

EUROPEAN BIOETHICAL PRINCIPLES IN BROADER CONTEXT – THEIR THEORETICAL FRAMEWORK AND APPLICATION IN SOCIAL WORK^[1]

Dominik Opatrný

Department of Systematic Theology, Sts Cyril and Methodius Faculty of Theology, Palacký University, Olomouc

ABSTRACT

European bioethical principles—autonomy, dignity, integrity, and vulnerability—offer a distinct framework rooted in continental philosophy and care ethics. Introduced in the Barcelona Declaration, these principles contrast with the American principlism of Beauchamp and Childress, which emphasizes practical decision-making based on common morality. The text explores the origins, theoretical foundations, and applications of both systems, highlighting their differing understandings of ethical principles and their roles in public policy and professional practice. Special attention is given to the European model's potential for deeper ethical reflection. A case study from social work illustrates how both frameworks can be applied in practice, showing how European principles can enrich ethical sensitivity, dialogue, and care in helping professions.

Keywords: principlism, Barcelona Declaration, autonomy, dignity, integrity, vulnerability, social work

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In his book *Bioethics*, Roman Globokar presents side by side two sets of ethical principles and then asks his readers: “Compare the American and European principles of bioethics. What are the similarities and differences? Which ones are more helpful for solving ethical problems in bioethics?”^[2] On one side, we have the American principles by Beauchamp and Childress, which – despite all criticism – are still the most influential in bioethics worldwide. On the other side, there are the less well-known and used European principles by Rendtorff and Kemp. Does this show that Europe is weak in promoting its own policies? Or is there a problem with the principles themselves? As we will see, the European principles simply have a different purpose.

The so called Basic ethical principles in European bioethics and biolaw – autonomy, dignity, integrity, and vulnerability – were introduced in 1998 in the Barcelona Declaration.

^[3] The list has appeared in several books and academic papers. Most of these texts either briefly mention the list,^[4] explain the individual principles in more detail,^[5] or focus on just one of them, most often vulnerability.^[6] It is rare to find a full evaluation of the principles in their theoretical framework. The most detailed analysis of the European principles can be probably found in the book *Biolaw: Origins, Doctrine and Juridical Applications on the Biosciences* by Erick Valdés.^[7] Its principal approach is not, however, ethical, but legal.

Nevertheless, many important questions still wait for clear answers. What is the actual status of this list? Why were these specific principles chosen? And what kind of theoretical framework do they belong to? These questions, often overlooked, are the ones I want to explore in this article.

To better show the unique features of the European principles, I will compare them with their American counterpart—the principles of Beauchamp and Childress—which have a much richer literature. I will base my comparison on the approach found in the book *The History and Future of Bioethics: A Sociological View* by the American sociologist John H. Evans. He does not look at principlism “from the inside” as an ethical approach to defend or debunk, but “from the outside” as a project that was once successful but is now being abandoned by many.

First, I will briefly explain how Evans describes the development and role of American principlism. Then I will show, in a similar way, how European principlism works. This will lead to a comparison of both systems. In the final part, I explore the possibility of applying the two sets of ethical principles to a different field, namely social work.

The Rise and Decline of the Georgetown mantra

To understand the significance and use of the American bioethical principles – autonomy, non-maleficence, beneficence, and justice – we need to look at their origin, rise in popularity, and decline. In the 1970s, several scandals involving human research shocked the United States. The most significant was probably the Tuskegee Syphilis Study, a 40-year-long experiment that observed untreated syphilis among Afro-American population of one village. When it became public that the researchers only pretended to treat the patients in order to study the natural course of the disease, there was public outrage. This led to the creation of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1974–1978).

This commission, established by the U.S. Department of Health, Education, and Welfare, prepared the so called Belmont Report, published in 1979. This report dealt with research ethics and identified three main principles of bioethics: Respect for persons, Beneficence, and Justice.

These three principles were meant to represent what is called common morality – the general moral sense of American society. The commission that defined them included people from different parts of society, considering race, ethnicity, gender, and profession.^[8] The agreement

on these principles gave hope that the government could use them to solve bioethical issues in a way that would satisfy most citizens.

However, as Evans points out, the Commission was not balanced in the two areas that most strongly shape views on bioethics: religion and education. All members had university degrees and were either non-religious or belonged to liberal religious groups, such as mainline Protestantism, Reform or Conservative Judaism, or liberal Catholicism.^[9] Therefore, the commission only seemed to represent the American population without being truly representative.

One of the advisors of the Commission Tom L. Beauchamp, together with his colleague from Georgetown University's Kennedy Institute of Ethics, James F. Childress, developed the principles from Belmont Report in their highly successful book *The Principles of Biomedical Ethics* (first edition 1979). Beauchamp supported rule utilitarianism, while Childress followed a liberal Christian version of deontology. Although they disagreed on basic ethical theories, they found that they could still agree on the main principles for ethical decision-making.

Beauchamp and Childress did not simply adopt the list of principles from the Belmont Report, but introduced several changes. The principle of "respect for persons" was replaced with "respect for autonomy," and a separate principle of "non-maleficence" was

introduced alongside “beneficence,” because the duty to help and the duty not to harm often come into conflict.^[10] Their approach became so widespread that people began to speak of the “Georgetown mantra” and even the “tyranny of principlism.”

Subsequently, principlism spread beyond research ethics into health care ethics, policy-making, and public discussions about bioethics. It was adopted by other national bioethics commissions and hospital ethics committees across the country. A new group of bioethicists emerged, whose role was to advise on research and health care by offering neutral solutions based on the common morality reflected in principlism.

As I mentioned earlier, principlism was not as representative as its supporters believed. This led to the rise of bioethical activism—first from the conservative side, and later also from the liberal side. As a result, the influence of the bioethics profession that used principlism began to decline. This was most clearly seen during the presidency of George W. Bush. His bioethics commission, the President’s Council on Bioethics (2001–2009), led by Leon Kass, openly distanced itself from principlism.

A European Alternative Suggested

The European principles of bioethics and biolaw developed in a very different way. They began with a scientific project called Basic

Ethical Principles in Bioethics and Biolaw, which was supported by the European Commission as part of the Biomed program, under the European Union’s Fourth Framework Programme for Research and Technological Development. In this sense, it was a project similar to today’s ERC or Horizon grants.

The main leaders of the project were Jacob Dahl Rendtorff and Peter Kemp from Roskilde University in Denmark. Together with a consortium of 22 partners and after consulting other experts, they prepared the final document of the project, called the Barcelona Declaration. In this declaration, they identified autonomy, dignity, integrity, and vulnerability as the main European principles of bioethics. Rendtorff and Kemp later developed these ideas further in both joint and individual publications.

The European principles of bioethics aim to reflect a European perspective, but the group of people who created them was again not truly representative. Instead of expressing a shared moral sense (common morality), the principles reflect the modern continental – especially French – philosophical tradition. Both main authors, Rendtorff and Kemp, worked in ethics and theology and focused on modern French philosophy. Peter Kemp wrote his dissertation in the field of phenomenology,^[11] while Rendtorff studied existentialism and hermeneutics, especially the work of French philosophers like Sartre, Ricoeur, and Derrida.^[12] Their principles thus

focus on human corporality and on the whole person reflected in her life story.

The authors argue that their principles reflect concepts found in European legal documents.^[13] However, the actual influence of these principles on official documents at the European or national level is small. From a legal point of view, the Barcelona Declaration is only a statement made by a group of scholars. When it comes to the Council of Europe, even the name of its body – the Steering Committee for Human Rights in the fields of Biomedicine and Health (CDBIO) – shows that its work is mainly based on a human rights approach.

Still, the authors managed to include the four European principles in a few national documents in Denmark, such as *An Ethical Foundation for Genetic Engineering Choices and Gene Technology* and *Ethics in the Plant and Foods Area – Towards an International Convention*.^[14]

Systematic comparison

Now that we have described how both systems developed, including changes in their legal status, we can compare the two approaches more systematically. We are not going to contrast each individual item on the list – each of the four “pieces of the mosaic” – but rather look at how these pieces fit into the whole picture. The focus will be placed on three main questions: What is the larger theoretical framework that these principles belong to? In what sense are they called “prin-

ciples”? And in what way do they claim to be universal?

American principlism was created as a form of applied ethics – a practical framework designed to solve new ethical problems in research and medical decision-making quickly and clearly. It was a response to a deadlock in the early days of bioethics: the major ethical theories, like utilitarianism and deontology, were seen as too complex and failed to gain broad agreement. In contrast, principlism, as a mid-level approach, avoided this difficulty by offering principles that most people could agree on – what is called common morality.^[15] Each principle is connected to one of the major ethical theories: beneficence and non-maleficence are close to utilitarianism, while autonomy and justice are linked to deontological theories. Because of this, the principles often come into conflict with each other, so they must be balanced carefully. In this way, principlism keeps the diversity of ethical views but reduces the discussion to the most essential points, making it easier to follow and apply.^[16] This is why principlism was later used not only in research ethics but also in health policy and public bioethics discussions.

The impulse for the creation of the European principles can be found in dissatisfaction with American principlism, especially its occasionally extreme focus on individual autonomy. Its authors did not intend to offer a simple tool for solving problems, but rather to bring

a broader perspective into the discussion and to provide general reference points for ethical reflection on new issues. The approach does not aim for quick solutions, but instead encourages deeper thinking – like when students leave an ethics class more confused than when they arrived.

These principles have been most useful in public debate and, to some extent, in policy-making, which was clearly one of the authors' main hopes. The approach is based on modern continental philosophy, especially phenomenology and hermeneutics, as well as the ethics of care, which stands in contrast to utilitarianism and American principlism.

These different contexts lead to different understandings of what the word “principle” means. Beauchamp and Childress see principles as general moral demands that are expressed more specifically through rules. These are *prima facie* principles, meaning they do not apply absolutely in every situation, but only as long as they do not conflict with each other. Since no principle is considered more important than the others, any conflict between them must be resolved through human deliberate judgment.

The principles proposed by Rendtorff and Kemp are, according to Valdés, not principles at all.^[17] He describes them as a “general and theoretical atmosphere” and as “ontological features.”^[18] Some of them resemble virtues,

like integrity, while others are seen as human qualities or conditions, such as dignity and vulnerability. The authors themselves refer to them as “values” and “reflective guidelines.” This means they express the most important values considered relevant from a European perspective, and these values are meant to guide ethical thinking. Unlike the American principles, they are interdependent – they mutually imply and reinforce each other as guides for the ethical and legal protection of persons.^[19]

It seems that the authors do not entirely agree on the internal logic of the European list of principles. On one hand, the *Barcelona Declaration* emphasizes that the list of European principles is not necessarily exhaustive.

^[20] On the other hand, Kemp later explains in one of his articles how the principles are connected and form a coherent whole. According to him, the core European value is care for the other, which is expressed through respect for autonomy. Since autonomy mainly concerns individual rights, it needs to be expanded by dignity, which expresses a duty toward others. However, dignity in its original meaning is linked to the powerful, so it must be balanced by integrity, which highlights the inviolability of the life story of the vulnerable. To fully understand what kind of integrity is meant, it must be connected to vulnerability. Vulnerability then becomes the final and essential call for care from others.^[21]

As explained in the historical overview, the American principles were created to reflect the idea of common morality in the United States. However, from the beginning, they have reached beyond national borders. Every culture must consider both the protection and the benefit of people involved in research and treatment, as well as general fairness. Finally, the global shift toward individualism brings about the emphasis on self-determination. These general moral demands take different forms in different cultures. Still, the American interpretation of autonomy, justice, non-maleficence, and beneficence is spreading around the world together with Western medicine and the research connected to it. This means that American principlism is becoming global – and this global spread is now causing pushback, in Europe, Africa, and other continents.^[22]

The European principles contain a different kind of tension between the universal and the particular. On one hand, they were created as a European alternative to American principlism. On the other hand, they are based on universal human rights. This combination shows an effort to be both globally relevant and culturally sensitive. The authors claim that the meaning of the four principles must always be shaped by the specific situation and social context. In this way, they are not fixed rules but flexible values that guide ethical thinking in different cultures. The inclusion of dignity and integrity reflects this aim, as both principles stress the impor-

tance of respecting the uniqueness of others and the whole of their life story. Valdés even suggests that the four principles are not just ethical tools, but “human being’s ontological features.”^[23] If that is true, then they express a particular European view of what it means to be human. And this creates a paradox: they describe general human characteristics, but they do so from a specifically European perspective.

Conclusion – application of the principles to social work

Comparing ethical principles would be just a mental exercise if it had no real impact on practice. Therefore, in the place of the conclusion, the final part will illustrate the findings through a case study.

Rendtorff claims that the European principles are not only relevant for bioethics, but can also be used in other areas of ethics.^[24] That is why I chose the field of social work—specifically, the ethical dilemmas faced by social workers. I will show how both the American and European principles can be applied to a dilemma taken from the social work ethics textbook by Mirka Nečasová.

A young girl who attends a youth day centre asked a volunteer who works there if he could meet her and her father at the centre. She stated that her father is angry with her. The volunteer checked with the manager of the centre

– he had no objections to the meeting. The father and the girl asked the volunteer at the outset to confirm full confidentiality, which the volunteer did. As he said later – it was naive. He learned of gross violence and abuse.^[25]

Dilemma: Should the volunteer respect the confidentiality and keep his promise or should he report the matter to the manager and discuss the whole situation with him?

As already mentioned, American principlism focuses on finding a clear solution for how to act. The first step is to identify which principles are relevant. In this case, three principles apply: respect for autonomy, beneficence, and non-maleficence. These are *prima facie* principles, which means that, if possible, the volunteer should respect all of them: the promise of confidentiality, the duty to help the girl avoid further abuse, and the duty not to cause harm. It is, however, clear that these duties are in conflict, so a choice must be made. If there is a legal or organizational rule that requires reporting abuse, then the decision has already been made by someone else. If not, the volunteer must carefully consider what is the right thing to do in this situation, taking into account how serious the abuse is and what options exist to prevent it.

Whatever the final decision is, the volunteer will likely feel some discomfort. For example, he may save the girl from danger but still feel a moral burden for breaking the promise

of confidentiality. This may create a need to do something to rebuild trust and reduce the harm caused to the relationship. Beauchamp and Childress call it a moral residuum.

In contrast, the European principles offer reflective guidance for thinking through the situation. The goal is to find a response that provides the best possible care for the client in danger. This means, first of all, respecting her autonomy—her right to have her wishes taken seriously. This autonomy is, however, threatened not only by breaking confidentiality, but also by the violence from her father. The proper answer is not to apply a fixed rule from the outside, but to listen carefully to the client and understand her needs. It is not just about respecting her wish for confidentiality, but also about supporting her autonomy in a deeper sense: her capacity to create goals for her life, to make moral decisions, to reflect and choose freely, and to take responsibility.

Autonomy has its limits for every person, but even more so for someone who is in a dependent position, like this client. That's why dignity is so important—but there are several concepts of dignity in European culture. Therefore, we may ask several questions: How can we respect the client's inalienable human dignity, as someone who has human rights? How should we treat her according to Kant's categorical imperative, which says that we must never use another person only as a tool to reach our own goals, because people

have dignity, not just value like objects? And how can we see in her the image of God, or even the beloved child of God?^[26]

The principle of integrity implies not only to respect the client's physical and mental well-being, but also the whole story of her life—including the fact that the abuser is her father. What has her life been like so far? What turning points and losses has she experienced? Where is her life heading now? And is the volunteer, in any way, disrupting this integrity?

The last principle raises the topic of vulnerability. First of all, it refers to the client's vulnerability—physical, emotional, and social. This is mostly because of her age and gender.

Her vulnerable face calls others to care for her (as philosopher Levinas says), and to protect her—but without any abuse of power. She needs support and a safe environment. Secondly, there is also the vulnerability of the volunteer, caused by lack of experience and lower authority. In this case, he was manipulated into a situation he should not have been in.

These questions and perspectives do not aim for a quick or clear decision between different options. Instead, they help us see the whole situation more fully. They can promote open dialogue, help to truly listen to the client and perceive her needs, discover possible variants of the apparent solutions and open new perspectives in the helping relationship.

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- [2] Roman Globokar, *Bioetika* (Ljubljana: Teološka fakulteta, 2025), 59.
- [3] See Peter Kemp and Jacob Dahl Rendtorff, "The Barcelona Declaration: Towards an Integrated Approach to Basic Ethical Principles," *Synthesis Philosophica* 23, no. 2 (2008): 245–49.
- [4] See, e.g., Benedict Chidi Nwachukwu-Udaku, *From What We Should Do to Who We Should Be: Negotiating Theological Reflections and Praxis in the Context of HIV/AIDS Among the Igbo of Nigeria* (Bloomington: AuthorHouse, 2011), 272.
- [5] See, e.g., Matti Häyry, *Roles of Justice in Bioethics* (Cambridge: Cambridge University Press, 2022), 18–22.
- [6] See, e.g., Claudio Sarte, "Vulnerability: At the Source of Biolaw," in *The Discourse of Biorights: European Perspectives*, ed. José-Antonio Seoane and Oscar Vergara (Cham: Springer, 2024), 65; Roman Globokar, "Ranljivost človeka, družbe, narave in Boga," *Bogoslovni vestnik* 82, no. 1 (2022): 11.
- [7] See Erick Valdés, *Biolaw: Origins, Doctrine and Juridical Applications on the Biosciences* (Heidelberg: Springer, 2021), 31–84.
- [8] See John H. Evans, *The History and Future of Bioethics: A Sociological View* (Oxford: Oxford University Press, 2014), 44.
- [9] Evans, *History and Future of Bioethics*, 89–90.
- [10] In classical principlism, no principle is superior to another; therefore, conflicts that arise must be resolved on a case-by-case basis. This aspect has been the subject of criticism, leading to the development of systems with a hierarchical structure; for example, in Béla Somfai's system, the principle of the sanctity of human life takes precedence over the others. See Gusztáv Kovács, "The Evolution and Challenges of Hungarian Catholic Bioethics," in John Anthony Berry (ed.), *Religion in Contemporary Society: Identity, Culture and Public Life* (Msida: Malta University Press, 2025), 256.
- [11] See Peter Kemp, *Théorie de l'engagement*, vol. 1, *Pathétique de l'engagement* (Paris: Seuil, 1973).
- [12] See Roskilde University, "Jacob Dahl Rendtorff," accessed July 5, 2025, <https://forskning.ruc.dk/en/persons/jacrendt>.
- [13] See Kemp and Rendtorff, "Barcelona Declaration," 241–43.
- [14] See also Peter Kemp, "The Idea of European Biolaw: Basic Principles," in *Biolaw and Policy in the Twenty-First Century*, ed. Erick Valdés (Cham: Springer, 2019), 27.
- [15] See Jennifer Flynn, "Theory and Bioethics," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, Fall 2023 ed., accessed July 5, 2025, <https://plato.stanford.edu/entries/theory-bioethics/>.
- [16] Evans compares this limitation of the discussion to essential facts to the introduction of double-entry bookkeeping; see John H. Evans, "A Sociological Account of the Growth of Principlism," *Hastings Center Report* 30, no. 5 (2000): 31–39.
- [17] See Valdés, *Biolaw: Origins, Doctrine and Juridical Applications*, 79.
- [18] Valdés, *Biolaw: Origins, Doctrine and Juridical Applications*, 79.
- [19] See Valdés, *Biolaw: Origins, Doctrine and Juridical Applications*, 60; Jacob Dahl Rendtorff, "Basic Ethical Principles in European Bioethics and Biolaw: Autonomy, Dignity, Integrity and Vulnerability – Towards a Foundation of Bioethics and Biolaw," *Medicine, Health Care and Philosophy* 5, no. 3 (2002): 235.
- [20] See Kemp and Rendtorff, "Barcelona Declaration," 246.
- [21] See Kemp, "Idea of European Biolaw," 29–31.
- [22] See, e.g., Jude Thaddaeus Buyondo, *The Critique of Bioethical Principlism in Contrast to a Black African Approach to Bioethics* (Eugene: Wipf & Stock, 2024).
- [23] Valdés, *Biolaw: Origins, Doctrine and Juridical Applications*, 79.
- [24] See Rendtorff, "Basic Ethical Principles in European Bioethics and Biolaw," 235.
- [25] Mirka Nečasová, *Úvod do filozofie a etiky v sociální práci* (Brno: Masarykova univerzita, 2001), 91.
- [26] For an overview of approaches to dignity, see Remy Debes, "Dignity," in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, Fall 2023 ed., accessed July 5, 2025, <https://plato.stanford.edu/entries/dignity/>.