

# Preface

Scholarly and practical bioethics work today focuses heavily on the expression of individual autonomy and the use of emerging technologies in medical practice and research. The dilemmas and threats posed by climate change receive relatively little attention in bioethics publications or conferences despite the serious and inequitable health burdens they impose around the world. Some prominent bioethicists have expressed concern that in stemming from, and embodying, the norms and interests of wealthy Western nations, bioethics avoids more difficult and far-reaching population-oriented problems, particularly those involving human rights and injustices. Others question the taxonomy of, and relationships between, bioethics, environmental bioethics, environmental ethics, and other specialties. Very few explicitly address the ethics of climate change, and this book tries to rectify that.

This book aims to attract readers from varied disciplines and precipitate interdisciplinary dialogue about the causes and impacts of climate change and associated responsibilities and accountability. In the spirit of Van Rensselaer Potter's global bioethics, such dialogue may produce interdisciplinary collaborations that integrate bioethics into disciplines and projects dealing with climate change, greenhouse gas emissions, and other population-oriented concerns. The outcomes of such efforts may constructively inform policy determinations about the adequacy and appropriateness of national or institutional responses to climate change and other problems.

Contributors to this book were invited to reflect on whether and how bioethics might elucidate the causes, impacts, and ethics of the health impacts of climate change. Their reflections expose a range of views that are not inherent to environmental or climate ethics, and which are relevant across scientific and other disciplines. In its early years, bioethics was concerned with ethics pertaining to all living things. Potter conceived "global bioethics" as encompassing the ethical implications of connections between humans and other living creatures and systems, and the opportunities for health and associated responsibilities therein. Bioethicists working on individual autonomy in medical practice or research seem uninterested in Potter's construct of global bioethics although, as this book makes clear, it is directly relevant to their work and to other disciplines.

The premise of this book is that medical and research ethics can and should embrace Potter's global bioethics and integrate it into their practical and scholarly activities in all realms because it is relevant beyond environmental and public health ethics. Potter and early bioethicists including Warren Reich, Peter Whitehouse, the late Strachan Donnelly, and others understood bioethics as an interdisciplinary means of framing dilemmas in light of the well-being of humans, ecosystems, and other living things; drawing from the past to inform understandings of, and responses to, health-related and other dilemmas; and negotiating solutions with attention to short- and long-term consequences that may vary over time and distance. This global bioethics encompasses human relationships and responsibilities within medicine, research, and beyond. It appreciates the centrality of natural environments and resources to health and well-being and is directly applicable to climate change and actions that contribute to it.

There is no consensus about the extent to which global bioethics grounds environmental ethics, climate ethics, public health ethics, feminist ethics, animal and veterinary ethics, or the centrality of global bioethics to medical and research ethics. I believe that it is relevant to, and can strengthen, each of these specialties and can also strengthen nonethics realms like the "One Health One Medicine" movement which investigates connections between living things to improve understanding of how to prevent and manage zoonotic and other diseases. Those working in these specialties and realms may not see themselves as bioethicists, and are perhaps unlikely to submit their work to bioethics journals or conferences. With some exceptions, these topics have a relatively small presence in bioethics curricula and leading bioethics centers and conferences.

Bioethics has untapped opportunities with which to deepen its engagement with, and relevance to, population-oriented health problems around the world including climate change. The immense investment in medical and research ethics marginalizes global bioethics, and this seems to restrain its integration into medical practice, research, teaching, and policy. Global bioethics is at the heart of the United Nations Declaration on Bioethics and Human Rights, which explicitly addresses environmental aspects of health and associated concerns about rights and justice. Different approaches and scales can be used to integrate global bioethics into innumerable endeavors. Regardless of the topic or problem addressed, such integration would likely result in more holistic and constructive outputs that support climate change mitigation and generate symbiotic health benefits.

The evidence is copious that climate change harms health by, among others, reducing availability of safe food, water, air, and shelter. Simultaneously, global population growth and socioeconomic development raise demand for these resources and drive deforestation, energy consumption, pollution, and other activities that elevate greenhouse gas emissions (referred to herein as "emissions"). The direct and indirect health impacts of rising emissions vary with locations and include extreme weather, warmer air and seas, rising sea levels, and changing seasonal patterns. Independently and combined, these decrease agricultural productivity, alter distributions of disease vectors, and threaten health and well-being in wealthy and

poor nations. While the wealthy suffer from these impacts, the poor and marginalized are most harmed and least able to protect against or recover from them.

This book defines health impacts of climate change as bioethics problems, discusses specific impacts in different regions, and explores mechanisms for responding. Its contributors highlight geographic, cultural, and other considerations that bear on priorities and plausible solutions in different regions and contexts. In the Introduction, I discuss how its content supports the book's premise and draw connections between the views expressed by contributors. In the closing chapter, I discuss challenges to individual and collective abilities to reduce climate change and the responsibilities of bioethicists and others to investigate and guide climate-related dialogue, deliberation, and policy.

Thank you to those who have made this book possible including the Series Editor for Springer's Public Health Ethics Analysis Series and three anonymous reviewers whose critiques led to revisions that enhance the book's quality and depth. A special thanks to my Contributors, whose willingness to leave their comfort zones and write about topics peripheral to their own expertise warrants admiration and gratitude. Often without referring to global bioethics, they subtly encourage its integration into the norms, standards, and endeavors of "mainstream" bioethics. Their reflections will hopefully precipitate interdisciplinary partnerships and improve understanding of, and responses to, climate change. It was the 2008 WINDREF lecture by Sir Andrew Haines on the health impacts of climate change that inspired my interest in the ethics of climate change. His efforts continue to inform health professionals, researchers, educators, and leaders about the extensive evidence of global and grave impacts, their practical implications, and their ethical components. Finally, thank you to those interested enough to plunge into this book. It is you who will hopefully advance dialogue about these issues in your own life and work.

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