



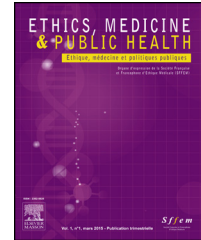
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LETTER TO THE EDITOR

COVID-19: For changing biomedical research standards teaching, is bioethics the solution?



We present here a pedagogical evolution, even a real revolution, which mobilized the ethics of the practices of a faculty of sciences and medicine. More precisely, the aim is a teaching project considering evidence based medicine and hard methodologies limits, according to ethical teaching. Facing the COVID-19 pandemic, the opposition of care ethics and research ethics reflects this “balkanization” of ethics, which is not anchored in practices, with doctors and researchers satisfying themselves with the application of rules that are simple for all.

Evidence-based medicine was developed by extending medical evidence to its use as an indicator for decision-making, whereas it was initially developed as a methodology for teaching [1]. Healthcare professionals thus externalized everything that was not technical, valorizing only these practices. The history of medicine teaches us that psychology, economics and health sociology were previously addressed by doctors, but that this approach has been replaced by the emergence of disciplines designed by people who do not “experience” the contradictions and tribulations characterizing the complexity of the relationship between care and research. The example of the evolution of research ethics, which was once purely administrative and legal, into “ethics in research”, extending beyond the results to the scientific integrity of researchers and their moral behavior (probity, loyalty) is premonitory.

Coming back to clinical trials, particularly in the period of COVID-19, and the will of some to relax standards without really thinking them through, who now remembers the assumptions made and the authors who made them? Which researchers and doctors are aware of the negotiations that have already taken place over a number of years to decrease the economic burden of the prerequisites of research, to make it easier to pass from animal studies to studies on humans, in the context of the safety-tolerance/economics dilemma? So, rather than adopting a

multidisciplinary approach to these reflections, in an intellectual debate animated by colleagues excellent in their own domains of the human sciences and philosophy, we have decided to focus directly on our object: providing the best possible care for patients, integrating all the facets necessary. The reduction of medicine to an entity focused exclusively on profit has made us forget that curing by drugs is only a myth, even though everyone is currently waiting for the imminent development of a vaccine against this new coronavirus, despite the fact that we have not yet managed to develop vaccines against HIV or H1N1, and even the vaccines that we have developed against the flu may not be totally effective when confronted with the mutations that occur each year.

Would it not be more rational to live with the virus, according to the approach proposed by the German philosopher Hans Jonas, a rapprochement of life sciences and sciences of the mind, in a spirit of responsibility [2]? Is it not the place and the plan of bioethics, which places these different types of knowledge under tension, to fight against this tendency towards the reduction of thought and to create greater openness to the complexity of life and of humans, or, as the American oncologist Van Rensselaer Potter put it, to allow the human species to survive using its own intelligence [3]?

Disclosure of interest

The authors declare that they have no competing interest.

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