

Interdisciplinary links between philosophical counseling and bioethics

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Abstract: The article explores the interdisciplinary connections between philosophical counseling and bioethics, highlighting how these emerging fields collaborate to resolve moral dilemmas in the medical sector. The author emphasizes that applied ethics specialists and philosophical counselors do not compete but rather form interdisciplinary teams alongside medical professionals to facilitate patient-centered decision-making. Furthermore, the paper proposes expanding the scope of bioethics from mere medical ethics to a global ecological ethics aimed at protecting the planetary biosystem. By employing tools derived from philosophical practice, these new professions contribute to humanizing medical care and preventing hospital-related litigation. Finally, the article presents the perspectives of both Romanian and international authors regarding the professional status of the ethics counselor and the need for regulated postgraduate training in this field.

Key-words: philosophical counseling; philosophy for community (P4com); bioethics; interdisciplinarity;

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Introduction

The paper presents the aspects of the interdisciplinary connections forming between two emerging professions: the bioethicist or ethics counselor and the philosophical counselor. Both can collaborate to resolve cases involving ethical dilemmas or disagreements regarding medical decision-making. We refer here to ethical decisions and counseling methods for patients, individuals involved in medical research, and the families of those receiving care, as well as for the medical staff responsible for decision-making or case management.

The proposed cooperation can extend to other fields where these two professions operate—specifically within institutions or organizations whose activities impact other living beings or the natural ecosystem. Such situations may necessitate bioethical measures aligned with the urgent need to protect the planetary biosphere. While medical practice initially gave rise only to specializations in medical ethics, new technologies applied to medicine and life sciences have enabled applied ethics to intervene directly in the realm of the biosphere. This has fostered a new specialization—the bioethics counselor—represented by a professional who draws upon the elements and principles of moral philosophy and successfully addresses bioethical issues using tools derived from philosophical practice, as recently developed within the field of philosophical counseling.

Ethical theories and the philosophy of morals thus find a practical application through the bioethics counselor, as well as through the new concept of clinical bioethics—recently introduced into the field of bioethics as a branch of applied ethics. This is a movement whose necessity arises from medical practice and from scientific research in the medical field and regarding *bios* in general.

The bioethical approach begins with specific cases that give rise to various ethical dilemmas or controversies; these require decisions that are correct from both moral and ethical standpoints, while adhering to the fundamental principle of respecting and protecting life—or *bios*—in general. This creates a dilemma we seek to resolve: Should practical ethics remain within the realm of moral philosophy, or can it be transferred to new specialists, namely: bioethics counselors or applied ethics counselors?

Some interdisciplinary approaches in Bioethics

Bioethics possesses an interdisciplinary orientation rooted in the connection between ethics and philosophy—a relationship analogous to the links established between medicine and the life sciences. The scope of associated disciplines and professions can be even broader when considering interdisciplinary connections with other fields operating in the same arena—such as counseling for communities, institutions, or involved individuals—which also give rise to dilemmas concerning moral principles or applied ethics, or necessitate decision-making in these areas.

The concept of philosophical counseling was introduced relatively recently—practically alongside the earliest bioethical approaches—and represents a practical avenue for actively training specialists, primarily from the medical workforce. These professionals can be supported and trained to develop bioethical counseling skills, offering useful solutions across diverse medical contexts. Consequently, including a counselor in bioethics committees offers a distinct advantage: it introduces new working tools derived from philosophical counseling, enabling the counselor—alongside other specialists—to optimally resolve dilemmas or cases under ethical review, thereby fostering a greater integration of philosophy into the counseling process. The beneficiaries of the counseling process will thus include all parties involved: the patient at the center of the case, family members, and the personnel handling the case—including counseling and bioethics specialists, who can thereby enrich their experience and knowledge in the field. We believe that the specialists in question do not overlap in their areas of work, nor do they compete; on the contrary, they can form part of the same team addressing cases arising from medical practice, collaborating to resolve dilemmas—whether ethical or existential—that frequently characterize such situations. As early as 1969, the oncologist Van Rensselaer Potter noted in his work **Bioethics: Bridge to the Future** that bioethics bridges the gap between the life sciences and human values (Potter, 1971).

Starting from this initial observation and analyzing this new field of applied ethics, we see numerous points of intersection between medical, biological, and other life sciences disciplines and the humanities and philosophy; the result is a new kind of insight into the sciences of life and

philosophy, facilitated by the application of ethics. When we speak of *bios*, we refer not only to the human species as rational beings but also to other living creatures, plants, and the entire ecosystem. While bioethics was initially identified solely within the medical field—often conflated with medical or professional ethics—its scope has recently expanded to encompass life itself, or even the planetary biosphere, manifesting now through ecological ethics. Bioethics can no longer be confused with the concept of medical ethics, which arises strictly within the medical domain and pertains to the medical profession and the physician-patient relationship. The ethical approach to issues stemming from medical practice represents, in fact, an encounter with philosophy, which thus finds practical application in the field of bioethics (Țîrdea, 2000).

Professor T. Țîrdea refers to an expansion of the ethical scope—from the individual to the ecological biosystem they inhabit, extending even to the cosmic level. He defines this as a systemic process driven by the human-society-environment relationship and based on the interplay of ethics. In this same context, the cited author notes the influence of information societies on the human-nature relationship; this development extends ethics to a societal level, serving the current civilization by helping to "avert the planetary ecological crisis and global omnicide." (Țîrdea, 2000, 32).

Bioethics: an ethics applicable at the global level

Philosophical practices leaning towards applied ethics are increasingly developing as active support for the medical field, particularly through the emerging practice of philosophical counseling. This practice can operate across various areas of medicine, such as providing support to terminally ill patients and their families; addressing organ transplantation and its associated ethical issues; making decisions regarding end-of-life care and the determination of death; and managing the introduction of new medical technologies that may spark ethical and moral controversy. Such situations can now be addressed through guidance from bioethicists, philosophical counselors, or ethics counselors. To effectively implement bioethics, many medical institutions have established "bioethics councils"—multidisciplinary teams comprising medical specialists, philosophical counselors, ethics counselors, and spiritual counselors.

These teams may also include the patient's family members or social service representatives, and through their activities, they enable bioethics to function as a "social institution." Consequently, there is a growing imperative for medical practice to incorporate a bioethical dimension—specifically, the provision of information enabling the patient to make an informed decision regarding their condition. This process of informing the patient leads to a freely given consent—by the patient or their family—and obliges medical staff to provide an accurate and transparent account of the patient's health status. This new approach marks a shift from the paternalistic or guardian-like role of the physician—who previously determined the medical strategy unilaterally—to an opposing, anti-paternalistic model. This shift is driven by the integration of scientific advancements into medical practice—a field that is applied par excellence—and by the patient's right to information. Bioethics facilitates this transition from the monologue characteristic of the paternalistic model to a different kind of interaction: a relationship between physician and patient grounded in dialogue. We can say that a transition is taking place from traditional medical ethics to the concept of bioethics applied to the medical field.

When viewing the social system as a whole, we must also consider the shift in focus from the individual to the "biosystem." This involves repositioning ethical norms to align with the current trend of raising awareness and fostering social responsibility—a perspective that prioritizes human values and life in general, viewing the latter as a universal living entity of the planet. Philosophical counseling, and philosophical practice in general, focus on moral and ethical norms relevant to life; these norms aim to protect the interests of the person—both as an individual and as part of society—alongside other elements of nature, all of which are integrated into the planetary biosphere. We note the role that medicine, as a science, can play in grounding and developing the new applied concept of bioethics—generating moral and ethical principles essential not only for medical decision-making but also for resolving other healthcare-related dilemmas, such as abortion, organ transplantation (and its implications for donors and recipients), gender reassignment, artificial insemination, euthanasia for the terminally ill, genetic modification or manipulation, cloning, surrogacy, and other medical practices or experimental procedures involving serious diseases.

Philosophical practice turns to ethics to resolve emerging problems or dilemmas in alignment with the moral principles prevailing in society at a given time and in light of the scientific knowledge available then. When examining the moral principles frequently employed in applied bioethics, we observe that they tend to focus on the individual or a specific living being, without extending to the level of society or nature—whether viewed as a whole manifested through the biosphere or as the planet's life-support system. Based on these observations, we believe it would be beneficial to expand the current scope of bioethics—moving beyond medical ethics toward ecological ethics and other life-science disciplines—with the aim of developing a "life-centered" ethic in which humans, other living beings, and the *bios* in general can evolve and mutually protect one another. Bioethics may tend to evolve toward philosophical concepts that value life, rooted in the natural human drive for survival within the ecosystem inhabited. This thesis is found in the bioethics book by Professor Țardea, who describes the field as a global ethic for the future—specifically, the "ethic of human survival." (Țardea, 2000,34).

Some connections between Bioethics and Applied Philosophy

An interdisciplinary link between bioethics and philosophy has recently emerged through the interests associated with a new profession—philosophical counseling. Derived from philosophical practices, this field is increasingly finding a place in healthcare; it was initially applied under the banner of "Philosophy for Community" (commonly known by the acronym P4Com). These new philosophical practices are influenced by scientific discoveries in medicine—developments that significantly impact applied medical ethics, philosophical counseling for patients and their families, and the healthcare professionals involved in medical care and patient treatment.

Philosophical counseling supports healthcare specialists involved in decision-making regarding life-saving or life-preserving therapies—decisions that have profound effects on the patient's family and the medical staff alike.

In addressing the question "Why is philosophical practice needed in healthcare?", a practitioner specializing in bioethics and philosophical counseling notes that "during P4Com sessions, a specific attitude toward

dialogue is fostered: discussions are open and argumentative, others' thoughts are respected, and new ideas and potential solutions are developed—always within the group setting, with everyone participating actively and responsibly" (Bijelic, 2013). We must also consider that philosophical practice can be applied within medical research facilities, where ethical standards are required for decision-making during research-related work processes. Philosophical counseling employs topics and narratives rooted in moral values—grounded in concepts of theoretical ethics—and utilizes a vocabulary specific to philosophical morality and applied ethics (Cattorini, 2008). Consequently, philosophical counseling can address ethical or moral dilemmas and conflicts arising in any field, not merely in medicine. The same author notes a resurgence of applied ethics, driven by the practical application of writings containing "anthropological, phenomenological, and existential analyses" (Bijelic, 2013, 116). Italian practitioner Paolo Cattorini has conducted an extensive study on the relationship between philosophy and bioethics, defining bioethics as "an ethics applied to biomedicine, medical care practices, human or animal research, and the life sciences" (Cattorini, 2008); this perspective reflects an expansion of bioethics' scope from its original medical context toward research and a broader application within the life sciences. Drawing on moral philosophy and ethical principles applicable to emerging fields, the practitioner Cattorini introduces a new concept—that of the clinical bioethicist—who "is, therefore, a philosophical consultant, as they help individual practitioners, department staff, or healthcare institutions overcome the moral dilemmas they encounter and devise, as far as possible, a compelling solution" (Cattorini, 2008).

In the same work, the author draws a connection between applied ethics and philosophy in general, concluding from the outset that "the clinical bioethicist is a philosophical counselor, and the latter is, in their own way, an applied ethicist" (Cattorini, 2008)—a conclusion that highlights the link between bioethics and philosophical counseling, both being relatively new applications of established fields: the life sciences and philosophy, respectively. The same practitioner outlines the stages of reasoning specific to clinical bioethics: identifying the moral issue; evaluating the problem and justifying preferences for a proposed solution; aligning that solution with the field's moral and ethical principles; resolving any disagreements arising within the ethics team or among the

individuals involved in the case; and, ultimately, formulating strategies or recommendations to prevent such ethical dilemmas in the future. Within this same context of the relationship between counseling and bioethics, other perspectives on the concept of bioethical counseling also emerge in practice, involving the adoption of tools and techniques specific to philosophical counseling and their application within the medical field. Practitioner Luca Nave makes such a reference, describing bioethical counseling as a new discipline and profession gaining ground among practitioners; he notes that "the bioethical counselor is, therefore, a professional trained in the practice of philosophical-existential counseling, possessing communication and relational-psychological skills, and who has also studied the issues, theories, and principles of contemporary bioethics" (Nave, 2010). The conclusion reached is that this new profession is establishing its own identity—particularly among healthcare specialists—by positioning itself distinctly from psychological counseling or psychotherapy applied in the field, as well as from spiritual counseling or religious care, both of which are already present in the sector. Nave discusses the link between philosophy and bioethical counseling, defining it as "a helping relationship—logical-hermeneutic in nature—centered on one's worldview or personal philosophy" (Nave, 2010); consequently, we can state that the application of this new concept is part of a broader process of "humanizing" medicine.

The bioethicist or bioethical counselor is a specialist who actively participates in resolving ethical dilemmas—usually arising in the medical field and centering on a patient or a medical procedure—though the process may sometimes also be applied to ethical dilemmas emerging within a professional team working in this sector. Ethical dilemmas in the medical field often center on securing medical benefits associated with a specific situation—potentially giving rise to complex decision-making scenarios—and are sometimes resolved under time constraints or amidst conflicts between the parties involved. Such conflicts may arise regarding the necessity of a particular intervention, medical procedure, or treatment deemed beneficial—measures typically requested or advocated by one party but opposed by the other party involved in the case at hand.

Typically, a request to resolve an ethical conflict or dilemma originates from the suffering individual, their family, or the medical team managing the case. This is where a counseling or bioethics specialist can

intervene to ensure the proper application of human values, drawing upon philosophical tools. The philosophical or ethics counselor engages in resolving the ethical dilemma by analyzing the history of treatments administered in the case, while also considering relevant ethical principles and established medical practices.

The fundamental philosophical principle applied here is the maximization of the patient's well-being and the aim to reduce or eliminate the disease's negative effects, prioritizing the person's life and existence above all else. If the specialist cannot identify the individual's moral values—which gave rise to the dilemma—the ethics counselor assumes the role of a mediator to negotiate the most favorable medical decision, with a primary focus on protecting the person's life.

According to Katrina Bramstedt—an American researcher noted for her work in bioethics—resolving an ethical dilemma involves weighing the resulting benefits (such as reduced suffering and the restoration of the individual's health and capacity to work) against the so-called burdens (manifested as physical suffering, mental trauma, and the financial strain caused by the illness). Researchers recognize the bioethics counselor's role as one of both education and ethical dilemma clarification—a role that transcends the label of "moral police" (Bramstedt, 2005). By assuming the role of mediator, the bioethics specialist listens attentively to the parties involved and fosters ethical reflection on the case, leading to solutions that are more readily accepted by all stakeholders. In this context, the ethics counselor identifies the ethical elements essential to the decision-making process, educates the parties on relevant ethical principles, and rules out options unsuitable for the specific case, all while remaining steadfastly committed to preserving the individual's life. In some instances, the bioethicist acts as a mediator between the clinical team and the patient or their family; through effective counseling, they can significantly reduce the likelihood of litigation arising from the case. Bramstedt quantified this beneficial impact in American hospital intensive care units that utilized such counseling services, noting lower costs resulting from a reduction in conflicts regarding medical procedures. Furthermore, in specialized medical research, the author describes the ethics counselor as someone who can act as a mediator or even a representative of the subject's interests—at times serving as a true advocate for the individual participating in the research program.

About the concept of Bioethics and Applied Ethics in Romania

Regarding the study of the concept of bioethics and its connection to practical philosophy in Romania, Professor Valentin Mureșan stands out; in 2007, he published a work questioning whether "applied ethics is an application of ethics." In this work, the philosopher proceeds from the premise that "moral philosophers have always been interested, to a greater or lesser extent, in the utility and applicability of their theories" (Mureșan, 2007). He notes the emergence of bioethics as a form of applied ethics—a requirement arising from medical practice or scientific research in the field—which results in the "externalization" of applied ethics from its initial philosophical setting to medical or research facilities.

In this context, some argued that the presence of moral philosophers was unnecessary in this new field and that an applied ethics specialist could be trained directly, without the prerequisite of knowledge in ethics—and, by extension, philosophy. Professor Mureșan's response begins with another question: "From where do these new 'specialists' draw the substance of their ethical expertise?" Instead of a direct answer, Mureșan offers a conciliatory proposal, suggesting that a philosophical consultant can be viewed as a moral philosopher who "enables doctors to find the answer themselves." We also note his criticism of the philosophers' "ivory tower," a stance stemming from the fact that ethical theories lack an orientation toward application and are rarely utilized or implemented in medical practice. Professor Mureșan concludes that moral philosophers could engage much more deeply with ethical and moral theory—focusing on creating methods or tools useful for applied ethics, as well as on training specialists in applied ethics, whom he terms "bioethics experts." This same designation appears in the work of Mihaela Frunză, a professor of ethics who studies the concept of ethical expertise and poses the question: Can philosophers be considered experts in the field of applied ethics? Frunză concludes that there is a potential complementarity between ethical expertise and philosophical reflection, and that the expertise of philosophers is essential for any team working in the healthcare sector (Frunză, 2010). In a similar vein, a 2011 study on the need for ethical expertise across various fields concludes that an ethics expert is a specialist with a different initial background but an active

interest in applied ethics; such individuals may come from diverse fields—including philosophy, theology, law, public administration, economics, political science, and so forth—and have acquired a specific set of competencies either during or after their initial training (Frunză, 2011). The ethicist notes that "the natural setting for acquiring such a specialization should be sought within philosophy departments or other university departments offering ethics courses." Drawing on Professor Mureșan's analysis, the same ethicist asks which type of specialist is better prepared to work in the field of bioethics: a physician with a basic grasp of ethics or an ethicist with some medical knowledge? The answer to this question highlights the need to regulate a new profession—that of the ethics counselor—which would indirectly acknowledge the contribution of philosophy; indeed, "ethical consulting would offer Romanian philosophers the opportunity to practice their profession in the private sector" (Frunză, 2011).

This position advocates for the integration of applied ethics—specifically through distinct qualifications such as bioethicist or ethics/bioethics counselor—as a recognized and professionally regulated profession. In this capacity, the bioethics expert or specialist can provide individual ethical consultations or actively participate in ethics committees and commissions established within medical or health research institutions.

Conclusions

We believe that achieving this goal of professional recognition enables the philosophical counselor to play an active role in training future bioethics specialists—who may themselves come from the ranks of philosophical counselors—and to foster collaboration between the two disciplines to meet shared counseling objectives, particularly in community or institutional settings. These two emerging professions can operate either jointly or complementarily in areas where their interaction yields the greatest impact on the cases undergoing counseling. To advance the process of promoting and recognizing these new qualifications within the practice of philosophical and applied ethics, the *Professional Association of Philosophical and Ethics Counselors* has been active in Romania since 2016; the association seeks to regulate these professions

and advocates for the creation of a representative professional body, basing its initiative on the study of an existing professional regulation model—that of the mediator (Hătegan, 2018). We share the general view held by practitioners regarding the training requirements for these new applied specializations—philosophical counseling or ethics counseling—which entail completing master's or postgraduate programs open to university graduates, without imposing restrictions based on the initial field of study as a prerequisite for the new profession. Regarding the multidisciplinary connections necessary to achieve the proposed objectives, we identify the involvement of other specialists—such as those in social work, psychological therapies, psychiatry, and spiritual counseling—who collaborate with the ethics counselor to resolve ethical dilemmas arising from the medical case under review.

The way these specialists approach ethical dilemmas—which often intersect with the aforementioned fields—offers ample scope for ethics counseling to contribute to resolving dilemmas stemming from both the individual's moral principles and those of the society in which we live. Just as applied research in bioethics has shifted from the biological sciences to encompass all life sciences, the integration of ethical and moral norms—currently supported by philosophical practice in the form of philosophical counseling—marks a transition from the bioethics originally envisioned by Potter to a new form of bioethics oriented toward the survival of humanity. The conclusion drawn from this trend is that bioethics is evolving towards an ethics of life centered on life at a planetary scale, encompassing humans, plants, animals, and the planetary biosystem as a whole.

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