editorial

Intercultural bioethics in the algorithmic age

In March 2025, I had the blessing of visiting India at the invitation of His Eminence Archbishop Clemis Daniel Kourieh of Beirut, representing the Syriac Orthodox Patriarch of Antioch and All the East. His Eminence headed an official patriarchal delegation consisting of Archbishop Timotheos Matta Al-Khoury of Homs and Archbishop Boutros Kassis of Aleppo. The Patriarchal Delegation traveled to Kerala in order to participate in the enthronement and the formal conferral of the title of Catholicos upon His Beatitude Baselios Joseph, who succeeded Baselios Thomas I (1929–2024) as the new head of the Malankara Jacobite Syrian Orthodox Church.

The presence of a patriarchal delegation in India constituted a manifestation of ecclesiastical communion, historical continuity, and the unbroken bonds between the ancient Christian communities of India and their Mother Church, the Syriac Orthodox Patriarchate of Antioch and All the East, under the primacy of His Holiness Ignatius Aphrem II. The Malankara Jacobite Syrian Orthodox Church is among the oldest Christian communities, with roots tracing back to the Apostolic era, as tradition holds that it was founded by the Apostle Thomas in A.D. 52 (Knight, 2023; Jacob, 2015).

During the aforementioned visit and at the suggestion of His Eminence Archbishop Clemis Daniel Kourieh, I had the great privilege of visiting the Malankara Syrian Orthodox Theological Seminary, where I was warmly received by its president and Metropolitan, His Eminence Dr. Mor Theophilose Kuriakose, professor and Patriarchal Vicar of Europe. The Malankara Syrian Orthodox Theological Seminary in India embodies the revival of a long and venerable tradition of Syriac theological education, rooted in the legacy of the ancient schools of Edessa and Nisibis. Although the Syrian Orthodox Church experienced periods of decline in its scholastic life due to wars, persecution, and internal divisions, the vision of restoring advanced theological training never disappeared. In 1974, in response to the growing needs of a vibrant Malankara Syrian Orthodox communi-

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ty of 1.5 million believers and 700 parishes, the Church resolved to establish a theological institution to prepare candidates for the priesthood. The initial steps were taken in 1975 at Malecruz Dayara, where smaller seminaries were consolidated under the leadership of H.G. Yacob Mor Themotheos, with the institution then known as St. James Seminary. A decisive step came in 1985 when the Church, under Catholicos Baselios Poulose II, appointed Rev. Dr. Adai Jacob to lead the foundation of a major seminary with modern facilities. The new institution, renamed the Malankara Syrian Orthodox Theological Seminary, was inaugurated with the laying of the foundation stone on 1 January 1986. By 1990, the first phase of construction at Udayagiri near Mulanthuruthy was completed, and in February 1993 the new buildings were formally dedicated. In the same year, the Seminary achieved academic recognition through its affiliation with the Senate of Serampore College (University), Kolkata, thereby securing its position as the foremost center of theological education within the Malankara Syrian Orthodox tradition (Malankara Syrian Orthodox Theological Seminary, 2025).

During this meeting, I had the opportunity to engage with His Eminence Theophilose Kuriakose, as well as with the professors and students of the Seminary, in discussions on the contemporary challenges facing theological reflection in the field of bioethics and medical ethics. The conversation revealed the profound need for an interdisciplinary dialogue between traditional theological thought and contemporary bioethical issues, particularly within the Indian context, where diverse religious and philosophical traditions intersect.

It is a fact that nowadays humanity is called upon to address a variety of issues, including the maintenance of global peace, impoverishment, overpopulation, the food crisis, environmental issues, and generally problems related to health and quality of life. Consequently, the role of bioethics is deemed particularly significant, especially after the Covid-19 pandemic, which dramatically altered the existing perception of scientific and technological progress. This marked an unprecedent period in modern history as entire societies faced an "invisible enemy" that impacted every aspect of daily life (Nezhmetdinova et al., 2022).

The pandemic emerged at a time when the scientific community was primarily concerned with diseases related to genetic and hereditary factors, as well as neoplastic and degenerative diseases. With the advent of Covid-19, bioethical considerations were raised with unprecedented intensity, not as a result of rapid progress in biotechnology, as is often the case. The allocation of finite medical resources, such as ICU beds or vaccines, became a central issue. The principle of justice and its practical application became one of the fundamental dilemmas, and bioethicists were called upon to assess which criteria should guide decisions regarding access to healthcare. Additionally, the pandemic highlighted the need for transparency and accountability in government decisions, as public trust is directly affected by the ethical governance of health. Access to healthcare services, fair distribution of medical resources, protection of personal data, and management of medical uncertainty were just some of the issues raised and simultaneously became central points of discussion in bioethics.

The coronavirus pandemic, like any crisis, tested and challenged the established and entrenched ethics that we hold as a society (Nezhmetdinova et al., 2022). The content and principles of bioethics were questioned. Indeed, some were quick to claim that bioethics "failed" during the management of this unprecedented global health crisis (Ladas, 2023a). To evaluate this view, we must examine what happened during the pandemic, which suddenly and radically destroyed all existing ideas about the norm in both medical practice and society. In this article, we will explore the aforementioned claim, along with the unprecedented ethical dilemmas that emerged during the pandemic, and we will investigate the new role of bioethics in a post-pandemic society, where the existing perception of scientific and technological progress has dramatically changed.

A brief historical review will help us better understand the significance of bioethics and the new role it is called upon to play after the pandemic ends (Ladas, 2023). The scientific term "bioethics" is borrowed from the German term Bio-Ethik. This term of Greek origin appeared in its linguistic homeland a few years ago (Hatzinikolaou,

2015), does not have a plural form, and is compound, consisting of the words "bio" (life) and "ethics". The first component generally indicates that what the second component expresses is related to: 1. life, 2. living beings and their study (Babiniotis, 1998). Thus, from an initial reading of the word, the term "bioethics" signifies the ethics of life (Hatzinikolaou, 2015). Nowadays, bioethics is a branch of applied ethics that deals with ethical problems related to birth, life, and death, arising from the advancements in technology, biology, and medicine (Charalambakis, 1998).

According to H. T. Engelhardt Jr. (1941-2018), bioethics was founded to serve two purposes: one theoretical and one practical. The theoretical aim was to describe the correct ethical behavior for doctors, nurses, and biomedical scientists, while the practical aim was to create a kind of secular priesthood capable of providing advice in hospitals, medical schools, and research centers. To achieve these goals, a theoretical framework was initially defined that set the boundaries of proper action, followed by the development of a training program for individuals who would be capable of offering guidance (Koios, 2008).

Regarding the composition of the term, the Anglo-Saxon oncologist Van Rensselaer Potter (1911-2001) is commonly referred to by many researchers as the first to use it in his works *Bioethics: Science of Survival* (Potter, 1970) and *Bioethics: Bridge to the Future* (Potter, 1971). This is attributed to the fact that after Potter, the term was used in a broad sense, as rarely happens, and subsequently narrowed down as an evolution of Medical Ethics (Dragona-Monachu, 2002). Thus, the birth of the term "bioethics" is often incorrectly placed in the year 1970, as it actually predates this, appearing first in the late 1920s (Muzur & Rinčić, 2011). Specifically, the term first appeared in 1927 in an article by the Protestant pastor Fritz Jahr (1895-1953) titled *Bio-Ethik. Eine Umschau über die ethischen Beziehungen des Menschen zu Tier und Pflanze* [Bio-Ethics: A Review of the Ethical Relationships of Humans to Animals and Plants] (Jahr, 1927).

Both Jahr and Potter assigned different meanings to the term "bioethics" than what it signifies today. Jahr perceived bioethics "as

the science that would substantiate the moral duties of humans not only towards their fellow humans but also towards all living beings and organisms, including animals and plants" (Protopapadakis, 2013). On the other hand, Potter, who envisioned an environmentally friendly ethos or lifestyle, "understood it as the science of survival in the ecological sense of the term, that is, as an interdisciplinary research aimed at ensuring the existence and well-being of the biosphere" (Kuhse & Singer, 2009). Potter sought to bridge natural sciences with Philosophical Ethics, but his endeavor had the character of an Ecological Ethics, while subsequently, bioethics in the German-speaking world came to be understood as Medical Ethics (Nikolaidis, 2006). It should be noted that from the 1940s to the 1960s, there was a significant shift in interest towards medical ethics and medical humanities studies (Engelhardt, 2017). The contemplation regarding the problems that bioethics would later examine appeared prominently on the international stage already from the Nuremberg Trials (1945-1946) and subsequent events, where the use of genetic technology, which promoted and served Nazi racism and was turned against human life, was repeatedly condemned. Moreover, certain principles of deontology concerning new medical research and the manner in which it should be conducted were formulated, known as The Nuremberg Code (Hatzinikolaou & Koios, 2015).

Bioethics matured over decades to attain its current content and now has a multidisciplinary philosophical background, situating it within a new branch of Moral Philosophy known as Applied Ethics (Dragona–Monachou, 1995). In other words, it can be argued that bioethics is a complex and multifaceted interdisciplinary field that, as a nascent interdisciplinary domain, has indistinct boundaries and is not fully crystallized (Dragona–Monachou, 2007). As Professor Myrto Dragona-Monachou aptly points out, "bioethics, as a normative ethical-practical discourse, as a decision-making process with a rational methodology and argumentative skill, is a relatively autonomous interdisciplinary branch but is also a theoretical evolution of practical or applied ethics aimed at safeguarding human rights and their fundamental principles, human autonomy, dignity,

and moral equality, and advocates for the use of techno-scientific achievements for the good of humanity" (Dragona–Monachou, 2007). In this context, Professor Evangelos Protopapadakis clarifies that bioethics is called upon to examine, evaluate, and, if possible, respond to questions that until recently were considered either hypothetical or satisfactorily resolved but are now urgently posed (Protopapadakis, 2013).

The Covid-19 pandemic presented significant ethical challenges at many levels of our daily lives, in a particularly pressing manner. Within this context, issues emerged that affected personal freedom, the protection of personal data, working conditions, information management, the search for therapeutic solutions, and the relationship between humans and animals.

During the implementation of preventive measures, there were restrictions on the freedom of citizens, which is an inalienable constitutional right. Although the restriction of citizens' freedom can be justified for reasons of public safety and health, it was questioned whether this occurred in a proportional manner (risk/benefit) and if it was limited only to matters concerning the health and safety of the population. Simultaneously, the issue of violating international obligations or creating discriminations was raised (Nezhmetdinova et al., 2022). Moreover, the pandemic created ethical challenges concerning the disclosure of personal information. The issue of violating the right to confidentiality and privacy arose, and the digital monitoring of citizens provoked strong reactions.

Another challenging ethical issue arose from the extreme working conditions that threatened the lives of healthcare professionals and their loved ones. In addition to this, the issue of information dissemination must be addressed. For citizens to be fully informed, all actions must be conducted with active interaction. Moreover, the compliance of citizens with regulations and their trust in the measures are directly dependent on the outcome of this interaction (Nezhmetdinova et al., 2022).

On the other hand, limited resources and the lack of a protocol for handling the pandemic affected the entire medical staff, as healthcare workers faced tragic situations. The shortage of avail-

able medical staff, hospital beds, and necessary medical equipment necessitated the categorization and prioritization of patients to determine who would receive (or not) medical care, as well as what type of medical care and where. When demand exceeds supply, triage becomes necessary (Harter & Homan, 2020). Consequently, the overwhelming pressure on healthcare systems made absolute equality unfeasible, which might have required admitting patients based on a completely random selection, such as by drawing lots. The "first come, first served" principle based on arrival order does not ensure absolute equality as it is not entirely fair for patients who live far from hospitals or have difficulty accessing healthcare centers for socioeconomic and other reasons.

Who should receive treatment: a young uneducated person, a world-renowned scientist, or a personality who could potentially be useful to humanity in the future? How does one decide whom to provide treatment, artificial respiratory support, and whom to condemn to death (Harter & Homan, 2020)? Professor of Applied Ethics at the University of Athens, Evangelos Protopapadakis, commented on this, stating, "Currently in ICUs, the availability of beds is less than the demand. Whom will you choose and how will you do it fairly? For example, you have a 90-year-old and a 20-year-old. Both require ICU care, and you have only one available bed. Will you allocate it to the 90-year-old who will occupy the bed for a month and ultimately may pass away, or will you allocate it to the 20-year-old who might recover more quickly and whose bed could then be used by four other patients? And which choice is fair when the 90-year-old has contributed through his work to the existence of this bed, whereas the 20-year-old has not (Protopapadakis, 2013)?"

One of the primary bioethical dilemmas presented was the discord between public health ethics, characterized by the fair distribution of limited resources, and clinical ethics, which focuses specifically on the individual patient. Clinicians adept at providing individualized patient care at the bedside are increasingly being redirected to view the collective public as their primary responsibility. This shift has necessitated an adaptation in the clinical eth-

ics traditionally practiced by these professionals, now shaped by a public health ethics framework influenced by the ongoing global pandemic (Dunham, 2020).

Healthcare professionals acted according to the "principle of salvation," aiming to assist all patients using all available means (Harter & Homan, 2020). Clearly, the moral duty of a doctor is to try to save all patients; however, during a war or a pandemic, this principle cannot function, and medical staff are guided by other principles, whose moral validity is questioned (Nezhmetdinova et al., 2022). In this context, in April 2020, the Bioethics Committee of the Council of Europe stated that access to healthcare must be fair, regardless of limited resources. According to the Committee, we should not succumb to the panic caused by the Covid-19 pandemic and reject fundamental bioethical principles, as only through maintaining a doctor-patient relationship and a commitment to society as a whole can we ensure that the heroic efforts of healthcare professionals are not wasted and that the ethical integrity of those involved is preserved (Haseltine, 2020).

In every case, discussions about providing medical care involve numerous bioethical questions. The medical profession is an ethical business, which must adhere to all four principles of bioethics: autonomy, justice, beneficence, and nonmaleficence. These principles must be upheld by ensuring clear communication about the patient's needs and desires, whether under normal circumstances or during exceptional conditions (Seth, 2020; ten Have, 2022). During the pandemic, however, governments of many countries introduced medical and social protocols that made radical choices in intensive care units and postponed the provision of certain medical services (e.g., scheduled surgeries) that could be performed at a later time (Melidis & Vantsos, 2020; Sándor, 2020). This practice, however, has faced philosophical challenge. For example, one of the most famous ethical dilemmas articulated by British philosopher Philippa Foot (1920-2010) describes a train heading towards five people tied to the tracks (Foot, 1967). By changing the direction of the tracks, one could direct the train onto another track, thereby saving these five people. However, the train would kill one person who is also

tied to the tracks of the other line. How should one act in this case? If the decision-making process is based solely on the outcome of a choice, many might consider it justified to sacrifice one human life to save five others. However, should we not also consider other values when reflecting on the above philosophical dilemma or when faced with similar ethical dilemmas in real life (Nezhmetdinova et al., 2022)?

At the height of the discussion of the aforementioned ethical dilemmas, the search for an effective vaccine to address the pandemic opened up additional bioethical issues, from the need to accelerate clinical research and the universal application of vaccination to related certificates and "green passports" (Nezhmetdinova et al., 2022). Key points of debate included the mandatory nature of vaccination and the distribution of vaccines. In this context, the role of individual and social responsibility emerged, as the purpose of vaccination, besides creating immunity at an individual level, was to establish "herd immunity" to prevent further spread of the virus within the community, which constitutes a public good (Voultsos, 2021-2022).

Indeed, it should be noted that during the pandemic, there were bioethical issues concerning the relationship between humans and animals. For example, the culling of hundreds of minks raised questions, and many wondered whether they were euthanized because they would suffer or because there was a chance the virus could be transmitted to humans. Furthermore, the trade in wild animals also raised dilemmas. In fact, one of the theories about the origin of the pandemic is that it stemmed from illegal forms of wild animal trade in China (Ortiz-Millán, 2022).

The Covid-19 pandemic posed the greatest threat to global public health in the 21st century: healthcare systems appeared unprepared to immediately confront the global health crisis, doctors faced unprecedented ethical dilemmas along with an overwhelming workload, newborns were separated from their mothers, patients died in isolation, social events were suspended or held with limited attendance, and the psychological state of citizens was severely affected. The swift progression of the COVID pandemic caused con-

fusion among bioethicists, philosophers of global justice, and scholars analyzing global structures. It became clear that the spread of deadly infections vividly demonstrates the interconnectedness of all humans worldwide. Although globalization is primarily viewed through the lenses of trade, finance, or potentially cultural conflicts, the person-to-person transmission of a virus across international borders tangibly shows our global interdependence. This evident vulnerability highlights how interconnectedness not only facilitates the spread of immediate harms but also promotes positive outcomes such as faster travel, idea exchange, enhanced economic growth, and poverty reduction (Gavin & Brands, 2020). This situation emphasizes the importance of global bioethics, as truly global bioethics involves cooperation and collaboration among countries. Unfortunately, most research published in bioethics journals addresses a problem existing in one or more countries, but the articles typically do not discuss solutions that require collaboration or cooperation (Macklin, 2020).

The conditions that have taken shape have generally given rise to new ethical concerns, primarily because what always emerges when public health is threatened is a conflict between our personal autonomy and the protection of others, as their lives and health depend on our individual actions and choices (Vidalis, 2020). In times of disaster, individual survival is intricately linked to collective survival, and individual protective measures rely on cohesive collective actions. During events like pandemics or natural disasters, no individual can secure protection entirely on their own. Every protective or preventive measure requires a communal strategy, even if this approach necessitates some limitations on individual freedoms, particularly when such freedoms pose a threat to the collective well-being (Lin, 2020).

The lack of a predefined framework for managing the pandemic shook citizens' trust in bioethics, and misinformation combined with fake news led to a temporary questioning of the role and mission of bioethicists. Additionally, the Covid-19 pandemic shifted the bioethical focus towards "lifeboat ethics," which concerns the rationing and equitable distribution of limited medical resources,

including testing facilities, ICU beds, and ventilators. This shift has redirected attention away from enduring and systemic issues, particularly the structural injustices that lead to health disparities among marginalized communities of color (Churchill et al., 2020).

Ultimately, the pandemic has highlighted a new role for bioethics, as it has underscored its importance and mission and has strengthened it both theoretically and practically. Bioethics is now prepared to address urgent situations, namely states of "exception." It is crucial to acknowledge the significant theoretical work conducted during this period, as numerous discussions took place regarding the principles that should guide decision-making and the allocation of limited resources (Dunham et al., 2020). Many European countries rushed to issue guidelines, which vary among themselves and are of particular interest both individually and in comparison. Thus, the related discussion will continue to evolve for a considerable period. Indeed, returning to "normal" or to a "new normal" also entails risks. For bioethicists, this terminology should raise serious concerns. Normal life has been consistently and unjustly detrimental to the health of many individuals for an extended period. All health issues are influenced by various factors including funding priorities, socioeconomic disparities, health insurance, policies impacting employment and education, the availability (or absence) of public and social services, and the lack of access to services and professionals that support medical care (Churchill et al., 2020).

In any case, the Covid-19 pandemic revealed the importance of bioethics in urgent situations, which indeed must be addressed at an international level. Additionally, the significance of the principles of Christian bioethics was highlighted, especially its greatest contribution: the teaching of Christian love. According to this principle, we should love our neighbor as ourselves, which implies that this principle transcends the concepts of cooperation and collective responsibility. As Professor Miltiadis Vantsos rightly points out, although these are undoubtedly accepted, they still remain subject to reciprocity and self-interest (Vantsos, 2021).

The new role of bioethics offers guiding principles, approaches,

and frameworks for addressing ethical dilemmas in decision-making that impact the health and well-being of the population. The management of the pandemic and the ethical issues that arose during its course highlighted, promoted, and updated the role and mission of bioethics. It also made clear that the contribution of bioethicists is essential for proper crisis management and sound decision-making. Bioethicists can now contribute directly and effectively to the assessment of deontological challenges arising from the allocation of limited resources (vaccines, patient care) and to the evaluation of challenges related to the protection of individual rights and privacy in the post-pandemic society. Consequently, bioethicists have emerged stronger in their ability to: 1. analyze ethical concepts and proposals, 2. assess the correctness or at least the validity of arguments, 3. present the spectrum of possible approaches and perspectives on specific issues, 4. mediate conflicts among doctors, nurses, patients, patient families, and other stakeholders regarding choices in a clinical context, 5. provide advice to hospitals regarding clinical choices, 6. promote new perspectives on which clinical or policy choice is ethically correct, 7. serve, as social experts, the principle related to the appropriate choices in protecting health and biomedical sciences (Engelhardt, 2003; Engelhardt, 2011).

The invitation of His Eminence Archbishop Clemis Daniel Kourieh of Beirut, the visit to the Malankara Syrian Orthodox Theological Seminary and the encounter with His Eminence Theophilose Kuriakose proved to be a pivotal moment for the idea of promoting bioethics and medical ethics in India in a manner that respects and incorporates the country's rich cultural and religious heritage. Thus, when Mr. Sujith Varghese George and Ms. Sherin Sujith Varghese, founders of the *Drahma Eastern Theological and Historical Research Institute* (DE'THRI), proposed the organization of a conference entitled *Conference on Jaivnaithaktha* (Bioethics in Sanskrit), I was deeply enthusiastic about the initiative. The use of the term *Jaivnaithaktha* was not incidental; it symbolized an effort to localize bioethical principles within India's profound philosophical and religious traditions. For this reason, the conference brought together distinguished scholars, theologians, and physicians from various

countries, who contributed to the development of a fruitful dialogue on contemporary bioethical dilemmas. Moreover, it reinforced my conviction that the bioethics of the future must be intercultural and interreligious, drawing upon the wisdom of diverse traditions in order to address the common challenges posed by modern medical technology and research.

The present edited volume is the fruit of the conference that took place on 16-17 May 2025 at the Dr Mar Theophilus Institute of Management Studies in Navi Mumbai. It consists of twenty-three articles by distinguished professors and scholars. The contributing authors come from different fields and enter into dialogue around shared questions: How is bioethics to be understood in a pluralistic world in which medical practice, technology and religious traditions interpenetrate one another? How are the notions of the person and of the "image of God" to be defined when human beings are called to think of artificial intelligence not only as a tool but also as an interlocutor in their moral and theological self-understanding? On what terms can a fruitful dialogue be constituted among different religious traditions? What does "bioethics in clinical everyday practice" mean in concrete terms in settings marked by stark inequalities of resources, such as the health-care systems of India, and how are notions such as consent, responsibility and justice transformed when medical practice is exercised at the limits of what is possible and feasible? In what way can ancient wisdom, religious traditions and contemporary science not merely coexist but jointly reshape medical education and clinical practice, so that bioethics in a pluralistic world may function not only as a normative framework but also as a school for the formation of ethos and responsibility?

Against the background of the foregoing questions, the present edited volume is now being made available to the public as the fruit of an endeavour that is not only academic but also profoundly cultural. The Indian subcontinent, as the cradle of four of the world's most significant religions—Buddhism, Hinduism, Jainism and Sikhism—often referred to as the native Indian or Dharmic religions and together representing roughly 83% of India's population, offers a unique laboratory for the development of an intercultural

and interreligious bioethics. According to the 2011 census, 79.8% of India's population adhere to Hinduism, 14.2% to Islam, 2.3% to Christianity, 1.7% to Sikhism, 0.7% to Buddhism and 0.4% to Jainism; these quantitative data are not merely statistics, but point to the intensity and complexity of the religious pluralism within which bioethical discourse is called to be articulated.

This volume seeks, in my view, to give voice precisely to this polyphony, offering the reader texts that enter into conversation with the great religious traditions of India, with the Christian theological heritage, as well as with contemporary scientific and technological developments. With deep gratitude to all the authors and institutions that have supported this endeavour, we now present this collective volume to the scholarly community and to the wider reading public, in the hope that it will contribute, at least in part, to the shaping of a global intercultural bioethics capable of proving equal to the challenges and hopes of a pluralistic world.

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