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Worst Case Bioethics: Death, Disaster, and Public Health [Rezension]

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DOI: <https://doi.org/10.1007/s11019-012-9395-7>

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ZORA URL: <https://doi.org/10.5167/uzh-63088>

Journal Article

Accepted Version

Originally published at:

Clarinval, Caroline (2012). Worst Case Bioethics: Death, Disaster, and Public Health [Rezension].
Medicine, Health Care and Philosophy, 15(2):243.

DOI: <https://doi.org/10.1007/s11019-012-9395-7>

Annas, G. J: 2010, Worst Case Bioethics: Death, Disaster, and Public Health. New York: Oxford University Press. 335 pages. ISBN 978-0-195391732. Price: £15.99

George Annas examines worst case scenarios in the American context and assesses their impacts on individuals, physicians and the government. He wistfully discusses the diverging views on disconcerting topics such as death and disaster.

In the aftermath of World War II, international treaties such as the Universal Declaration of Human Rights and the revised Geneva Conventions aimed at providing a legal framework to foster the respect of basic human rights or regulating situations of conflict. However, post-9/11, the US government using the pretext of potential future terrorist attacks opted to disregard the latter rules of law. Annas illustrates that worst case scenario thinking has not benefited the country's reputation but that it rather affected its credibility and also argues that even in emergency situations the available legal frameworks should remain binding. Thus, there is no need to adopt double standards, which is all the more valid, insofar as the needs of people affected by death and disaster remain unchanged and therefore require identical protection from eventual human rights violations.

When scrutinizing the American healthcare system, Annas claims "a general right to necessary healthcare" and thereby opts for a human rights and social justice approach, which should not necessarily be inspired by the principle of solidarity, but rather rely on the concepts of fairness and equal opportunity. As such, he insightfully pleads for a human rights approach that should value bioethical and social justice concepts as opposed to considering them as mutually exclusive.

Worst case bioethics is according to the author "what can happen when opposing sides each take extreme positions and the extreme positions taken are themselves a product of worst case scenario thinking". In such extreme situations patients' views collide with the physicians', physicians battle with lawyers resulting in the dispute of moral and legal norms. Consequently, there appears to be a need to guide professionals and according to the author, ethics and law should not be considered dichotomous but complementary whereby professional codes of ethics are considered useful tools to be also pertained in times of disasters.

As such good public policy would also value patients rights to choose treatments and carefully apply the notion of informed consent. In worst case situations however, guaranteeing patients their right to choose their treatment as well as respecting fundamental human rights may swiftly be considered superfluous for the sake of national security leading to blunt human rights violations. Suddenly, health and human rights do not appear to be inextricably linked anymore, as suggested by Jonathan Mann, instead, vague arguments echoed by politicians appear to justify discarding basic human rights laws. Finally, Annas further suggests that "the US should proclaim a new global public health policy based on transparency, trust, science, and most importantly, respect for human rights."

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