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Sherwin, Susan. (2011). **Looking backwards, looking forward: Hopes for *Bioethics*' next twenty-five years.** *Bioethics*, 25(2), 75-82.

### Summary

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In this article, Susan Sherwin, University Research Professor Emeritus in Dalhousie University's Department of Philosophy, offers her reflections on the past, present and future of the field of bioethics. She begins by looking at the relatively short history of the field of bioethics, explaining how it emerged in the late 1960s from the areas of research ethics and clinical medical ethics - specifically, the development of new medical technologies, public interest in sexual and reproductive medicine, and attention to the treatment of human participants in research. In response, clinicians and researchers recognized the need to develop codes of conduct to provide ethical guidance in difficult cases and reassure the public that ethical norms would be identified and pursued. Sherwin asserts that since its beginnings as a field of study, the scope of bioethics has largely addressed issues related to modern biomedicine, with little attention paid to challenging the biomedical agenda.

The article continues by considering the field of bioethics in the present, maintaining that it remains focused on ethical issues arising in individualized, technology-based medical care. Sherwin explains how bioethicists are currently commonly employed by institutions responsible for delivering medical care. While there are advantages to being embedded in these environments, she highlights that the potential exists for bioethicists to feel obligated to not criticize their institution. Sherwin also addresses research, namely that while significant public and private funds are allocated to bioethics research, most of it lacks a serious critical challenge to the organization of health practice and policy.

When considering the future, Sherwin assumes that the field of bioethics will be similar to the past, largely addressing ethical problems related to delivering medical care to individuals. Specifically, she predicts that the field will continue to explore the ethical dimensions of the use of new medical interventions, resource allocation for emerging expensive technologies and therapies, and how to maintain a system of universal medical care. She explores what bioethicists *should* be doing differently in the future, including resisting being embedded within major medical and research institutions and considering the strings attached to funding opportunities, so that they are in a position to critically evaluate health institutions and policies. In particular, Sherwin advocates that bioethicists be in a position where they are able to object to the disconnect in the current health system between the focus on the biomedical model of acute care at the expense of addressing the social and economic determinants of health. She hopes for increased discussion regarding ethical issues related to social inequality, commitments to militarism and environmental degradation.

In order to accomplish this shift, Sherwin concludes by suggesting three modifications to the current approach to ethics:

1. Move away from the dominant model of ethics of duty or virtue, toward one grounded in understanding and being accountable for our responsibilities to our community
2. Seek an ethics orientation that does not restrict itself to the acts of individuals, but understands ourselves as inhabiting complex social structures
3. Consider who participates in bioethics and draw on more diverse perspectives from those working in fields other than health care, philosophy, theology and social science

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