... ZAOULI N°11, Vol. 1, Septembre 2025, pp. 466-489 ISSN : 2788-9343

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

The Emergence and Development of Bioethical Thought

Mohammed ARBAOUI
Department of Philosophy
University of Algiers 2 - Abou EL Kacem Saâdallah
Email :medm2612@gmail.com

Khadidja HENNI
University of Algiers 2 - Abou EL Kacem Saâdallah
sarahenni2@yahoo.fr

Abstract
The Nuremberg Trials marked a turning point in the ethical debate on human experimentation, exposing the brutality of Nazi doctors and laying the foundations of contemporary bioethics. From the principle of informed consent emerged successive international declarations such as the Helsinki Declaration (1964), which shaped modern biomedical ethics. Bioethics today is divided into three major thematic axes: the central core (genetic manipulation, cloning, euthanasia, assisted reproduction, organ donation, end-of-life care), surrounding themes (birth control, bioweapons, capital punishment, animal research, ecology), and related issues (meanings of health, reproduction, and the human body). In addition, bioethics operates across three main domains: clinical ethics, research ethics, and health policy ethics. These domains collectively guide the moral evaluation of medical practices, scientific experimentation, and health system policies, seeking to balance individual rights, scientific progress, and collective well-being.

Key Words: *Bioethics –, Informed consent –, Clinical ethics –, Research ethics – Health policy ethics*

L'émergence et le développement de la pensée bioéthique

Résumé
Les procès de Nuremberg ont marqué un tournant dans le débat éthique sur l'expérimentation humaine, en exposant la brutalité des médecins nazis et en jetant les bases de la bioéthique contemporaine. Du principe du consentement éclairé ont découlé plusieurs déclarations internationales successives, telles que la Déclaration d'Helsinki (1964), qui ont façonné l'éthique biomédicale moderne. La bioéthique se divise aujourd'hui en trois grands axes thématiques : le noyau central (manipulation génétique, clonage, euthanasie, procréation assistée, don d'organes, soins de fin de vie), les thèmes connexes (contrôle des naissances, armes biologiques, peine capitale, recherche animale, écologie) et les questions connexes (signification de la santé, de la reproduction et du corps humain). En outre, la bioéthique opère dans trois domaines principaux : l'éthique clinique, l'éthique de la recherche et l'éthique des politiques de santé. Ces domaines guident collectivement l'évaluation morale des pratiques médicales, de l'expérimentation scientifique et des politiques du système de santé, en cherchant à équilibrer les droits individuels, le progrès scientifique et le bien-être collectif.

Mots clés : *Bioéthique –, Consentement éclairé –, Éthique clinique –, Éthique de la recherche – Éthique des politiques de santé*

Soumission : 04/03/2025 **Acceptation :** 11/06/2025 **Publication** : 15/09/2025

Introduction:

Plato says: "*There are two things we must all give our utmost attention to: the first is to instill in ourselves the greatest possible trust in the future, and conversely, the second is to instill in ourselves the greatest possible fear of it.*" This is embodied by modern sciences and technologies, which legitimately arouse fear of the consequences of intervention in the realm of the living. Today's scientific goals raise unprecedented questions—questions concerning the person, his life, and his death. These questions have been raised, and their proponents are in a state of anticipation or in search of new references, which may relate to values or standards.

Traditional ethics have proven incapable of containing what technology has produced, because they are "ethics that legislate for the individual and the group," seeking standards that govern human behavior. In general, they function by "organizing social relations and the dynamic balance between the individual and his environment." Technology, however, has invaded the fields of life, introducing new questions about man, about our relationship with the world and with others, at the expense of emotional, aesthetic, and contemplative forms. Technology has even altered nature itself: it is no longer merely a tool, but has become a medium and a second nature.

The progress achieved in the field of science through technology produced a general transformation in behavior during the 1960s. It came to alter the ethical landscape, marked by abandoning the philosophy of ethics in favor of a more universal discourse containing concepts related to good

and procedures for application. This is what we call "applied ethics," which imposed itself as a practical response and replaced values and standards that no longer aligned with contemporary society. This new form of ethics revolves around concepts such as prudence and caution, due to the potential impact of scientific results.

These ethics are an element of response to questions generated by scientific progress. They constitute an answer that henceforth goes beyond the classical relationship between physician and patient. Why was this classical framework surpassed? Part of the answer lies in the fact that the problem transcends the old boundaries limited to individuals and their physicians. On the other hand, the scientific world has been perceived by ethics in its totality and in its relations with civil and political society. Science is questioning public health, human control over the living, and man in his universality.

The rapid development that medicine and biology have witnessed in recent decades has opened promising horizons for humanity in the life sciences: control over the body, reproduction, the nervous system, and human genetics. Yet, it has simultaneously confronted human societies with unprecedented situations, imposing new problems that raise questions about the various forms of technical intervention in the human body and life. These include: treatment through organ, tissue, and cell transplantation; survival through life-support machines; hastening death to relieve suffering and pain; intervention in embryos to detect and diagnose potential diseases; carrying out different techniques of fertilization and artificial pregnancy within modern reproductive technologies; intervention in the nervous system to treat mental illnesses; and work on the genome and

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

human heredity. All these raise questions tied to a new ethical thought addressing moral issues in medicine, biology, and health brought about by the scientific and technological revolution.

The scientific revolution, and especially developments in biotechnology in the decades following the Second World War, posed considerable problems for society and exposed the limits of traditional ethics. The force, tendency, and ambiguity of the ethics of modern technological developments cannot be contained within the traditional ethical framework. "*Indeed, the crisis that 'ethics' underwent at the end of the last century stemmed from the enormous progress achieved in biology, which placed ethics, as a discipline, in a real 'crisis of foundations,' undermining the rational edifice built for it by the famous German philosopher Immanuel Kant about a century earlier.*"

The United States of America experienced scientific and technological breakthroughs after the end of the Second World War, resulting in unprecedented ethical problems that traditional ethical thought failed to contain, which hastened the emergence of a field called "Bioethics."

1. The Emergence and Development of Bioethical Thought

1.1 The Emergence of Bioethics

There is no agreed-upon date among researchers that determines the official birth of bioethics. The thinker Nicolas Lemas indicates that "*some researchers insist that the birth of bioethics should be dated to 1962, following an article by Shana Alexander in Life magazine titled 'They Decide Who Lives, Who Dies.'*" Meanwhile, James Rothman considers that bioethics was born in 1966 with an article titled "*Ethics and Clinical*

Research" by Henry Beecher, given the ethical violations that occurred in the United States between 1948 and 1965 in the field of medical and biological research, which were in complete contradiction with the Nuremberg Code and the principles of the American Medical Association.

The only certain fact, as Daniel Callahan points out, is that *"bioethics is a purely American creation."*

In 1970, the American scientist Van Rensselaer Potter published a book entitled *Bioethics: Bridge to the Future*, which influenced the dissemination of the term, defining its purpose as: *"helping humanity participate in biological and cultural evolution."*

The development of medical sciences and biological research in the United States at the end of the 20th century gave rise to several thinkers such as Daniel Callahan and Corncik, who were attracted by the new situations arising in medicine and biology to propose new ethical approaches, despite facing ecclesiastical authority. This interest extended to Canada with the establishment of the bioethics center at the Clinical Research Institute of Montreal by David J. Roy, while Guy Durand founded a research forum in various disciplines within bioethics in Montreal as well. Other philosophers at Laval University followed the same path.

American society in the second half of the 20th century witnessed a series of protests embracing demands such as gender equality, the elimination of racial discrimination, and sexual freedom. These libertarian demands were supported by philosophers such as Ramsay, who called for abolishing the paternal authority of physicians, and Henry Beecher, who opposed medical experiments on humans that violated their dignity. They resorted to courts to achieve these demands.

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

This period was also marked by the rapid pace of scientific applications and the pursuit of greater superiority in scientific inventions. These were the outcome of the emergence of the United States as a victorious technological power, with insufficient attention to ethical thought, despite the efforts of some thinkers to establish ethics to regulate scientific research. Charles Clack, for example, emphasized "*the necessity of building a general intellectual framework,*" while Galus worked to establish ethical rules and principles to guide the scientific legislator, such as honesty, objectivity, modesty in scientific practice, and the obligation to warn of the dangers of scientific discoveries and the problems arising from them.

This accelerated scientific dynamism was not limited to medicine and biology but extended to other fields such as food agriculture, raising societal fears of transgressions such as the fair distribution of wealth and resources, the problem of human organ transplantation, the declaration of death, and genetic engineering. Specialists, thinkers, and religious authorities failed to provide answers reconciling the rapid scientific ambition with easing humanity's endless fears.

Research related to the manipulation of human genes aroused concerns even among researchers themselves, which compelled the American National Academy of Sciences to hold an international conference in Asilomar in 1979. The conference concluded with a recommendation emphasizing the necessity of establishing safe rules in this field. Several symposia were organized and numerous research and reflection centers were founded, such as the Kennedy Institute of Ethics at Georgetown University. When Kennedy's wife was asked on the day of its inauguration

about the reason for establishing this institute, she replied: *"Because of the need to reconcile biology and ethics, I thought of bioethics. Everyone present here had the idea of establishing an ethical institute devoted to this new science, and its main mission will focus on ethics in biology."*

Thus, bioethics is not the product of a specific stage but rather the outcome of intellectual development stretching through history—from the Hippocratic Oath, through the Middle Ages, up to the modern and contemporary periods—which directly contributed to the crystallization of bioethics.

1.2. The Development of Bioethical Thought:

Those concerned with the history of bioethical thought agree that there are four fundamental stages it went through, and each stage was characterized by presenting visions of the moral principles that form the core of bioethical thought, such as the principles of: autonomy, beneficence, non-maleficence, justice, duty, right, and responsibility. "All of these principles are related to medical practice, even if they vary in importance and order in the bioethical literature, due to differences in intellectual and philosophical currents."

Bioethical thought passed through the following stages:

1.2.1. The Pre-Bioethics Stage:

The Hippocratic Oath represents the first ethical code defining the duties of the physician toward the patient, including his famous maxims "which became a fundamental source of medical ethics." This stage is divided into two sub-stages:

- **The Paternalistic Stage of the Physician:** Here, the physician decided on behalf of the patient. This sub-stage extended from the Hippocratic Oath to the

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

emergence of Christianity, which gave the physician a kind of authority due to his knowledge of the patient's interest. The medical profession in Christianity also had a special sacredness within the Church because of its symbolic significance, since Christ himself healed the sick.

- **The Rebellion Against the Physician's Paternal Authority:** The philosophical ideas of the Renaissance era represented the beginning of rebellion against Hippocratic domination that had controlled medical ethics for centuries. The emergence of philosophical ideas glorifying individual freedom and responsibility—including that of the physician, who became responsible for the health and safety of patients—also made him subject to accountability before the law. The trials of German doctors, witnessed in the Nuremberg Treaty of 1947, are evidence of this, as it was the first law to criminalize inhumane practices by doctors and researchers in the field of biomedicine.

1.2.2. The Theological-Ethical Stage:

This stage extended from the late 1960s to the mid-1970s and was marked by radical changes in medical practices and biological research. This stage coincided with social movements calling for the protection of individuals subjected to scientific experiments, supported by emerging features of liberation that sought to free ethics from individualism and connect it to society with openness.

During this stage, clergy in American society monopolized the ethical discourse in the fields of medicine and biology,

which gave Protestant religious figures the opportunity to intervene in shaping bioethical thought. Among the pioneers of this bioethical project were figures who combined medical practice with Protestant religious activity, such as: P. Ramesy, J. Fletcher, and J. Chidress. This stage can be described as relying primarily on religious discourse while diminishing the role of philosophy and ethics.

1.2.3. The Legal-Philosophical Stage:

This stage began in the mid-1970s and extended until the late 1980s. It was characterized by a shift of attention to the problems faced by individuals subjected to scientific experiments and to daily medical practice. This helped crystallize the concept of medical decision-making (by the patient himself or his representative in case of incapacity), in addition to other issues (such as defining death by distinguishing between biological death and brain death, stopping treatment at the patient's request, and genetic testing).

This stage opened the door for philosophers, legal scholars, and even politicians to enter bioethics, with the global character bioethics acquired through the spread of ethics committees locally and internationally. Indeed, philosophical and legal discourse prevailed, as indicated by Hubert Doucet: "In this stage, ethics became strongly tied to law, linking bioethical thought essentially with modernity, since modernity is characterized by the dominance of the legal. While ethics began to decline before law, ethical principles began to take on a legal form."

1.2.4. The Stage of Commercial and Economic Dominance:

This stage extends from the late 1980s to today, where economic issues occupied an important place in bioethical

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

debate. Legal discourse was also criticized, as well as the principle of autonomy, which was subjected to many critiques—perhaps due to the strong return of religious discourse to bioethical concerns. This stage was also characterized by the rapid spread of ethics committees. What distinguished this stage, especially in the 1990s, was the invention of genetic engineering, artificial reproduction, and cloning technologies and their practical applications, which generated legal and religious debates. These scientific applications also gained acceptance (such as treating infertility and using such technologies in fields outside medicine, like agriculture), leading to economic growth despite calls for condemnation or prohibition.

1.3. The Modern Philosophical Foundations of Contemporary Bioethics:

Some researchers believe that the theoretical roots of this ethical thought go back to the Greek era and the works of famous philosophers of that time, such as Plato's view of eugenics and the Hippocratic Oath that contained ethical rules directed at physicians, whose influence persists to this day, in addition to Aristotle's ethical theory based on the necessity of prudence, wisdom, and reason—ethical elements directed at medical practice.
However, the roots of bioethical thought were particularly evident in Enlightenment philosophy, pragmatism, Kant's philosophy, Sartre's philosophy, and the Nuremberg Trials.

1.3.1. Enlightenment Philosophy:

This philosophical thought emphasizes valuing reason as the driving force of research, exploration, and solving

humanity's problems. These ideas influenced the secular character of bioethical thought and the exclusion of religion as a source of ethics. "Reason is capable of creativity and of setting appropriate ethical values to resolve the dilemmas posed by each era, thanks to the solidarity of different actors' minds in finding suitable solutions."
One of the characteristics of this philosophy is its optimism, which calls for a better future for humanity through liberation from everything that prevents human happiness. This influenced the crystallization of bioethical thought. This philosophy also linked humanity's future and happiness to scientists' and researchers' responsibility.
The Enlightenment established the idea of human rights, later embodied in the requirement of informed consent in treatment, thereby calling for transcending the physician's paternal authority and granting patients the right to decide their own destiny.

1.3.2. Pragmatism:

Pragmatism is one of the most important sources of bioethical thought, especially contemporary American philosophy, which appears in producing a realistic, utilitarian, and consensual thought connected to ethical, legal, and social dilemmas in medicine and biology. This is a renewable, evolving thought that excludes ready-made, absolute solutions applied in all fields and instead calls for studying specific, concrete cases, since each case has its own particularity.
"The influence of pragmatic thought also appears in the objective analysis of raised problems and issues." Bioethical thought was also reinforced by several other philosophical sources and political ideas, combining contradictory currents

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

such as Kantian philosophy in its ethical aspect related to human dignity and individual autonomy, and Sartre's existential philosophy emphasizing freedom and equality.

1.4. Kant's Philosophy:

Although Kant's moral philosophy was characterized by absoluteness and universality, which may seem incompatible with contemporary ethical problems, it is nevertheless manifest in modernity and connected to contemporary moral thought consistent with scientific and technological reality. Among its influential principles are human dignity and the moral duty—principles that expanded within the new dimensions of bioethical thought, which became an ethical, legal, and human project after being merely an internal law in Kantian thought.

The concept of duty in Kant's practical reason parallels civil law, both being either categorical imperatives or absolute judgments. Kant's theory embodied the role of reason as the judge in everything, even in independence from religion and science.

"The moral law, according to Kant, is subject to a priori considerations prior to sensory experience, not to posteriori considerations… It is moral consciousness as a necessary act in itself, as a categorical imperative."

Despite his emphasis on separating science and ethics, Kant liberated ethics from the domination of religion and the Church, as the existence of the categorical imperative in man proves free will. Kant also emphasized the objective character of ethics, which developed in medicine and biology and became a duty toward humanity, not an abstract duty. The physician's duty toward the patient is not limited to

treatment, but is essentially derived from respecting him as a human being enjoying full rights, foremost among them the right to decide his fate through informed consent and the preservation of his dignity.

1.5. Sartre's Philosophy:

Unlike Kantian philosophy, which restricted man by moral principles, Sartre emphasized man's freedom in everything, as the only reference in building his own values. Sartre criticized submission to moral rules, since they lead to fanaticism and hypocrisy—publicly adhering to them while secretly breaking them. He rejected absolutes and based his vision on moral relativism, which guarantees freedom, tolerance, and mutual respect among people, along with submission to majority decisions. His vision was reinforced by the consequences of the two world wars and the decline of moral values based on religious absolutes. Sartre considered freedom the basis of human existence and thought. Everything is permissible, provided the individual bears full responsibility. Man even has freedom over himself (such as abortion, suicide, or using contraceptives) and chooses his moral values based on his self, positions, and circumstances.

Sartre's views had a significant impact on bioethical thinking supporting human rights and defending patients' rights to make decisions they find suitable. The concept Sartre proposed—"the individual's freedom and responsibility for everything he does"—resonated in bioethical thought and expanded to become a collective responsibility for all actors in medicine and biology, and even for researchers and governments, as part of their responsibility to preserve the health and dignity of all members of society.

Soumission : 04/03/2025 **Acceptation :** 11/06/2025 **Publication** : 15/09/2025

1.6. The Nuremberg Trials: 1947:

Many researchers in bioethical thought believe its actual starting point "goes back to the famous trials held in Nuremberg (Germany) on August 20–21, 1947, where a group of Nazi German doctors were tried for medical experiments they carried out on prisoners during World War II under the Nazi regime. These experiments had a negative impact on medicine, biology, and science, as they violated the human values that doctors and researchers were supposed to uphold. These trials were the first nucleus for the issuance of the Nuremberg Code regarding human experimentation, which included ten principles."

The Nuremberg Trials raised the issue of experimentation on humans and recorded the brutality of Nazi doctors in their treatment of human beings. That issue became a contemporary ethical problem, and the Nuremberg Code was a prelude to the issuance of subsequent international declarations (such as the Helsinki Declaration 1964, the Tokyo Declaration…, the Manila Declaration… etc.). Its merit lies in that it established the principle of informed consent of the person subject to medical or biological experiments without any pressure, after the nature of the experiment and its effect on his life and health had been clarified to him.

Topics and Fields of Bioethics:

- **Topics of Bioethics:** From a historical perspective, credit goes to the Kennedy Institute where those interested in bioethics confined its topics to the field of health and human life primarily. However, consensus has not yet been reached on drafting a code that

includes and defines the topics of bioethics precisely. Nevertheless, by following the various topics addressed, whether at conferences and seminars, or even at the level of international institutions and bodies, or at the level of conducting related studies, the topics of bioethics are divided into three main axes:

A/ The first axis: the central core:

It includes topics that have sparked much debate, such as prenatal diagnosis, genetic counseling, euthanasia of fetuses, artificial insemination, sperm banks, test-tube babies, surrogate mothers, manipulation and intervention in genes, cloning, genetic records, sterilization of the disabled, eugenics, sex change operations, donation of human organs and transplantation of animal organs into humans, AIDS, the Human Immunodeficiency Virus (HIV), end-of-life care, persistence in continuing treatment or stopping it, euthanasia and assisted suicide, neurosurgery, treatment with neuroleptics and neurochemistry, experiments on humans, embryos, and human tissues, research on the human genome, public health, epidemiological research, allocation of resources, and health policies.

B/ The second axis: topics surrounding the central core.

These are important topics where ethical reflection imposes itself, and among these topics are: Contraception, control of demographic growth, research and development of biological and chemical weapons, wars, torture, the death penalty, patents, animal research, ecology, and the environment.

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

C/ The third axis: nearby topics.

These include topics related to thought and daily practices, such as:

The conception of health and illness, the meanings of the human body, the meanings of reproduction and the meanings of medicine, the relationship of ethics to medicine, the relationship of ethics to technological sciences, and human rights.

The boundaries of separation between the topics of bioethics are almost impossible. For example, how can one separate bioethical topics when experiments are conducted on human and animal tissues, or when speaking about environmental threats and the development of biological weapons? "The topics of bioethics related to human life, health, and contemporary ethics are numerous and complex, and therefore some researchers see no necessity in expanding into these fields, even if attention to them has increased."

- **Fields of Bioethics:** Bioethics is linked to major fields that arise from scientific disciplines and ethical domains, and can be classified into three main fields:

A- Clinical Ethics:

The first questions in the bioethical debate return to issues where decision-making is difficult, such as maintaining life-support means for a person in continuous coma. Contemporary medical practices have revealed situations where decisions are difficult to make, such as whether it is permissible to restrain a troublesome patient, or whether the

truth of the illness must be disclosed to the patient or to his family.

Clinical ethics is linked to the appropriate behaviors that must be adopted, and consists particularly of all that doctors and medical teams face in terms of decisions, doubts, value differences, and dilemmas—whether in front of the patient, his family, or even inside the operating room.

"If attention to the health condition of the patient, his suffering, his personal history, his family situation, and his personal wishes is a duty, considering the patient the center of reflection, then the suffering of caregivers and the distress of healthcare institutions from difficult cases, the attention to disputed principles and values, in addition to the necessity of clarifying the personal values of the interveners and their study within the values of the professional environment, society, and the general environment, also represent a duty inseparable from the specific duty towards the patient."

In light of this overlap, the necessity was pressing, and clinical ethics required guiding principles that professional circles and professional ethics committees undertook to establish. Thus, they chart the path of continuous reflection to accompany clinic staff in serving the patient. Every clinical decision has a technical ethical aspect (such as diagnosis or scheduling treatments…) and another purely ethical aspect (usually related to the decision to be made). The choice of intervention itself has an ethical nature, and awareness of these ethical dimensions helps the physician make the appropriate decision. This is what Guy Durand refers to: "Clinical ethics rest on three poles: the patient, the caregiver, and society, and they are centered essentially on the patient or beneficiary."

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

B- Ethics of Scientific Research:

The practice of experiments on humans by several disciplines in the United States of America led to the establishment of the American National Commission on Ethics in 1974. In Europe, bioethics was linked to the ethics of scientific research framing experiments on humans, as the ethics committee was established by the national institution responsible for health and scientific research in medicine, followed by the National Consultative Committee for Ethics in Life Sciences.

Over time, with the development of sciences, research and experiments conducted on humans separated from clinical practice and became a discipline in its own right. It raised dilemmas related to the protection of persons and the development of knowledge within the framework of research and experiments conducted on humans. According to David J. Roy: "There are three types of dilemmas that can be identified: 1- Achieving the happiness of individuals and the common interest of society as a whole, 2- The physician's responsibilities towards his patients and his responsibility as a clinical researcher, 3- The demands of patients wishing to benefit from new treatments and the scientific, clinical, and economic necessity of rigorously evaluating all new treatments in terms of necessity, effectiveness, and cost value."

Bioethics is linked to the conditions for accepting scientific experiments from an ethical perspective, respecting the texts agreed upon in this regard. To be in line with this approach, a fundamental question should be raised: "Is it acceptable to conduct experiments on humans? In what capacity? And under what conditions?"

"Claude Bernard in the 17th century had already referred to the ethics imposed on the researcher which could expose him to isolation. Starting from the Nuremberg Trials, many concepts related to this problem crystallized, and an institution emerged to practice democratic oversight over scientific research, which deals either with the legitimacy of research or with the references and principles to be respected within this institution, whether governmental or research ethics committees."

C- Ethics of Health Policy:

Health institutions, the health system, and even governments are usually subject to influences, most of which result from ethical problems (such as abortion or euthanasia), in addition to the frequent scarcity of financial resources in responding to concerns that may be urgent, as is the case in caring for those infected with HIV/AIDS, or even in applying some modern technologies that require considerable funds (such as new reproductive techniques). In the face of these concerns, policies must be outlined and choices made. Generally, health policy concerns the entirety of authorities and is directed to benefit the population as a whole without any discrimination among individuals.

Health policy is linked to three main topics that can be summarized as follows:

A/ Public health, B/ The healthcare system, C/ The distribution of resources in the field of health.

The ethics of health policy therefore concern the formation of multidisciplinary reflection focused on the ethical dimension of all issues that concern citizens, by informing them of management rules, and the extent of respect for principles and values related to benefiting from health

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

services. The ways of addressing these ethical issues range from theoretical methods or deducing the values contained in the choice of a political health model, whether through analysis and criticism or demanding amendment.

The ethics of health policy are closely related to clinical ethics and the ethics of scientific research. They are purely bioethical specializations whose mission is to solve problems and propose solutions in the context of respecting individual and collective rights. Therefore, full coverage of the health field is linked to setting specific objectives to achieve a comprehensive and coherent approach that combines these three fields, even if this requires multiple areas of specialization within a complete vision of health.

Conclusion

Bioethics has emerged as one of the most critical intellectual and practical frameworks of the contemporary era, born out of historical tragedies and evolving alongside scientific and technological advancements. From the horrors revealed during the Nuremberg Trials, the world recognized the urgent necessity of protecting human dignity against abuse in medical and scientific experimentation. Over time, bioethics developed into a structured discipline addressing not only central biomedical issues such as genetic engineering, cloning, euthanasia, and end-of-life decisions, but also broader ethical questions concerning public health, ecological risks, biotechnologies, and human rights.

At its heart, bioethics is not confined to theoretical reflection but extends to the concrete regulation of clinical

practice, research protocols, and state health policies. Clinical ethics emphasizes the centrality of the patient, respect for autonomy, and moral decision-making in delicate medical situations. Research ethics ensures that the pursuit of scientific knowledge does not compromise human dignity, demanding strict adherence to principles such as informed consent and respect for the vulnerable. Health policy ethics seeks to guarantee fairness in resource allocation, equal access to healthcare, and the establishment of policies that balance technological progress with social justice.

The true richness of bioethics lies in its interdisciplinarity: it combines philosophy, law, medicine, sociology, and political science to confront the dilemmas of a world where science advances faster than moral consensus. It calls for continuous dialogue between experts, policymakers, and society to anticipate challenges such as genetic manipulation, artificial intelligence in medicine, or the globalization of health crises.

Ultimately, bioethics represents a permanent ethical vigilance over human life and dignity. It urges us to reconcile scientific progress with moral responsibility, individual freedom with collective interest, and technological innovation with the preservation of fundamental human values. In a rapidly changing world, bioethics serves as both a compass and a safeguard, reminding us that the essence of humanity must remain at the center of all medical, scientific, and political choices.

Reference

Soumission : **04/03/2025** **Acceptation : 11/06/2025** **Publication** : **15/09/2025**

1. University of North Las Vegas, Division of Research Ethics. *History of Research Ethics*. "As a direct result of the trial, the Nuremberg Code was established in 1948 …" UNLV
2. *Informed Consent in Human Experimentation before the Nuremberg Code.* BMJ article exploring how the Nuremberg trials and Code were a turning point. PMC
3. United States Holocaust Memorial Museum. *The Nuremberg Code*. Describes the Doctors' Trial and how the Nuremberg Code set forth principles including voluntary informed consent, risk-benefit, etc. Encyclopédie de l'Holocauste
4. Skierka, Antonia-Sophie & Michels, Karin B. "Ethical principles and placebo-controlled trials – interpretation and implementation of the Declaration of Helsinki's placebo paragraph in medical research." BMC Medical Ethics (2018). Shows how the Declaration of Helsinki emerged from the Nuremberg Code and set ethical principles for human subject research. BioMed Central
5. World Medical Association. *WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects*. (First adopted 1964) WMA+1
6. "The revision of the Declaration of Helsinki: past, present and future." Review article describing the history and impact of the Helsinki Declaration. PMC
7. Brocher Foundation. "What is Bioethics? Definition, Principles, Challenges" — outlines the main themes of bioethics including genetics, procreation, end of life etc. Fondation Brocher
8. Internet Encyclopedia of Philosophy. *Bioethics* entry — mentions themes like cloning, gene technology, etc., and

describes its scope beyond clinical medicine. Encyclopédie Internet de la Philosophie
9. National Institute of Environmental Health Sciences (NIEHS). *Bioethics* — defines the domains of bioethics: medical ethics, research ethics, environmental ethics, public health ethics. Niehs
10. "Principles of Clinical Ethics and Their Application to Practice," PMC article — discusses core ethics in clinical medicine: beneficence, non-maleficence, autonomy, justice and how these apply in practice