BIOETHICS AND SOCIAL DEVELOPMENT: HISTORICAL FOUNDATIONS, GLOBAL TRENDS AND THE EXPERIENCE OF UZBEKISTAN

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Abstract

In the contemporary world, protecting human health, promoting healthy lifestyles and creating inclusive conditions for persons with disabilities have become strategic priorities of social policy. These aims are complicated by nuclear threats, terrorism and bioterrorism, ambiguous moral attitudes toward reproductive technologies, and the absence of fully elaborated mechanisms for regulating conflicts generated by new scientific and medical interventions. The need to define clear limits to scientific interference in human life and to restrain the exploitative attitude toward the living world has brought bioethics to the centre of interdisciplinary research. This article provides a social-philosophical analysis of bioethics as a key regulatory system at the intersection of medicine, law, ecology and culture.

Keywords: bioethics, social philosophy, human health, biotechnologies, human rights, Uzbekistan, New Uzbekistan Development Strategy, ethics committees, medical ethics, ecological ethics.

1. Introduction

In the twenty-first century, the protection of human health, adherence to healthy lifestyles and the creation of comfortable, barrier-free environments for people with disabilities are recognized as core objectives of social policy. These goals are closely related to the broader task of ensuring social welfare and human security. At the same time, the contemporary world is confronted with a set of new and highly complex risks: nuclear threats and the militarization of science, terrorism and bioterrorism, ecological degradation, global pandemics and the rapid expansion of reproductive and genetic technologies.

The moral and legal mechanisms required to regulate conflicts arising from the use of new technologies are still imperfect. The limits of scientific and medical interference in human life remain contested, while the human attitude to the living world is often marked by consumerism and lack of restraint. All of this creates an urgent need for a normative framework capable of integrating scientific, legal, ethical and cultural perspectives. Bioethics, as a field that systematically studies moral problems in the life sciences, medicine and health care, emerges here as a key interdisciplinary platform.

In global discourse, bioethical questions have moved far beyond the walls of hospitals and laboratories. The technogenic impact on social development, the moral dimensions of the human relationship to the living world and the social consequences of medical innovations are actively discussed, for example, in UN Human Development Reports and in the programmes of UNESCO, WHO and other international organizations. Under these conditions bioethics is increasingly perceived not only as a professional medical code, but as a socio-philosophical doctrine regulating the relationship between human beings, society,- technology and nature.

The case of Uzbekistan is particularly indicative. In recent years, the country has adopted the principle "Human interests are the highest value" and the idea of "People's satisfaction" as central guidelines of state policy. The "New Uzbekistan Development Strategy 2022–2026" emphasizes the modernization of the health-care system, the introduction of advanced medical technologies, the expansion of primary and emergency care, and comprehensive support for persons with disabilities. These reforms inevitably raise bioethical questions and demand an institutional and cultural infrastructure that can ensure morally responsible use of biotechnologies and medical innovations.

2. The Concept, Scope and Levels of Bioethics

The term "bioethics" is relatively new, but the problems it addresses are ancient. In modern literature, its origin is associated with two main figures. In some sources, American oncologist Van Rensselaer Potter is considered the first to introduce "bioethics" into scientific circulation, interpreting it as a "bridge to the future" between biological knowledge and moral values. In other sources, attention is drawn to German theologian Fritz Jahr, who used the term "Bio-Ethik" in a 1927 article, although it was Potter who systematically developed its conceptual content.

In his work *Bioethics: Bridge to the Future*, Potter argued that the survival and well-being of humanity depend on the integration of natural and social sciences within a new "science of survival" based on both biological knowledge and ethical wisdom. He proposed the notion of "global bioethics", uniting medical ethics and environmental ethics in a single framework that would ensure the long-term survival of the human species and the preservation of the biosphere.

Encyclopaedic definitions of bioethics reflect the expansion of this field. The 1978 *Encyclopedia of Bioethics* defined it as the systematic study of human conduct in the life and health sciences, examined in the light of moral values and principles. Later editions (1995 and beyond) emphasized its interdisciplinary character and the use of different ethical methodologies to evaluate moral judgments, decisions, policies and behaviour in the context of biomedical and life sciences.

An important methodological issue in bioethics is the demarcation of its subject matter. Researchers distinguish several basic levels or dimensions:

- **General bioethics**, which explores the philosophical foundations, world-view assumptions and universal moral principles (such as respect for human dignity, autonomy, justice and non-maleficence) underlying bioethical reasoning.
- **Special bioethics**, which analyzes specific problem areas: genetic engineering, organ transplantation, euthanasia, reproductive technologies, hospices and palliative care, research on human subjects and animals, demographic policies and reproductive health.
- **Clinical bioethics**, directly connected with medical and research practice, where complex ethical dilemmas arise in concrete situations at the bedside or in the laboratory.
- **Public bioethics**, which focuses on the public sphere: the formation of social opinion, media debates, work of ethics committees, and the inclusion of citizens in discussions of bioethical issues arising from the development of biomedicine and biotechnology.

This multi-level structure shows that bioethics is more than a narrow code for doctors. It is a broad normative system that evaluates and regulates human activity wherever it touches life and health—of individuals, populations and ecosystems.

3. Historical and Civilizational Roots of Bioethical Ideas

Although bioethics became a separate field only in the second half of the twentieth century, its value foundations were shaped over millennia in philosophical, religious and medical traditions.

In **ancient Greece**, Aristotle emphasized that the preservation of health is at the core of the very essence of medicine. Hippocrates formulated principles that remain central to medical ethics: doing good and avoiding harm, respect for the patient, confidentiality, and the rejection of actions that intentionally cause death or terminate pregnancy. The Hippocratic Oath became a classical moral code for physicians, influencing medical culture for centuries.

In **the Zoroastrian text "Avestā"**, one of the earliest written monuments of Central Asia, the purity of the environment, cleanliness, and healthy lifestyle are presented as sources of health. The text highlights the importance of proper nutrition, the symbolic value of bread and milk products, and the spiritual dimension of food preparation.

The **Islamic intellectual tradition** made a profound contribution to the development of ideas that today can be interpreted as bioethical. Abu Nasr al-Fārābī wrote about the positive impact of music on the human nervous system; Abu Rayhan al-Bīrūnī emphasised the significance of physical exercise for bodily and mental health; Juzjānī noted the importance of liquid foods for maintaining health. Ibn Sīnā (Avicenna), in *The Canon of Medicine*, systematized medical knowledge and reflected on the moral responsibilities of the physician, including the duty to treat and support persons with disabilities.

Thus, long before the appearance of the term "bioethics", different civilizations developed ethical concepts regarding health, illness, treatment, death, reproduction and human interaction with nature. Modern bioethics can be seen as a new stage in the rationalization and systematization of these ancient moral intuitions under conditions of rapid scientific and technological change.

4. Global Development and Institutionalization of Bioethics

The modern formation of bioethics as a specific field was strongly influenced by the dramatic experience of the twentieth century, especially the medical crimes of the Second World War, which revealed the catastrophic consequences of scientific practice devoid of ethical constraints.

After the war, a series of international documents were adopted: the Nuremberg Code (1947), the Geneva Declaration of the World Medical Association (1948), and later the International Code of Medical Ethics (1949). These documents articulated basic principles such as voluntary informed consent, the prohibition of inhumane experiments, and the prioritization of the patient's welfare. The Helsinki Declaration (1964, with later revisions) became a central guideline for ethical research on human subjects and continues to play this role today.

In the United States and Europe, bioethics developed in close connection with the legal system and the activities of special institutions. Key milestones include the creation of the Hastings Center (1969), the Kennedy Institute of Ethics at Georgetown University (1971), the adoption of the Patient's Bill of Rights by the American Hospital Association (1972), the establishment of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1974), and the publication of the *Encyclopedia of Bioethics* (1978). Specialized journals such as *The Hastings Center Report* and *Journal of Medicine and Philosophy* played an important role in shaping academic discourse.

International organizations have also significantly contributed to the institutionalization of bioethics. UNESCO has adopted a number of key documents: the Universal Declaration on the Human Genome and Human Rights (1997), the International Declaration on Human Genetic Data (2003), and the Universal Declaration on Bioethics and Human Rights (2005). The Council of Europe drafted the Convention on Human Rights and Biomedicine (Oviedo Convention, 1997) and its additional protocols. WHO, various UN bodies and numerous regional organizations have created ethics committees and expert groups that develop guidelines on biomedical research, organ transplantation, genetics and other fields.

At the same time, national systems of bioethics have been established: central, regional and local ethics committees, often attached to ministries of health, medical associations, research institutes and universities. Their main aim is to protect the rights, dignity and safety of patients

and research subjects, and to ensure that biomedical and biotechnological research complies with ethical and legal standards.

5. Bioethics, Human Rights and Contemporary Ethical Debates

Modern bioethics is closely linked to the international human-rights framework. Declarations and conventions on civil, political, economic, social and cultural rights, on the elimination of racial and gender discrimination, on the rights of the child, on the rights of persons with disabilities and on biological diversity form the normative background against which bioethical standards are elaborated.

Bioethics deals with issues at the heart of human dignity: the beginning and end of life, reproductive autonomy, bodily integrity, access to health care, the fair distribution of medical resources, the protection of vulnerable groups and respect for cultural and religious identity. Therefore, the Universal Declaration on Bioethics and Human Rights integrates classical bioethical principles with a human-rights-oriented approach, emphasizing equality, justice, solidarity and respect for cultural diversity.

At the same time, not all thinkers accept the regulatory role of bioethics. Some authors argue that strict ethical control can slow down scientific progress. They point out that major breakthroughs in biomedicine often require high-risk research, and excessive caution or bureaucratization may delay potentially life-saving discoveries. However, such arguments underestimate the long-term social and moral costs of ignoring ethical standards.

From a social-philosophical standpoint, attempts to "push ethics aside" in the name of scientific progress are unacceptable. Human life and health are fundamental values; no scientific goal can justify systematic violations of human dignity and rights. Bioethics does not exist to block research but to shape conditions under which scientific and technological development serves life, rather than threatens it.

6. Social and Cultural Functions of Bioethics in the Contemporary World

The need for bioethics has increased sharply under conditions of marketization and commercialization of medicine, rapid development of pharmacology and the growth of private health-care sectors. These changes have generated new risks: the commodification of the body and its parts, unequal access to advanced medical technologies, the dominance of profit motives over the duty of care, and the erosion of trust between patients and health-care institutions.

The COVID-19 pandemic clearly demonstrated that bioethical problems are not abstract academic issues. Decisions about lockdowns, triage in intensive-care units, mandatory vaccination, the protection of medical staff, data privacy and global vaccine distribution all had a strong ethical dimension. They exposed tensions between individual rights and collective

safety, national interests and global solidarity, economic considerations and the protection of life.

Bioethics plays several crucial social functions in this context:

1. **Regulatory function.** It formulates norms, principles and guidelines for professional conduct in medicine, research and biotechnology, helping to prevent abuses and reduce risks.
2. **Critical-reflective function.** It provides conceptual tools to critically assess the social consequences of scientific innovations, uncover hidden power relations, and question technological determinism.
3. **Integrative function.** It connects knowledge from biology, medicine, law, philosophy, theology and social sciences, enabling comprehensive analysis of complex problems at the intersection of these disciplines.
4. **Educational function.** It promotes moral awareness among professionals and the public, supports the development of ethical literacy, and contributes to the formation of bioethical culture and civic responsibility.
5. **Humanizing function.** It counteracts tendencies toward dehumanization in health care and technology-driven societies, restoring the centrality of the person and the intrinsic value of life.

In this sense, bioethics can be described as an applied philosophy of life that seeks to ensure that scientific and technological progress leads to human flourishing rather than degradation.

7. The Development of Bioethics in Uzbekistan

In Uzbekistan, bioethical issues began to attract increasing attention in the post-independence period, in parallel with reforms in health care and higher education. Bioethics initially emerged in the medical sphere. Professor M.S. Abdullakhodjayeva's clinical practice and research on the use of bioethical approaches in treating pathological conditions in children laid important foundations for this field and demonstrated the practical relevance of bioethics in pediatrics.

Uzbek scholars have also explored the philosophical and religious dimensions of bioethics. Z.M. Mukhamedova studied the development of bioethics in Islam; F.B. Zagriddinova analyzed the role of bioethical norms in treating persons with disabilities using biotechnologies; R.Kh. Khudoyberganov examined the social and moral aspects of thanatology; N.A. Umrzokova studied surrogate motherhood; Sh.M. Isakhova compared conservative and innovative approaches to the development of bioethics; and other researchers interpreted bioethics as a component of professional ethics and as a philosophical regulator of attitudes toward life.

Institutionally, an important step was the establishment of national ethics and bioethics committees. The Ethics Committee of Uzbekistan joined the forum of ethics committees of CIS and European countries, taking part in the elaboration of model laws on protecting human

rights and dignity in biomedical research. Under the Ministry of Health, a Bioethics Committee was created, operating on the basis of national legislation and international guidelines such as the Helsinki Declaration, the Belmont Report and WHO recommendations on ethics committees. The Ibn Sina International Foundation facilitated the creation of the National Committee on Bioethics of the Republic of Uzbekistan, which coordinates ethical review of research in medicine, biology and pharmacology and promotes bioethical education.

These structures aim to protect research subjects, monitor respect for ethical norms in clinical trials and medical practice, and foster a culture of responsible use of modern biotechnologies. The "New Uzbekistan Development Strategy 2022–2026" further reinforces the relevance of bioethics. It emphasizes the modernization of the health-care system with advanced technologies and equipment, improvement of the quality and accessibility of medical services, and the formation of an effective system for supporting people with disabilities and raising their quality of life. The strategic focus on human interests and social justice gives bioethics a clear policy dimension: it must guide the ethical evaluation of reforms, from the introduction of new medical technologies to decisions in public health, social protection and environmental policy.

Thus, in Uzbekistan bioethics is gradually moving from a narrow niche in clinical medicine to a broader social-philosophical paradigm that interacts with national legal norms, religious and cultural traditions, and state development strategies.

8. Conclusion

The analysis based on historical, philosophical and institutional material allows us to draw several conclusions about the nature and social role of bioethics today.

First, bioethics has deep civilizational roots. Its value foundations were formed in ancient medical codes, religious texts and philosophical systems long before the term itself appeared. What is new in the contemporary era is the scale and complexity of the challenges posed by biotechnologies, global health threats and ecological crises, which require a systemic, interdisciplinary response.

Second, bioethics has evolved from a professional medical code into a comprehensive normative system that mediates between scientific and technological innovation, on the one hand, and human dignity, rights and ecological responsibility, on the other. By linking with international human-rights instruments and global institutions, it has become a key instrument for regulating biomedical and biotechnological practices worldwide.

Third, the experience of Uzbekistan demonstrates that bioethics can and should be integrated into national development strategies. In the context of the "New Uzbekistan", where human interests and social satisfaction are declared supreme values, bioethics provides conceptual and practical tools for assessing reforms in health care, social protection and environmental

policy. National bioethics committees, academic research and education in this field contribute to the humanization of medicine and the formation of a culture of responsibility for life and health.

Finally, bioethics should be understood as an applied philosophy of life in a broad sense. It studies the moral dimensions of human interaction with the entire living world from the human body to ecosystems and seeks to ensure that the achievements of science and technology serve the preservation and flourishing of life, rather than its destruction. Strengthening the bioethical foundations of social development is therefore not a luxury but a necessary condition for the sustainable and humane future of humanity, including the future of Uzbekistan in the era of rapid global change.

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