

BIOETHICS/HEALTHCARE—TOPIC SESSION

- Topic: Bioethics/Healthcare
Convener: Andrea Vicini, S.J., Boston College School
of Theology and Ministry
Moderator: Andrea Vicini, S.J., Boston College School
of Theology and Ministry
Presenters: Conor M. Kelly, Boston College
Cristina Richie, Boston College
Teresia Mbari Hinga, Santa Clara University

The Bioethics/Healthcare Topic Session featured three engaging presentations addressing current issues in bioethics and healthcare as a bioethical entry into the convention topic.

Conor M. Kelly opened the session with his paper, “Pharmaceutical Development and Structural Sin: Diagnosing and Confronting Global Healthcare Disparities.” Kelly stressed how, motivated by the *sensus fidelium*, theological ethicists have the obligation to confront the dehumanizing conditions of healthcare disparities. In particular, he discussed the inequity of pharmaceutical research centered almost exclusively on diseases that mostly affect people living in developing countries. Moreover, Kelly examined the pricing of drugs in the global market and the patenting of drugs by showing how both praxes affect the availability of drugs in developing nations. Ethically, the concept of structural violence, which promotes self-interest at the expense of the common good, can support both a critical hermeneutics of the systemic injustices that steer pharmaceutical research and development away from neglected diseases, and a moral action aimed at promoting the common good.

In “Justice for the Earth, Justice for the Poor: Allocation of Medicine and Environmental Conservation,” Cristina Richie situated her reflection on the healthcare system and on its sustainability by stressing the critical situation that humanity is facing and the challenges to the earth’s survival for current and future generations. Global climate changes, pollution, and the exploitation of resources threaten global survival and disproportionately affect the poor. Moreover, while in the developing world the most vulnerable lack basic medical care, in the developed nations citizens can easily access elective medical goods—often using medical resources unnecessarily. Given the pressing global health needs, to contain medical consumerism and to promote resource conservation Richie argued for distributive justice. Concretely, she proposed enlarging the supply of essential medical services to people in the developing world and reducing elective medical services in the developed countries. Balancing these two priorities can, in part, be accomplished by distributing medical services (e.g., telemedicine). The final expected outcome is greater justice and environmental conservation.

In her paper, “This Far By Resilient Faith: Just Sustainability and the Moral Vision of African Women Nobel Peace Laureates,” Teresia Mbari Hinga further expanded Richie’s reflection on sustainability by focusing on the leadership of three African women Nobel Peace laureates: Wangari Maathai (Kenya), Lehman Gbowe and Ellen Sirleaf (Liberia). As Hinga indicated, these three women are inspiring moral exemplars. Their moral vision, commitment, and concrete practices are rooted

in and shaped by the extreme poverty and suffering that plague their fellow citizens—particularly, women and the underprivileged. These women show concretely how promoting justice demands caring for the earth in specific ways (e.g., planting trees) and, at the same time, addressing the expanding desacralization that is affecting the African continent.

In conclusion, the three presenters, while examining three diverse bioethical issues (i.e., the praxes of the pharmaceutical industry, sustainability in the healthcare system, and sustainability in the African continent) shared a common engagement and commitment to critically examine pressing ethical challenges, to rely on theological resources that characterize the Christian moral tradition (i.e., structural sin and the common good), and to articulate just practices.

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