the agent should do something; has the right to claim some action about.

Like McMahan (2012), I believe that sometimes to have an outcome that is compatible with what we believe to be respectful or fair can demand that people act in a certain way, even if both actions (do or not do something) would produce the same result, such as death. Imagine that a person has a terminal cancer. We ought to think that this person is to die in the next few months, according to a medical report. This person is in a lot of pain. She can choose to engage on chemotherapy to gain a few months to live, but she deliberately chooses to stop the treatment to prevent future pain. How could we say that this is not fair? Both courses of action will produce the same result – the only difference, in this case, is the amount of suffering due to the time left. This is compatible with the idea that no human being should die in pain, so, it does not matter, in this case, that the person will die anyway. We can now demand – because that would be compatible with our idea of respect – that the doctor suspends the chemotherapy treatment or even sedate her in order not to feel pain. If the disease was not terminal, and the treatment was to insure survivor, our thoughts might be different towards this example (although it shouldn't always be like this).

Quinn's doctrine is actually less tolerant to harmful direct agency – which I think is rather good, because the effect causes the moral barriers to raise – and more tolerant with acts that are not of intended harm – which can be problematic, considering that people might have weird demands on what they consider justice and that would create a problem in a real life situation. Although I myself have a very clear idea of what I think is best for me, could I oblige other people – including the medical staff – to do as I please? We often criticize people over their choices – because sometimes we simply do not agree – and that would not be a reason good enough to reject people choosing differently from each other (Frankfurt, 1988). Nevertheless, it would be imprudent to say that we do not

have moral objections over things we consider to be extremely wrong. If, for example, a person has every possible way not to become one corrupt we might all agree that we would judge this person becoming corrupt as extremely wrong. We should also agree that the death of a person that has every possible opportunity and possibility to become healthy again is harder to accept than the death of a very ill and suffering person. Some of us may even say that is foolish, and knowingly choosing this would be morally wrong (Thomson, 1990).

This is a very difficult thing to argue about because it involves things that many of us consider wrong, and, if we let everyone do as they please – such as act with imprudence – won't this impact us in the future? Even if the acts are self-directed? Some of us know what is best for us and some of us can be enormously wrong about what we think is best. Moreover, some of us truly believe that one "stupid choice" to the eyes of another is the best choice available. To name one example: Some people think it is really stupid not to receive blood transfusion in the name of religion if that "simple" procedure will save one's person life (that can be long and productive).

I will answer that question saying that is our claim-right (or it should be) to deny procedures we do not want. This is a core idea in the so-called Principle of Autonomy (Beauchamp & Childress, 2012). If our choices won't affect others, it is entirely up to us (or to our own will) to consider and to choose which is the best choice of solving our own dilemmas (Mill, 1879). In these cases, the will (or even the interest) of other people cannot count to oblige or force us to make a final decision. That is enough to answer questions about negative rights; but positive rights are quite different.

The truth is we can only make demands of action when we are legitimized by a right or by social acceptance – and there is much still to change about bioethics in this matter. The main problem about bioethics is that it is permeated with religious aspects based on the divinity of life and social pressure based on common sense beliefs. I believe that some decisions in bioethics should be considered individual's right and suffer no outside pressure. The matter of death with dignity, for example, is a very new discussion

– and we have not made much progress on this matter still. This is something that hopefully will change over time.

Fortunately, I believe that we will make changes soon enough. Why do I believe that? We are concerned that people don't suffer because we can picture ourselves in similar situations and, of course, as we have seen before, we wish to prevent pains. If everyone has the right not to suffer, this is good for me – even if I never need to use that right. I, as the majority of people, see this right much more like a guarantee – a guarantee that I feel motivated to relate and to fight for. This right satisfies much more than our need not to suffer but also our need for well-being. Even if we are in a situation where there is no visible well-being at that moment there is at least a possibility to try and "earn" the state of well-being back – this rights conceive me possibilities.

Well-being: a good or satisfactory condition of existence, a state characterized by health, happiness, and prosperity; welfare.

What is consider to be right – or permissible – can change from time to time and is part of a very particular and sometimes peculiar world, but that does not mean that it cannot be applied to help solve some cases (even if we decide to it differently in a decade or in a couple of years).

Some may ask: "Since it's so hard to choose, what if we decide to do nothing and just wait?" Not choosing would of course solve the problem eventually – people would die or the fetus would grow and be born – but that would not solve the problem with *Dilemmas* and definitely would not satisfy us as an answer. We want to do something, especially if that will prevent suffering of any sort! A part of what makes our lives good is decision making!

4. A PROPOSAL ON BIOETHICAL DILEMMAS

> What we regard as our by right is what we are unwilling to beg for and only limitedly willing both to beg and to give beggars. The increasing tendency to talk about universal rights and the extension of their content correlates with the decreasing ability to beg or to respond generously to beggars. When we go back beyond this century, we find that famous proclamations of rights were not universal human rights charters and bills of rights have typically been assertions or reassertions of rights of some limited group (BAIER. 1995).

In the first chapter I tried to point out what dilemmas are in its most basic form, to situate them in bioethics – why is so important to solve them – and then I made one proposal (chapter two) to answer basic questions we think of when we consider solving *Bioethical Dilemmas.* Now, let us go deeper. My first question was: What me mean by a *Bioethical Dilemma*? A second question to be answered now is: Which bioethical dilemmas are the most basic ones? I suggest that bioethical dilemmas can be grouped into the following four types: Identity Dilemmas, Self-consciousness Dilemmas, Freedom Dilemmas and Future suffering Dilemmas.

The most basic question anyone could ask me is: "Why choose these four? Why not others types of dilemmas?" When I began to think about dilemmas and bioethics I made a list of issues one person could be in. From the basic and oldest – such as abortion – to the oddest – "I want to turn off my heart passing in order to die peacefully but I still enjoy living". Of course, I probably could not think of all dilemmas possible but I tried to create a system that would bear them all without slicing the dilemmas types too much or too little. All dilemmas I could think of – remembering why I phased out children and so on – could be fit into one or two (or all!) of these four.

Knowing what dilemma I am dealing with could help me to think on specific topics on each situation and that could make it easier to argue about the dilemma. I would not have all dilemmas in a big spectrum of "*Bioethical Dilemmas*", but in little boxes and that would reduce the fuzziness around these polemic problems

a. Identity dilemmas

Concepts

Identity is the state of fact of remaining the same on under varying aspects or conditions. It is the sense of self or providing sameness and continuity in personality over time (Parfit, 1984; Parfit, 2011).

Identity dilemmas are dilemmas that deal with choices concerning the personal recognition of the self as being the same one (or what one believes him or herself to be) over time and among his or her community.

What fits in?

The case of Jehovah's Witness. John is a 40 years old man with a very active and productive life. He is a Jehovah's Witness since he was a little baby and knows almost nothing outside that life style. One day, driving to work, John suffers a car accident and wakes up in the hospital, right before the medical staff takes him to surgery. He learns that he needs a blood transfusion in order to keep on living and he needs to make a quick decision whether he should accept or deny the blood bags. He enjoys living but he is a Jehovah's Witness in his heart and that fact stops him from accepting a blood transfusion. John has a dilemma.

The case of transgender. Olivia was born with a male body but since she was a little child she identifies herself as being a woman. People in her community find her gender identity very weird and controversial and tried to convince her that if she was born as a male she should live as one. Olivia wants to fit in society but she feels she won't be happy or succeed in life unless she truly becomes a woman. Olivia wants to schedule a sex change procedure to gain a female body to match her inside identity but she still wants to be accepted in society and is afraid that the surgery will prevent her to fit in correctly. Olivia has a dilemma.

The bizarre case. Helen, pregnant of 39 weeks, calls me, her friend, to her house to help her delivery the baby. Everything seems great: she is healthy and did an

excellent pre-natal care. She tells me – to my surprise – that she is part of a cult where being pregnant is secrete and that is very happy with the birth of her first son. Seven hours later, she gives birth to a healthy boy. After the boy is born and she expels the placenta, she turns to me as asks me to put her placenta in a jar and give it to her so she can take it to her cult. Being a curious person, I ask her what she intends to do with it and she says that is common in her cult that when a woman gives birth that the placenta should be cooked and eaten by the mother of the baby to prevent the devil from cloning her baby. She tells me that she knows that it is controversial to eat human flesh – she does not seem very fond of the idea – but she tells me that she is afraid of losing her place in her community if she does not do this. Since she is not entirely sure of what she will actually do with the placenta – if she should eat or not eat – she has a dilemma.

A short discussion

The fact that we have moral obligations or moral objections does not dictate how we make decisions concerning ourselves. We care about something and some of us are unwilling to give up on our personal beliefs for any reason. Personal identity matters so much that it becomes an ethical issue: Should we morally or politically prevent people from acting according to what they believe it's important to them? Would actions and policies of preventing people of continuing to identify themselves with their personal beliefs have a positive or a negative impact on their lives? How much "weirdness" and "foolishness" should society allow when it comes to actions concerning identity dilemmas? Should people be free to face their own identity dilemmas without any external interference?

Does anyone remember Antigone, the daughter of Jocasta and Oedipus? If you did not read the book, let me give you a general picture: Antigone has two brothers that want the throne of Thebes to rule. In some point, during the attempt of claiming the throne, her two brothers die. Creon, her uncle, earns the throne and orders that one of his nephews is buried in accordance to their religion and the other should be thrown to the crows. Antigone knows that not obeying Creon is a crime, but she feels that she should

bury her brother properly. She decides to disobey the law and give her brother a proper funeral.

Her dilemma is a great start point for us. In the book, Antigone's dilemma has much to do with identity. The dilemma of *obeying the law x obeying her religious beliefs* is our focus here. Why this was this so important for her in such a way that she chose to disobey the law to fulfill her personal belief?

If I believe that I am myself due to the fact that I have personal characteristics – physical or psychological or social - that allows me to recognize me as *me*, if I take away that there is a lack of identity. Let me be clearer: If I myself believe that what defines me is the fact that I am religious, or a woman, if someone or some fact takes this away that this could led me to an identity crises that could be harmful for me.

One good example for that would be a breast cancer that demands a mastectomy procedure. If I am a woman, and having breasts is a physical characteristic that helps me define me as a woman, but I need a mastectomy to remove a breast cancer, the mastectomy could make me feel less feminine, incomplete or no woman at all. This is actually a very common feeling among women who had their breast removed for medical reasons.

In my country, Brazil, women who had mastectomies due to breast cancer can even demand a free breast implant from the public health care system due to the fact that feeling less feminine or no woman at all can have huge psychological impacts as well as occupational even after the cancer is over: they could become depressive or less productive.

Like breast cancer, I could also quote here the case of transgender people. It follows the same basic identity idea with one difference: there is no physical aspect that defines gender. Individual gender is a matter of one's identification with socially constructed genders; it is a state of being psychologically identified with a sort of gender (male, female, or even a transsexual) with reference to social and cultural differences rather than mere biological ones. So gender identification can require changes in the social presentation of one's aspect and characteristics, including the physical. Like

mastectomy, this has a huge impact on the psychological aspect and social skills that could lead to depression and even worse: the rate of suicide and homicide among transgender people that fail to gain social acceptance is astonishing. The life expectancy of transgender people in Brazil is 35 years old, while the general life expectancy is 75 years old (IBGE, 2013).

Identity dilemmas involve a strong social aspect and acceptance, but mostly, and more important, a personal recognition of the self as himself or herself over time (Carter, 1980). Maybe it isn't clear yet why identity matters so much to us (and I intent to argue about that very soon) but I think it is clear that we have a serious problem here.

I have a pretty good idea of what I identify as what I am: I am a woman, I study practical ethics, and I support Utilitarianism, besides other things. So I could never harm animals or people for no reason; I care very much about those things. We all have a great set of things that help us define ourselves, but not all characteristics have the same weight for me in a moral aspect. Here is one example: As an utilitarian, I could agree on killing someone to prevent one to live an entire life with severe and incurable pain (even though I consider killing people wrong), but I could never torture one person even if it likely would save one hundred (or even a million) more people (even if I consider doing harm to one person to save more people prima facie right).

If I, for some Utilitarian reason, choose to torture someone, I could easily see how that could cause me an identity crisis. Not because I think I did something wrong. Quite the contrary, I think it is rightful decision, if it will save more people. But since I consider myself incapable of inflicting deep pain to any person no matter who they are, I have a moral code that stops me doing that before I decide to act and make my identity to collapse. If I tortured someone, who would I be? Certainly not the kind of person I believed myself to be!

If self-identity deeply matters for me, of course I would have strong objections against people force me to behave against what I approve, or keep me away from what I think is essential for me, or still prevent me doing what is in conformity with my own beliefs. I think we all would have those objections, even if we agree that our identity could

be in fact a matter of pure fate or mere chance. We do not need to believe in any substantial view about free will in order to claim that others do not force us to go against what we take as essential to our identity. I am not trying to claim here that this implies that we should always act in accordance with our own moral rules or beliefs. Anyway, it is clear that to solve identity dilemmas is important for us.

How can we solve identity dilemmas? Let me begin this analysis by saying that this is not a direct consequence of any formal or general ethical evaluation. There is not any general recipe for solving ethical dilemmas. Normative ethics deals with the demands and claims people have against other people, so it has to do with the moral grounds for constraining people's behavior. Evaluation of action is, as Harry Frankfurt calls it, "a third branch of ethics", after "what we believe" and "how to behave". As Frankfurt claims, there is an intimate connection between what a person cares about and what this person would do under certain conditions.

Nevertheless, it would be very odd to defend that the requirements of ethics are the only thing we care about. Even if a person values morality, there are many important decisions we have to take in which moral considerations are not decisive. The fact that we seem "morally obliged" to do something is not a setter of action – Nazi soldiers saw themselves as morally obliged to find and kill the Jews, but some could have done otherwise given their personal moral beliefs. Even if the action is considered "the right thing to do", there is an identity object here that influences our final choices:

> Or suppose, secondly, that the person does already know what he is morally obliged to do. He nonetheless choose deliberately to violate this obligation – not because there is an alternative he thinks overridden by a stronger one, but because there is an alternative course of action which he considers more important to him than meeting the demands of moral rectitude (Frankfurt, 1988).

The fact that we do care about certain things better than others is the focus here.

> A person who cares about something is, as it were, invested in it. He identifies himself with what he cares about in the sense that he makes himself vulnerable to losses and susceptible to benefits depending upon whether what he cares about is diminished or enhanced. Thus he concerns himself with what concerns it, giving particular attention to such things and directing his behavior accordingly (Frankfurt, 1988).

One good practical example of how we care about something that matters to us is this: Imagine you are in a boat alone, in the middle of the Pacific Ocean. To your left, there is a group of very important scientists drowning to whom you promised this would be a safe trip. These scientists, if alive and well, would certainly find the cure for cancer. You could easily get your boat there and save them. But, to your right, a few meters from you, your only son is also drowning. You could also get your boat easily to him but you realize that won't be enough time left to save all people. You choose to save your son.

Although generally people would agree that saving more people is what matters, many would be convinced that you have made a good choice when you saved your son. At least, it would be very hard to claim your choice was wrong – you had personal interests that your son was the one to stay alive. Of course, you may be very moved that people that were able to discover the cure of cancer died, but I am pretty convinced that most parents would choose their children in this situation. So, there is not a moral objection good enough here to say that you were wrong (Parfit, 2011).

If you, for some reason, choose to save the group of scientists maybe you wouldn't be wrong as well – for there is a good reason to choose that group. But it would be weirdly altruistic (even for an Utilitarian) to defend that people *should* always choose saving the group of scientists in those similar circumstances. It is likely that if you chose to save your son, a Utilitarian would hardly consider your decision wrong (even though they would feel for the loss of the scientists). There is an evolutionary and social explanation for this matter – we often choose our own group as the "group of priority" (Greene, 2013) to be saved (this helped us in the past when it came to build up societies, for example), so, therefore, there is nothing objectively wrong to choose to save our own children.

Identity dilemmas have the same core set. We choose accordingly with what we care about; it is very hard to refute this rationale. If it were "reasonable" for a Jehovah's Witness, for instance, to accept blood transfusions, how could we take one's religious belief an essential part of one's own identity? Consider *bizarre*: what about if people decide to start eating their own placentas? How much "weirdness" do we need to forbid it?

Let's accept that ethics has to do with the demands and claims people have towards other people. And let's remember that we – the so-called "ethicists" – are not here to "moralize" (here we could remember Hume's distinction between the anatomist and the painter!). And there is a general message in John Stuart Mill's Harm Principle: we should not forbid or dictate how people should live their own lives if that does not affect no other but themselves. So we might have moral objections towards many other's decisions, but it is not up to us – specially to us, as ethicists – to condemn personal choices that have no bad or ill effects on others (Mill, 1959). Well, identity problems are within this sort of harm that can be caused by means of interference upon another's actions and behavior, which matter inherently and directly to them, and not to us.

But it some sort of actions could prevent people from suffering from ills such as depression or high rates of suicide, then I think we have a very different problem original. We should allow people to choose accordingly to their own personal identities, but not preventing harms is quite different. But what if identity dilemmas demand other people act positively (positive rights)? If we accept that we have not only negative, but positive duties towards other people, we might agree that some situations demand we act positively.

I won't moralize actions such as suicide in this work, and I think no one should moralize it. If someone is depressed and chooses to kill herself, that needs no ethical evaluation; this is **mainly** a public health issue. But, on the other hand, if this depression came from a social prohibition that dictates that a person who in birth was a male and identifies as a female cannot claim the gender he or she believes him or herself to be, then I think we have a moral problem – and this matters ethically.

b. Self-consciousness dilemmas

Concepts

Consciousness is the state of being aware of our own existence, sensations, thoughts and surroundings; full activity of the mind.

Self-consciousness dilemmas are dilemmas that deals with choices concerning a person's permanent awareness of existence or temporal failure to access his or hers mind capacity in a minimum level that would make him or her aware of his or hers own decision-making.

What fits in?

The case of dementia. Leo is a 70 years old man that is having frequent lapses of memory. He goes to the doctor and, after several exams and testes, finds out that he has an elder dementia and the condition will only get worse. Leo still enjoys living: He had 2 sons and 3 daughters, and 9 amazing grandchildren. They get together every Sunday for lunch and that is Leo's favorite time of the week. Learning about his condition – and knowing it will very hard for his children to care for him since they work so hard to maintain their own sons and daughters, Leo consider the possibility of assisted suicide. He does not know if he will be able to do it or even if he should, but he does not want to trouble his family and certainly does not want to suffer. Leo has a dilemma.

The case of transitory unconsciousness. Karen is an 18 years old woman with a brain cancer. She learned that she needs a surgery to remove the tumor from her brain or to try a new expensive treatment with an allegedly high chance of success. She has just began college and fears that the new treatment could take too long and she won't be able to keep up with her friends in classes. Besides that, the treatment is very expensive and this can require to stop studying for a couple of years. She considers surgery, that is less expensive, but she learned that if she chooses that she will be kept unconscious in the intensive care for at least one

week and she is afraid of what might happen there – even knowing that she would be in good hands, there is some small, albeit non neglected probability of not becoming to consciousness after the surgery. She does not know what to choose. Karen has a dilemma.

The bizarre case. Kelly is a 23 years, old woman addicted to drugs. She knows that the type of drugs she uses will eventually send her on a "bad trip" – that is what happens when you take an drug that causes hallucination but the sensation is not good, only bad – that will last forever. It is only a matter of time. Although she knows that is "wrong" to do drugs and she is afraid of being "out of herself" forever, she enjoys the sensation she has when everything goes well. She does not know if the sensation is worth the risk she is taking every time she uses such drug. Kelly has a dilemma.

A short discussion

Imagine that you will go to sleep tonight and tomorrow you won't be able to remember who you are or what your life used to be like. Would you still be you? This might be a little hard to imagine, right? Let me give you one more realistic example then: You are having a hard time to remember simple things such as where you put your car keys, family members name and in what year you saw your grandmother for the last time. You go to the doctor and complain about this memory lapses that are becoming more frequent every day. He asks you to do some tests and tells you that you have an initial case of Alzheimer – it will only get worse as times goes by. Everything you are, all your life history, memories and happy times will be forgotten over time. As a matter of fact, over time you won't even recognize you in the mirror as being you.

This is a very troubled situation for any person with this diagnosis. Truly knowing that you have no perspectives other than experimental treatments that have no guarantee of actually working out is very stressful. After all, if you can't remember anything, not even who you are, what can you do? I think that the first big problem in this dilemma is defining what a person is and is not – and what self-consciousness has to do with it, and second, how having no autonomy affects us.

Let me begin giving you one real example of this dilemma. In Oregon, 1983, a young woman suffers a car accident and stays lying face down by the road not breathing for approximately 12 minutes. We know that a person suffers irreversible brain damage if he or she stays longer than 6 minutes with no oxygen. This young woman, Nancy Cruzan died in 1990, after spending almost 8 years in a vegetative state. Her family fought hard till the Supreme Court ended Nancy's life by turning off her life support. Nancy had told her family many years before coming to this situation that if she ever came to be in a situation where there was no perspective, she wanted her life support to be turned off. In her tomb it was written: "Departed Jan, 11th, 1983/In peace Dec, 26th, 1990". This was not the first case and will not be the last.

Maybe we should begin this analysis by saying that the brain death concept and exams we use in most countries do not actually attest death itself: they test the capacity of ever developing a consciousness again. This is a wrong concept – we use it to claim death where there is none – and we shouldn't be using it because there are several conditions where we are almost absolute sure that the person won't develop consciousness ever again, even if there is no brain death proved. Alzheimer would be one example.

Perhaps, on the other hand, what we really should accept is that the concept of a person has much to do with consciousness and if one does not have consciousness or at least potentiality for consciousness (like healthy toddlers have, for example), maybe we won't consider them as a person. If brain death is not literally *death*, as some have claimed (Truog & Miller, 2014), but only evidence that a person won't ever gain consciousness again, maybe euthanasia or assisted suicide in cases such as advanced Alzheimer shouldn't be considered murder (in the same sense that giving up live support of patients with brain death does not imply murdering). This is certainly controversial, but might be the focus of our dilemma. After all, if you were in a situation like Nancy's and could choose your fate, many of us would choose dying, I presume, as soon as possible. Alzheimer, all the same.

If we are not conscious, how can we be sure what will happen to us in the future? If we truly wish to prevent pains, even if we do not remember it, the lack of self-

consciousness might represent a problem for many of us. If you are religious you might think this section is absurd – and I can respect that – but you may agree with me that everyone should have the claim-right of a death with dignity – no matter how different our concepts of “death with dignity” might be.

Some may choose to die in a hospital, surrounded by family and friends and might not care that he or she is unconscious: this could be the case of a religious person, for example, that believes that only God can kill someone, or a person who believes that she will have an available treatment for her in a couple of years and so prefers to live, no matter in which condition. But some may choose to end their lives in some point: even before becoming unconscious or when they do become unconscious.

Everyone can agree with me that the first case – the “death in the hospital” is much simpler. We might need to claim a good service to maintain the person’s dignity: the person should not feel pain or discomfort, and so on. The second case brings up a very polemic discussion about euthanasia/assisted suicide. We will see in the next section this subject again (euthanasia/assisted suicide), but the points are quite different. Here, we are referring to people that won’t necessarily remember the pains or distress and could be kept alive with some comfort.

We all might agree that most people would feel uncomfortable to find out that they will not be able to participate consciously in their own lives. Autonomy or the fact that we care to be able to make decisions concerning our own lives is not to be faded away in this moral evaluation – If I cannot make decisions concerning my own life I cannot consider myself to be an independent or productive person.

But the fact that we can’t remember things does not vanish the existence of pain or concern. For example, many of us still care about our bodies, even if we are dead. In Brazil, for example, it’s a federal crime to use dead people to any propose if not studies, medical issues or police affairs – and still, the paper work to be able to do that is amazing. So, if we are still alive, I presume that our interest that nothing bad happen to us is bigger. If we proved, back in the second chapter, that preventing pains is an important thing in our lives, and that it does not matter if we never even come to know if we succeeded or

not maybe we should start considering euthanasia/assisted suicide as a possible positive right to claim respect and dignity towards the lack of autonomy.

Of course, the unconsciousness state might also be short, such as surgeries or induced coma to prevent some sort of brain damages. In this case, we still have rights to claim respect and dignity and they seem much stronger. This does not seem to be much of a problem for this work – the rights seems set – but is still can be a part of a dilemma, so it is worth mentioning it. But how much consciousness do we need to have to be able to claim positive rights such as euthanasia or sign up for an experimental treatment? I will use the Glasgow's coma scale to argue about this.

Glasgow Coma Scale		Score
Eye opening	Spontaneously To speech To pain None	4 3 2 1
Verbal response	Orientated Confused Inappropriate None	5 4 3 2 1
Motor response	Obeys commands Localizes pain Withdraws from pain Flexion to pain Extension to pain None	6 5 4 3 1

Maximum score		15

The results came from adding the skills and can range from 3 points to 15 points. Being results with less than 8 points score considered severe injury, ranging from 9 to 12 of moderated injury and above 13 of mild injury. Glasgow Coma Scale is the most used one in real life situations and therefore I will use it to argue about this section.

I don't need to say that I, and probably you right now, are located in the mild injury section: I am able to verbally communicate anything, I have a wonderful motor response and amazing eye opening skills. I consider myself able to choose, since I am conscious enough to do so. I must say that I don't consider motor skills so important in many levels when it comes to decision-making – eye opening the same. Just because a person is not able to move that does not mean that she is not conscious enough to make choices. A person with full verbal skills sounds lucid, eloquent and making sense, for me, that enforce would be enough. If we are able to communicate our wishes and reason about them, that seems to be enough in an ethical level.

Communication, when it comes to bioethical dilemmas, is critical in the decision-making but there are still some gaps that need filling and unfortunately, I believe there are still some work that needs to be done in this field. Maybe the problem here would be people that are only able to "communicate" using just the blink of an eye or moving one finger but don't have verbal skills persevered enough to communicate their wishes and convince us that he or she is lucid enough. I believe that simple patterns can be used (such as the blink of an eye or moving a finger to say "yes" or "no") but I cannot say for sure that that would be enough in some cases (like the locked in syndrome, for example), for cases like this, there is no answer at this point.

c. Freedom dilemmas

Concepts

Freedom is the power to determine action without restraint; exemption from external control, interference, regulation or absence of obligation.

Freedom dilemmas are situations where the agent wants to make a decision that usually conflicts with some social norm or acceptance she recognizes as valid (at least minimally).

What fits in?

The case of organ sale. Noah is a 38 years old typical family man. His woman is pregnant and with an income of 15 thousand dollars per year, Noah feels that he won't be able to provide everything they will need to buy for the baby. After making one quick research, it comes to his knowledge that his kidney – that is healthy as far as he can tell – can be sold for about 200 thousand dollars and he would be able to live a regular life afterword. Noah will need to take good care of the kidney left but he feels that this is not an issue. He knows that selling his kidney is illegal and considers himself a good citizen incapable of crimes, most of all, and he also understands how dangerous it is getting involved with criminal organizations, but he feels that the money might be worth the trouble. Noah has a dilemma.

The case of human enhancement. Otto and Ruth are a young couple that wish to have a child together. They both know that Ruth has a high possibility of having a child with disabilities. After they learn this, they begin to seek for someone that would be able to help they make an in vitro fertilization that will dispose of any embryo with a chance of disabilities. Since they are willing to have a child produced in vitro, they know they can also choose the baby's sex and they want a boy with high mental capacities for mathematics. The clinic tells them that they are ok with doing the genetic selection so they would only have healthy babies, but they cannot choose the baby's sex or mental capacities because that would be illegal, but, if the couple agreed on paying a little bit more, it would be possible – still illegal,

but possible. Otto and Ruth don't consider themselves criminals, and they know it is wrong to enhance a baby over the "normal capacity" to mathematics, but they feel that would be good for the boy in the future. Otto and Ruth have a dilemma.

The bizarre case. Jonas is a 29 years old man that works in a fertilization clinic. He believes that the discard of the frozen embryos is wrong and is very happy that his clinic has a policy of "embryos adoption" that gives the embryos a chance of being adopted and implanted in other couples in the cases where the original couple does not want the embryos that were still left. Jonas is in a very bad day, and, distracted, he realizes after a few hours that he possibly made a mistake and used the wrong spermatozoids to fertilize his client's ovules. He goes back to this computer and checks for evidence. The spermatozoids he used came from a black man donator while his clients were an Asian couple. The embryo already exists. If Jonas disposes of the embryo, no one would probably ever know but he consider that to be wrong but if he tells the couple he made a mistake or implant the embryo without saying anything at all he would probably lose his job. Jonas has a dilemma.

A short discussion

For quite some time during the making of this work I was not sure what would be defendable in this dilemma. Abortion, for example, is one of the most difficult issues we have in bioethics and no one – so far – has been able to establish a proper to answer question such as: Should women be free to decide if they want to do an abortion no matter what? Let me begin by saying that I do not plan to engage in a massive discussion to decide if we are free in essence or not. We live in society and sometimes we are free to do as please, and sometimes, we are not. Well, maybe, we can consider ourselves free enough to do as please if we consider the existence of "black markets" to offer us possibilities: Abortion services, organ sales and drugs that will make you faster and stronger - but there are consequences.

The fact that black markets exist and the dangerous they can provide us (because we do not allow some sort of behaviors in our society) is the main focus of this section. Maybe we should be free to choose what we want without endangering ourselves but

freedom isn't as simple our will towards something. Freedom has much to do with our social possibilities. The fact that "do" implies "can". That of course, has much to say about our dilemma as well. We are dealing with a dilemma that has to do with obeying rules: juridical, social or family rules.

I believe there is a wrong nowadays when it comes to freedom dilemmas and it has to do with what I will call "fundamental rights". Fundamental rights, as I see it, are rights that you have and you cannot not have. One good example is freedom. We all have the right to come and go and we cannot dispose of this right as we please. You cannot, for example, choose to be a slave – first, because if you choose that you lose the right to be free (and you cannot not be free) and second, because even if you choose to be a slave, there are forces (international laws and so on) that will try to prevent that from happening because this violates your right to human rights. Another example is the right to physical integrity and so on.

Many societies use the idea of fundamental rights to prevent what they see as "immoral" and transfer the idea of fundamental rights to make other rights and regulations as strong as fundamental rights - and that is not a good state of affairs. Fundamental rights are sadly sometimes misused as a behavior regulators and this misuse frequently cause freedom dilemmas. The problem with the laws that forbid abortion, for example, is that they usually exist to prevent an action when there is no argument that I can think of to prove that abortion is actually wrong – or that the fetus has a fundamental right to live. These laws are not even good at preventing the abortion itself.

In Italy, for example, the abortion statistics dropped after the procedure was legalized. And this happened for a reason: now people could seek information in the health care system, psychological support and make this choice having all that safeties needed. Abortion laws exist as a behavior regulator – and that is it. In countries where abortion is not yet legal, the laws only forced women determinate to do it to seek the procedure in a clandestine way – and this is quite expensive and almost every time, not even close to being safe. This practice finances criminal organizations and have a negative impact on public health.

My sincere opinion leads me to the conclusion that in this subject it does not matter if we consider abortion a moral practice or not. If legalized, no one will be forced to do it (if you are a traditional person you will never have to do an abortion), and it will serve to benefit us as a society. It is a common mistake to think that laws ought to reinforce morality (Baier, 1995). The attempt of enforce morality in these cases just lead us to a massive problem that don't even have a positive effect at decreasing the "mistake" itself. The laws, in this matter, are just transference of a private ethical sentence and should be rewritten. No one is actually damaged if you choose to have an abortion or sell a kidney to gain money, but the prohibition, on the contrary, does have a huge negative impact (such as the creation of black markets).

I believe many societies are not ready to allow some sort of behaviors, and I can understand how problematic it would be to allow them right now (for example, even though I believe drugs should be legal, I do not believe that Brazil is ready for legalizing all sort of drugs). On the other hand, I strongly believe that there are no reasons to criminalize them as well. This transition might help us solving these dilemmas – and answering some questions associated with these dilemmas on the way.

Stuart Mill, in this book "On liberty" (1859), claimed that there is an important domain of human public affairs that should not be a matter of law enforcement. I believe he is right, specially considering the value of preventing harms to people. So, in this way, no one should be forced to act upon or be restrained from any action if that won't cause harms to others (except the agent) – not even based on the argument that doing or not doing the action will plausibly make the agent happier. Force someone to solve a freedom dilemma presupposes that the agent would be a criminal; but this would be a "crime without victim".

d. Future suffering dilemmas

Concepts

Suffering is a pain caused by illness, injury or loss that can be physical, emotional or mental.

Future suffering dilemmas are dilemmas involving decisions towards the future witch can be painful in some way.

What fits in?

The case of back pain. Giovanna is an 80 year old woman with a long history of back pain caused by arthritis. Giovanna is in pain and knows that the pain will go on indefinitely if she does not take the medication but she knows that her medication will cause her to feel sleepy and today she is supposed to attend the mess. Giovanna knows that she would feel better if she took her medication as fast as she can but she fears that if she loses the mess she will be in debt in her God. Giovanna has a dilemma.

The case of the distant surgery. Betsy has a condition on her shoulder that will cause her to need a surgery in the future. Betsy fears the pain that this surgery will cause her and considers trying alternative methods, such as physiotherapy, to delay the procedure, but since this procedure will be in the distant future, Betsy feels that she might be “investing” too much by doing something to delay this surgery even further, after all, this surgery will take some time to take place. Betsy does not know if she should invest in physiotherapy or not. Betsy has a dilemma.

The bizarre case. Jared has a condition that will cause his organs to collapse in about six months and that will cause him to die. Jared hears about a brilliant and scary procedure that will take place experimentally in the next couple of months in his country. Scientists need someone with a sane mind but a sick body to perform a head transplant to a body which already with a deuterated mind beyond repair. Jared knows that if he chooses not to apply for this procedure he will most certainly

die in pain but he fears that if he does apply (and succeed to be selected) he won't be himself, as he knows him, after the procedure. Jared has a dilemma.

A short discussion

When I first began to imagine the scope of this work I was sure that Future suffering dilemmas were a separated category of dilemmas such as Identity dilemmas or Freedom dilemmas. I was, in a way, wrong. After writing the other three dilemmas it came to me that all dilemmas were, truly, future suffering dilemmas and I failed to imagine a bioethical dilemma that was not in the role of Future suffering dilemma. My first thought was to vanish this category from my work – after all, I already had a section talking about the matter of time, but I realized that even if this is a general category of dilemmas, Future suffering dilemmas was still a category of bioethical dilemmas – but a permanent one.

Decisions are, as we seen before, concerned about the future – there are no decisions that can be made concerning the past time since it is impossible to act upon the past. Also, when we make decisions, even if they are to be implemented in the immediate future – let's say, one minute apart from the decision-making – we can still name them as decisions towards the future. This would be a first reason why Future suffering dilemmas are a permanent role of bioethical dilemmas.

If you are, in the present, suffering a lot due to a hurting leg – for example – the choice to take a medication in the next 30 seconds is a decision towards the future (immediate future) to prevent a future pain (because without medication you may fear that the pain won't go away). Even if you say to yourself "but I will do this now!" the moment of the decision is separated from the acting by a few amount of time. Bioethical Dilemmas can never be attached to the present itself.

I tend to believe that almost every decision taken in the present towards the immediate future has to do with an urgent need to prevent the continuation of pains or prevent imminent pains. The pain, it seems to me, needs to be vivid, palpable, or at least hidden under a thin crust. A person might already be medicated, for example, and choose to take the medication again, so she will not feel the hurting leg again in the next hour. Those decisions are urgent, guided by a sense that we do not want to feel pains – and I

don’t mean just physical pains, but also psychological pains (Parfit, 1984). Decisions to prevent pain in the distant future seem to be what I pointed as “myopia”.

5. CONCLUSIONS

There is still much work to be done when it comes to dilemmas in bioethics. First, I don't believe the current literature on moral dilemmas to be enough in order to solve specific dilemmas in terms of bioethics. There are lots of variants that doesn't seem to fit the logical premises of regular dilemmas as we know it and for me, that seems to be a problem – basic models of dilemmas are useless in bioethics. If we cannot fit variants inside the sketch there is no way to validate a method when it comes to the moral mathematics of solving dilemmas in bioethics.

If we accept that we can fit non-classical concepts into these set of possibilities, dilemmas on bioethics become much more comprehensive. People have dilemmas not because they are "true", "correct" or "logical", people have dilemmas because almost anything in any situation can become conflicting at some point. Therefore, I need to deny the basic idea of dilemmas as we know it and go beyond – people have dilemmas, no matter if the "lemma" is true, correct, or seems out of regular moral.

Dilemmas in bioethics are complex, polemic and historically attached to religious "rules". That also needs to change. Although this is a matter of time, and progress comes in slowly, discussing these subjects defending what is fair to people and why people sometimes can't wait for political long-term answers might be the first step to show our urgent need to solve bioethical dilemmas.

Technological progress came way to fast and now we are stuck with lots of questions concerning what to do as a society in terms of bioethics. Showing that ethics is concerned with our demands towards others and cannot be pointed out as a prohibition can lead to a better way to deal with action evaluation that does not seem morally knitting. Different people have different moral "lemmas" and this has nothing to do with moral relativity, but has to do with our respect towards others. Plus, if we take these polemic decisions from the hands of the medical and legal staff, we might end up solving not only one problem (dilemmas), but several problems such as – legal misunderstandings, desire fulfillment and agent-guided decisions that people actually do not want.

The goal here is that no one will be oblige to do anything: if someone is against abortion, for example, that person will never have to do one. But allowing decisions such as this might have a positive impact in the society – prohibition only makes everything worse and for me, that shows up a failure in the ethical system that needs to be corrected with urgency. If prohibiting people from acting in certain ways due to moral rules is having a bad impact in a social level, then we need a moral exchange.

My last goal in this work was to establish what are the moral dilemmas and name them. If I could separate them in a way that would diminish the fuzziness and set what we are dealing with in terms of concepts, then we should know what we need to “attack”. I believe I did that in this work.

Of course, this work does not solve entirely the problem of bioethical dilemmas, there is still much work to be done in several fields of expertise, but this was the first work on the subject and it had to be done in some point. Non-agent related bioethical dilemmas, for example, is still a screaming subject in practical ethics that I did not even began to deal with, this is a work for the years to come. Plus, this first work will only be good enough when it actually causes people to stop and think about bioethical dilemmas. If I can make people realize what are the bioethical dilemmas and what we are doing wrong, then, my work as a nurse doing philosophy is on a good path – it can lead to actual changes in the real world.

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