Urban Bioethics – The Architect of a Healthy City

SUMMARY

Urban bioethics pays attention to the design of healthy relationships through the involvement of citizens. The main characteristics of urban bioethics: inclusion, integrity, transdisciplinarity. Involvement is a relentless engaging scriptwriter that is deployed by urban bioethics to explore the everyday application of its principles. Integrity reveals integrative mechanisms for bringing communities together in order to create a development strategy for the city and society in general. Transdisciplinarity explains the mechanism of transcendental space, bringing together a variety of languages, professions, cultures, and etcetera.

In this article, we go into examples of bioethical practices that promote the development and implementation of intercultural strategies on an Integrated Bioethics Platform, which can be found in the city both - online and offline. We also make suggestions on the leading types of behavior that are indoctrinated by this platform: networking; involvement through art; awareness of public space and one’s place/one’s self; educational practices.

Keywords: urban bioethics, InplatBio - Integrative bioethics platform, inclusion, integration and transdisciplinarity.

Introduction or why is it important to study the new area of bioethics - the urban bioethics?

We propose to study a new up-to-date area of science - urban bioethics (shortly Urban bioethics). The adjective «urban», unlike adjectives from other bioethics’ areas, does not emphasize its distinctive theoretical perspective1. This descriptive

---

1 Hubenko, Hanna (2019), Urban Bioethics Plan: Studies for the Conscious Citizen, Filosofiya Osvity Philosophy of Education, 24(1), 231.
word allows transfer of methods of bioethics into the public domain, where ethics-related questions/discussions/dilemmas enrich the citizens’ consciousness (while still not dominating).

According to Jeffrey Blustein, urban bioethics can be compared to a clinical one. It means that the same as clinical bioethics - activity/praxis with long-present ethical principles or solutions of practical problems that appear in the clinical area, we can understand urban ethics that transfers regulatory guidance for the problems that appear in urban area. We think that Urban bioethics may be also used as a tool for disputing the actions of traditional bioethics that is criticized for neutral position towards resolving important/essential for citizen’s life problems.

How can urban life not be limited by the urban context? We believe that due to the appreciation of global interconnection, social capital is currently becoming global. We also understand that the strong economic strategies of nation-states are largely determined by the quality of the social capital: citizens’ ability to show solidarity, high levels of trust, emotional intelligence, transparency, and democracy. Practices offered by bioethics in an (any) urban environment nourish critical thinking skills, and therefore awareness of global issues. Thus, in reality, urban life, every citizen's place of residence, is planet Earth. Having realized this, we remain engaged in the dialogue anywhere on the planet. After all, citizens living in different countries around the world can become like-minded agents of global changes. That is why urban bioethics can also be an example of overstepping the borders of traditional bioethics: (1) involving all stakeholders in solving/discussing social issues, such as those related to health determinants or structural factors affecting healthcare, etc.; (2) comparing experience in solving/discussing problems of different organizations and countries and adapting it/experience to the own place of residence.

It also means that when speaking about the problems of life and death (hospices, euthanasia, social justice for vulnerable groups, etc.), we finally honestly think about the following - how exactly do people make decisions? Which emotions do they feel? Is it possible to detach emotions from fair decision-making? Often, when answering that, we realize that it is not only a collection of moral rules and principles, and it is not an isolated one-man solution. It is the context of social life. Emotions are the prisms that refract our principles. Emotions are not only a part of the decision-making context but also, as this chapter has suggested, they, in turn, are shaped by other social contexts. This is how the issues regarding abortion and sex education;

---

2 Blustein, Jeffrey (2001), Setting the Agenda for Urban Bioethics, Journal of Urban Health: Bulletin of the New York Academy of Medicine, 78(1), 7.

3 Anspach, Renee R., Beeson Diane (2001), Emotions in Medical and Moral Life, in: Hoffmaster, Barry, Bioethics In Social Context, Temple University Press, 228 –112-136.
corruption and stats on C-section; gender equality and climate change; LGBTI communities and the language of violence, etc. – become not antinomies in thought but related processes.

The peculiarities of urban life make these critics an especially plausible basis for its understanding. In this article, we emphasize that since the peculiarities of urban life are not limited to the urban contexts, the understanding of urban bioethics may bring important lessons to the general study of bioethics.

Angus Dawson, Christopher F. C. Jordens, Paul Macneill, Deborah Zion in the article «Bioethics and the Myth of Neutrality» write that organizations that deal with bioethics, must be neutral, meaning that they should not take a stand on exact controversial questions and that their main duty is to support the maximally wide discussion and debates. After all, some people may not agree on, for example, the legitimacy of abortion and euthanasia, or how to allocate resources, or whether animals should be used in medical experiments. Speaking about this, we can and should concentrate on the quality of the corresponding analysis and argumentation: argue the relevance and the reasoning of such proof, debate on plausibility, and power of quotations used. But does it follow that neutrality is an appropriate stance where sustained harm is deliberately inflicted on vulnerable populations or where there are clear failures to abide by international human rights norms? Withholding such situations by appealing to «neutrality» - is an abdication of responsibility and tacit consent to long-term abuse.

Therefore, we emphasize that by catalyzing bioethical issues through an open dialogue of all involved/concerned parties, we destroy the neutrality aura. This will facilitate a more effective implementing process for bioethical practices into life, and in favor of the understanding of how to improve the practice in solving these issues, we need to engage people immersed in this practice.

At the Temple University’s Center for Urban Bioethics (CUB) we have found another relevant definition - Urban Bioethics is a new and growing field that points a critical lens on the extreme inequalities of health and access to medical, legal, 

4 Dawson, Angus, Jordens, Christopher F. C., Macneill, Paul and Zion, Deborah (2018), Bioethics and the Myth of Neutrality, Journal of Bioethical Inquiry, 15 (4), 483.

5 Weidema, Froukje, Dartel, Hans and Molewijk, Bert (2016), Working towards implementing moral case deliberation in mental healthcare. Ongoing dialogue and shared ownership as strategy, Clinical Ethics, 11(2-3), 54–62.

6 Metselaar, Suzanne, Voskesa, Yolande, Molewijka, Bert and Widdershoven, Guy (2020), Implementation in Bioethics: A Plea for a Participatory and Dialogical Approach, The American Journal of Bioethics, 4 (20), 78-80.

7 Molewijk, Albert C., Stiggelbout, Anne M., Otten, Wilma, Dupuis, Heleen M. and Kievit, Job (2003), Implicit normativity in evidence-based medicine, A plea for integrated empirical ethics research, Health Care Analysis, 11 (1), 69–92.
and other resources that leaves many urban dwellers and communities distinctively disadvantaged, disenfranchised, and vulnerable.

Urban bioethics focuses on bioethical practice that grouped in urban conditions, strengthens the critical control, dominating in finding ways for its resolving, aiming the discreet/tolerant attitude to people including vulnerable population groups. Reflecting on the urban content is, of course, not the only way of bringing up these deep theoretical and methodological questions. Urban is, however, - one of the positions that is used to critically observe modern bioethics that has special advantages in drawing attention to the limits/accusations of «neutrality», and also to anyone (from an average citizen to a scientist), to change the attitude towards the quality of surrounding and future life/lifestyle.

Main Characteristics of urban bioethics. Description of practical bioethical actions combined with the citizen’s life

Inclusion. An inclusive city engages in the discourse and actions of all the citizens. This relates not only to people from the deprived social groups: immigrants and refugees; children; elderly people; individuals that suffer from/have survived complicated diseases or severe injuries; individuals that find themselves in a state of social maladjustment because of crimes (victims of human trafficking, exploitation, violence, etc.), but generally all citizens—«observers»/ citizen—«spectators» or strong critics—«neutral observer». We suggest for such a city implementation of a certain plan of actions that would prioritize problem areas and lead to practical initiatives and/or broaden the opportunities of including all citizens into the economical, social and civil city life.

Inclusion is, thus, the social ideal of humanism and tolerance that is impossible without a change in consciousness for acceptance of «otherness» as a chance for mutual enrichment. This concept is a big, restless scriptwriter of involvement. Urban bioethics studies the experience of applying bioethical principles in everyday life.

8 Temple University’s Center for Urban Bioethics (CUB) is committed to defining and addressing the ethical challenges of urban health care, public health status, and policy - https://medicine.temple.edu/departments-centers/research-centers/center-urban-bioethics/about

9 Hubenko, Hanna (2019), Urban Bioethics Plan: Studies for the Conscious Citizen, Filosofiya Osvity. Philosophy of Education, 24(1), 233.
An inclusive city aims to build its politics and identity on the basis of a clear understanding that **diversity** may be a resource for society’s development. The first step - is **acceptance (employment) of strategies** that positively influence intercultural meetings and exchange and also promote the equal and active participation of citizens and communities in the city’s development, thus acting up to the needs of diverse population groups.

**Integration.** A strategy that defines space and content development directions of the city several decades ahead. This concept has been created in the engagement of communities/cities. Having united professionals from bioethics with, for instance, professionals of law, doctors, architects, economists, healthcare experts, politicians and civil rights defenders we create a participative dialogue that may be described as a process that unlocks a safe place, where people have an opportunity to be involved in communication and activities based on law and responsibilities.

A reflexive participative dialogue is, therefore, a process of thinking that leads to tolerance and understanding of worldview varieties and interests. The main accent is set on the unification of communities with the general aim of forming a development strategy\(^\text{10}\), **Figure 2**.

\(^{10}\text{Ibid, 234.}\)
In fact, such unities may create initiatives (through inviting of professionals from bioethics and behavioral economics or psychology, or even stand-up comics - healthy satire draws attention to necessity in behavior change) in order to discuss narratives regarding «complicated questions». Networking and communication around it: the debate about designing humans\textsuperscript{11}; «choice architecture» and impulse/behavioral «nudges» \textsuperscript{12}; field design and long-term consequences for life quality; requests and discussions (before) problems combined with health on modern platforms.

The result of such communications - are behavioral decisions, for instance, in order to change the influence on climate that could be easily done by most people, but in most cases - they lack the motivation to change their behavior. Even if behavioral decisions were made by the majority, such changes may not be enough for softening the consequences of climate-change. Likewise, market relations may reduce the conflict between the company’s income and the minimization of an unwilling influence on the environment\textsuperscript{13}.

\textsuperscript{11} Liao, S. Matthew (2016), Tackling Climate Change Through Human Engineering, in: Bolter, Jay David, Engberg, Maria eds., The Next Step: Exponential Life, BBVA 2016, 274 – 293.

\textsuperscript{12} Thaler, Richard and Sunstein, Cass R. (2008), Nudge: Improving decisions about health, wealth and happiness, New Haven, CT: Yale University Press, 293.

\textsuperscript{13} For example, Liao, S. Matthew (2016) claims that biomedical human modification may be aiming to soften the climate change consequences and offers effective methods to fight climate change: tweaking the immune system to create mild meat intolerance, which would cut down on greenhouse gas emissions from livestock farming; making people smaller on the idea that a physically smaller footprint equals a smaller ecological footprint; enhancing altruism and empathy; and using a cognitive enhancement to cut down on the birth rate. Also, Thaler, Sunstein (2008) talk about limitation systems cap-and-trade in the area of healthcare – an approach that implies
Transdisciplinarity as a foundation for the unification of professionals from different areas, disciplines, cultures, etc. The understanding that no nation, no state, no culture, and no political force cannot overcome global challenges alone, because all problems become more and more interdependent and multidimensional, too complicated, to be solved on the basis of one or two perspectives\textsuperscript{14}.

Transdisciplinarity is for us a move beyond professional activity, for example, through public organizations. Civic engagement of a person (NGO, volunteering social enterprise, bioethical commission, grant program, fundraising, deliberation of bioethical topics in local communities, etc.) - is a way of initiatives from the «inside», a valuable way to improve the city. Urban bioethics explains the mechanism of transcendental space, uniting diversity of philosophy, medicine, architecture, art, sociology, and others with bioethical and civil education (Figure 3) in order to develop soft communicative skills\textsuperscript{15}.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{transdisciplinarity.png}
\caption{Transdisciplinarity scheme in urban conditions: acquisition of body of knowledge/ integrative bioethics - application of knowledge in life-process – the creation of new/transdisciplinary spaces (authors report materials “Bioethics Workshop: Urban-Cultural Project” from the International conference “The 21\textsuperscript{st} Rijeka Days of Bioethics. Urban Bioethics: From Smart to Living Cities. Bioethical Debate, Reflections and Standards”, Rijeka/Croatia, 17–18 of May 2019)\textsuperscript{16}}
\end{figure}

Furthermore, transdisciplinary studies in architecture, urban planning, epidemiology, geography, neurosciences, and sociology have a decisive impact on a better understanding of how city’s socio-ecological conditions influence the mental state subsidization for the ones who participate in risk reduction. Stimulating approaches are more effective, and they increase freedom of choice.

\textsuperscript{14} Benedikter, Rolan and Molz, Markus (2011), The Rise of Neo-Integral Worldviews, In: Hartwig, Mervyn and Morgan, Jamie, Critical realism and spirituality, Routledge: Taylor & Francis Group, 50.

\textsuperscript{15} Back in 1991, Scheff and Retzinger noted that emotions provide clues to the nature of the social bond (114). See also research: Gordon, 1995; Jaggar (1998); Lock, 1993.

\textsuperscript{16} Hubenko, H. (2019), 235.
health of its citizens. Such approach may detect population groups that lack «urban advantages» and are subjects of risk.

**Examples of bioethical practices that promote development and implementation of intercultural strategies**

**The Oslo barometer for an Inclusive city**

The Oslo Barometer for an Inclusive City - is a project that was created by the city of Oslo, in order to measure and connect the results of the inclusion policy, integration, and influence that they have on society. The aims of this social influence were described in the aims and vision of the urban master plan, and also in the criteria of grant schemes for inclusion and integration. Using the methodology of measuring instrument «SoImpact», the causal link is established between results of actions and projects, positive results that happened to the focus group, and long-term influence on the inclusion, integration, and social changes.

Previously, the *SoImpact* measurement tool was tested in the Boost Refugee program that provided social entrepreneurs with professional and financial support for refugee jobs. In two of the five projects in the program, leadership roles were assumed by former refugees. The Boost Refugee Program is a three-month incubation program designed to develop ideas and solutions for better integration of recently arrived refugees and asylum seekers into Oslo. The program was officially launched on September 21, 2016, and is being implemented in four steps: development, projects'/initiatives’ selection, development, and evaluation of projects. The municipality recommends that all projects receiving municipal grants develop methods to measure results and engage in public discussion in order to share knowledge.

By launching the Barometer in Oslo, the city aims to provide civic projects and social entrepreneurship with tools that prove their value to inclusion and positive urban changes. This, in turn, increases the value of the effective municipal inclusion policies and grant schemes, as well as cooperation between municipal services and civil community projects.\(^7\)

**The Hogeweyk project**

The Hogeweyk (part of Hogewey care center. A *weyk* or *wijk* is a group of houses, similar to a village) is a specifically designed village with 23 houses for 152 seniors

---

\(^{17}\) The description of The Oslo Barometer for an Inclusive City and other examples of exemplary practice regarding intercultural cities can be found on the page - [https://www.coe.int/en/web/interculturalcities/-/the-oslo-barometer-for-an-inclusive-city](https://www.coe.int/en/web/interculturalcities/-/the-oslo-barometer-for-an-inclusive-city). The methodology SoImpact has been developed by the Political faculty of Oslo.
that suffer from dementia. All of the «participants» need nursing home facilities and live in houses differentiated by lifestyle. Hogeweyk offers 7 different lifestyles: Goois (upper class), homey, Christian, artisan, Indonesian, and cultural. The residents manage their own households together with a constant staff team. Washing, cooking, and other activities are done every day in all the houses. Daily groceries are done in the Hogeweyk supermarket. Hogeweyk offers to its suffering from dementia inhabitants a maximum level of privacy and autonomy. The village has streets, squares, gardens, and a park where the residents can safely roam freely. Just like any other village, Hogeweyk offers a selection of facilities, such as: a restaurant, a bar, and a theatre. These facilities can be used by Hogeweyk residents AND residents of the surrounding neighborhoods.¹⁸

Nowadays, the founder Van Amerongen advises on several similar projects, outside of the Netherlands. Special interest in this model comes from Canada and Florida. A nursing home for elderly people in Georgia (state) has also opened a facility arranged in the style of 50-60.

**The participative theater** offers scenarios of involvement through theater in the health and architecture contexts of the city and the citizens. In our opinion, the participative theater can be explained and presented on the example of the play «Stage your city» (Directed by Michel Didym; Written by Lasha Bugadze, Marie Dilasser, Konstantin Küspert, Frédéric Sonntag; Co-produced by CDN Nancy Lorraine La Manufacture (France), Kote Marjanishvili State Drama Theatre Tbilisi (Georgia), and Badisches Staatstheater Karlsruhe (Germany)). The peculiarity of this performance is that it takes place in four different, every time unique, locations that are chosen by the director after he arrives in a new city. He applies game elements, walking city-tours, and virtual reality. The participants have an opportunity to interactively explore their own city and improve it online - to create their own unique fairy tale¹⁹.

*Stage Your City* is merging the trends of digitization and participatory theatre. It plays with augmented reality, 360° video, gaming elements, and an app-guided city walk. The participatory approach brings theatre directly into the community. In a dystopian fairy tale about a future city ruled by artificial intelligence, the audience

---

¹⁸ The detailed description can be found in the review of «Inside the Dutch ‘dementia village’ that offers beer, bingo, and top-notch healthcare», and also on the official page of Hogeweyk care concept founder - http://www.bethecareconcept.com/en/tag/yvonne-van-amerongen-en/

¹⁹ The questions that are posed to the audience by Jan Linders (2018) have a moral cast - love in times of total simulation, immortality through medical technology, identity without historical memory, security through total surveillance. By using mobile applications, stopping on different virtual and actual stations (a gate, a café, a library, and a doctor’s surgery), the director transfers the city and its citizens to the future dystopian background.
is asked to explore their city interactively and make decisions about the question in which world they want to live in 2052.

**Terraforming** is a transdisciplinary postgraduate program for specialists from different professional fields – architects, urbanists, digital media, interactive design, computer technologies, cinema, social sciences, and other areas. The head of this program is Benjamin Bratton – a design theorist, writer, Professor of Visual Arts and Director of the California University’s Design Center (San Diego), Visiting Professor at the Southern California Institute of Architecture (SCI_Arc). Terraforming is a concept of transforming the planet to the condition acceptable for human habitation. Bratton believes that in the context of the coming climate catastrophe, only a planetary scale change can prolong our life on Earth as we know it. Bratton suggests a system transformation of the cities, technologies, and ecosystems within the next hundred years. The program offers such study topics – from the consequences of the climate change and transformation of the ecosystem in the Anthropocene Era, geoengineering and geodesign to the upcoming geopolitical transformations and universal automatization. Such programs, from our point of view, raise fascinating questions: will there be a place for ethics in a post-anthropocentric city? Does it take on a whole new direction in cosmogenic ecosystems? If we are to “…be responsible post-people, we should notice the close future times, small tactical goals, and strategic integration of issues that enhances the expressiveness of other lives as key points …” and we also use the ability to picture much broader and deeper.

Several examples of bioethical practices from around the globe that confirm the relevance of this article have thus led to speculation and creation of an Integrative Bioethics Platform that is online and offline present in the city. An integrated bioethics platform that has online and offline life in the city. The integrative bioethics platform is a structure that integrates knowledge of all areas of bioethics/bioethical knowledge integration platform, providing open scientific information to the wider audience. Examples of such offline platforms in any field are bioethicist-specialists production (courses, trainings, experience sharing). Society has been in need of a qualitatively new mental paradigm for both professionals and citizens in general.

---

20 Didym, Michel, Linders, J (2018), Digital theatre. A Casebook, https://www.europeantheatrelab.eu/wp-content/uploads/2018/09/ETL_Digital-Theatre-Casebook_web.pdf / (accessed: 3 January 2019).

21 See details at https://strelka.com/ru/education/education-programme-201819. For a more thorough study of the Terraforming program and for defining the meaning of the new urban and technological decisions on the planetary scale we recommend the works of the following authors: Wilson (2016); Hester (2018); Parikka (2015); Buck (2019); Bratton (2019).

22 MacCormack, Patricia (2018), Cosmogenic acceleration: Futurity and ethics, *Logos*, 2(28), 76.

23 The integrative bioethics platform is based on the methodology of integrative bioethics. The questions of integrative bioethics and its methodology are outlined in the following articles: Rinčić I., Sodeke St. Ol., Muzur A. (2016); Hoffmann Th. S. (2018); Sass H.-M., Muzur A. (2017).
for quite a long time. It enhances the relevance of integrative bioethics’ programs, defines philosophical and methodological foundations of bioethics, as well as the content of training guides, programs and methodological recommendations aimed at their implementation into the process of both - training of bioethics professionals and retraining of specialists in other fields24.

Our main idea on the online-platform InplatBio is to highlight scientific, social, and political decisions/approaches to the ethical problems in the modern world (these may be ethical codices, bioethical standards, civil involvement projects, art initiatives, etc.). Sisk, B. A. J. Mozersky, A. L. Antes, and J. M. DuBois have offered a relevant idea of connecting the development of ethical standards and actual implementation of these standards. An important role in this interconnection is taken by the bioethicist, as a person who has to “support ethical actions” and therefore “cooperate with those who have experience in implementing social change”25 in urban settings. Urban bioethicist’s work «may also concern critical inquiry or a preliminary exploration of a subject in order to identify and describe moral concerns or benefits, or instigate ethical reflection on a topic previously seen as unproblematic»26.

The bioethicist was not acting as an expert or consultant, providing practitioners with prescriptions on how to solve moral dilemmas. He acted as a facilitator of the dialogues between parties and supported the process of drawing normative conclusions with and within practice27.

We are also very impressed by the idea of transdisciplinary collaboration on the basis of bioethical practice. By the latter, we mean cooperation focused not only on experts but also «on cooperation with stakeholders in practice in a participatory and dialogical way»28. This is the way we shape a bioethicist as a facilitator of moral case deliberation29 as a mentor in the educational process.

On this platform, we also want to highlight new hybrid professions in the areas, which were not possible to combine before (for example, through project programs). We suggest using the experience of bioethicists as a mechanism in well-established rules

24 Hubenko, Hanna (2014), Integrative pedagogical bioethics as a new direction of training specialists, Higher Education of Ukraine, 3, 80.
25 Sisk, Bryan A., Mozersky, Jessica, Antes, Alison L. and DuBois, James M. (2020), The “ought-is” problem: An implementation science framework for translating ethical norms into practice, American Journal of Bioethics, 20(4): 69.
26 Metselaar, S. et al. (2020).
27 Abma, Tineke A., Baur, Vivianne, Molewijk, Bert and Widdershoven Guy AM. (2010), Inter-Ethics: Towards an Interactive and Interdependent Bioethics, Bioethics, 5 (24), 255.
28 Metselaar, S. et al. (2020), 80.
29 Stolper, Margreet, Molewijk, Bert and Widdershoven, Guy (2015), Learning by doing. Training health care professionals to become a facilitator of moral case deliberation, Interdisciplinary Journal on Hospitals’ Ethical and Legal Issues, 27(1): 47-59.
of connecting, a «glueing a humanities person to a science person». Such hybrids may be new professions as new interests or hobbies for one to feel like a happy citizen and form positive social factors for the development of a «new personality» and society in general\textsuperscript{30}.

A new personality - is a broad notion that forms responsibility for human behavior for the sake of the future. Which profit gives it to the present? There is an increase of opportunities in a new/interesting job, a decrease of anxiety, qualification growth for the ones in charge, educational programs, the ability to have a conversation on a non-violent basis, etc.

![Figure 4 – Scheme of Integrative bioethical platform](Image)

We offer interactive methods (cases; authors cartoons; comic books; storytelling, narratives from professionals already working in hybrid professions, - bioethicists) [for example, Data Bioethicist (data specialists are creative minds of algorithms. They structure large amounts of data and gather useful information for different areas of bioethics: medical, environmental, global, etc.). The goal is to identify

\textsuperscript{30} We have first introduced the idea of hybrid professions, with bioethicists as an example, with a colleague from Spain, Salvador Ribas, at the I International bioethics conference: Teaching and learning in bioethics, January 24-25, 2019.

\textsuperscript{31} Hubenko, H. (2019), 236.
unknown before relationships between data and its evaluation, which can lead to new understanding/increase of productivity]; the platform will set up an awareness campaign regarding new youth policy - Career Portal - Mentoring Commission for Professionals from all around Europe (including youth opinion statistics); creating, thus, a platform with open youth inquiries/thoughts from all over the world.

**These are the main types of behavior, which are formed by the platform in the urban area:**

1. **Networking** – is not just an opportunity and accessibility of municipal city facilities. It may be a mapping of places/locations in the city, where we feel, like at home, or feel the esthetic pleasure of being/acting together (projects Hogeweyk, inclusive schools, and theatres, improvised and intuitive municipal spaces, where people can discuss arguable topics and not feel alone).

Bioethics practices are dialogical. Bioethics is adapted to the conditions of value pluralism that is typical for modern (urban) society and should be understood as a fundamentally dialogic enterprise. The value of dialogue in this situation is that it reveals latent differences, if any, and accepts peaceful verbalization of inequalities in the discussion. These contradictions may take place either on the level of state and institutional policy or on the level of interaction between healthcare professionals and their patients, between the citizen and the municipality, etc. In any case, the resolution of the disagreements may achieve a legitimate base in the process of dialogue.

2. **Art as a catalyst of citizens’ involvement.** In the article, we have described social activities. At the same time, we understand the need for space accessibility - that unites the first point with the accessibility to pedestrian zones and parks, ramps, inclusive education, etc. The same does accessibility and participation in the social discussion for knowledge exchange.

In the art area, urban bioethics emphasizes the opening of new stages - museums and theatres: bio-art, forum theatre, Discussion Theater\(^{32}\), «Theatre of oppressed», inclusive literature, participative theatre, etc. - participation through theatrical activities to use programs that improve health.

For example, within the framework of the «Democracy Promotion» program, the Heinrich Böll Stiftung (Germany) has supported numerous urban projects and events in Ukraine, which prioritized the promotion of democracy, the building of

---

32 Lind, Georg (2019), Discussion Theater. A Method of Democratic Education, *Ethics in Progress*, 10(1), 23-40.
a vibrant civil society, the increasement of the participation of conscious citizens in public, and political life, deepening understanding between nations. In its activities, the Fund focuses on such important values as ecology, democracy, gender equality, sustainable development, humanism, solidarity and non-violence, and is guided by Heinrich Böll’s words: «Intervention is the only opportunity to remain a realist».

3. Perception of public space and one’s place/oneself. We must not only realize our responsibility but also see it around.

Today, we have already begun to use the achievements of psychology and neuroscience to inform about the city’s design and architecture choices. Moving forward, we have an opportunity to improve life satisfaction through architecture and urban design programs that are informed by the science about personality, behavior, and health. We will be able to consider tactics used to achieve a specific goal through the direct action of bioethical practices (discussion/action plan development for an inclusive City, training curriculum, etc.).

Thanks to urban bioethics, we provide ethical use of new effective theories that would make communities healthier, happier, more involved, and more democratic.

4. Educational practices. Integrative bioethics education programs in all social areas that contribute to the social sciences in this field, and bioethics in general, also help educators and civil activists develop social measures that affect professional and everyday attitudes and habits of life practices and problems. As well as health understanding that includes, in addition to physiological, mental and social well-being, on both - personal and global levels.

We suggest using the platform for empirical studies connected to the inclusion of schoolchildren in school life and the social life and its effect on their academic performance. The study begins with the allocation of the desks (in most classrooms in Ukraine, for example, tables are still placed in the back); lights, ceiling heights, and goes on to the ability to engage in artistic or community projects, developing soft skills, etc. In this way, by exploring the platforms created in the future, we will be able to find mechanisms to push towards health-saving bioethical practices, protection of the environment as a new condition/philosophy of awareness or responsibility.

Conclusions

The urban bioethics sets its focus on bioethical practices that have been grouped in urban settings and reinforces critical reviews by dominant approaches to their

33  Heinrich Böll Foundation: https://ua.boell.org/uk/2013/12/10/hto-mi-ic
solutions. Reflecting on the urban context is, of course, not the only way to raise these profound theoretical and methodological questions. But urban is one of the positions from which modern bioethics can be critically considered, and which has distinctive advantages in terms of drawing attention to its limitations/accusations of «neutrality», as well as anyone (from the average citizen to the scientist) who would reform the attitude to the quality of the current and future life/lifestyle. Urban bioethics, essentially, adapts bioethics methods in the public sphere, where ethical issues/discussions/dilemmas enrich the mind of the citizen, teach how to implement ideas. These projects try to solve humanity issues (from personal health issues to global climate change).

InplatBio is a tool (structure) that displays/outlines ideas and their implementation programs through bioethical practices. By exposing bioethics practices, we make the bioethics experience and experience of all the agents involved “vibrant” and clear. By adding emotions and including dialogues, we consolidate bioethical values: Autonomy; Benefaction; Doing no harm; Justice; The tolerance principle; Unity of life and ethics; Holistic; Co-evolution of the society and nature; Responsibility and Solidarity.

We are now focusing on a transdisciplinary team of city dwellers, bioethicists, teachers, architects, behavioral economists, and psychologists - depending on the Idea we want/plan to bring to life. The high level and interest in participating in focus groups, for example, in schools, is already a convincing sign of certain success in promoting bioethics and the platform. Of course, it is too early to make any definite conclusions at this stage, because specific actions in the local community and changes in the trends of improving the quality of life, protecting the environment are something that can be seen in the future. But we are not going to stop the project and have the following areas of study left: (1) the introduction of bioethical education for the new generation; (2) awareness of the role of bioethical knowledge; (3) enlightenment of scientific, social and political decisions/bioethical vision of the global problems’ solving in the modern world; (4) to educate scientific, social and political decisions / bioethical vision in solving global problems in the modern world.

InplatBio does not necessarily define conflict solving, it provides a strong descriptive vocabulary for discussing cases (conflict emergence), understanding of public opinion as a synthesis of many voices (through the help of bioethicists, a career portal that attracts various specialists); it reflects how citizens perceive collective decisions. The deliberation process helps communities to be heard, in particular by politicians.

We aspire to cultural dialogue. By catalyzing bioethical problems on InplatBio through an open dialogue for all participating/interested subjects, we destroy the neutrality aura. By revealing the bioethics vocabulary, we establish a working language...
that can be used to discuss the ethical dilemmas in difficult life situations - hospice conditions, immigration, work and adaptation, violence and sexual education, attitudes towards LGBT-queer communities and people with AIDS - as in scientific publications (behavioral change/ study in solving of global problems), as well as in the fields of education, economics, art (museums, theaters, exhibitions) in everyday life in offline and online modes. Bioethical topics will not seem so alienated in their everyday lives if they can be «empathized», understood, and comprehended. There is a shift in our understanding of the essence of public space and bioethics to the «discursive exchange and communication», to the discussion of certain challenges and risks of modern society, which is extremely important and gives an impulse to the process that will lead to the adoption of the necessary solutions, a versatile understanding of the problem in the discussion process

Learning about deliberation (thoughtful discussion), designing of the future, teaching communication, and basic networking principles in collaborative projects are the main tasks of urban bioethics. An important tool in this task is the education on InplatBio. Numerous case studies, focus groups, and data collections regarding the city’s public issues are currently underway.

Urban bioethics generates/posts involvement scenarios on InplatBio to create an idea of our behavior. There are attempts to create a faster/more accelerated behavioral change for long-term well-being - inclusion scenarios, affirmative actions to test scientific claims. Through empirical health research, through inventions/trials of original educational techniques, as well as through personal observations, we hope to instill a new vision in young people’s lives (regarding education, civil position, empathy, and creativity).

**Literature**

Abma, Tineke A., Baur, Vivianne, Molewijk, Bert and Widdershoven Guy AM. (2010), Inter-Ethics: Towards an Interactive and Interdependent Bioethics, *Bioethics*, 5 (24), 242–255.

Anspach, Renee R., Beeson Diane (2001), Emotions in Medical and Moral Life, in: Hoffmaster, Barry, *Bioethics In Social Context*, Temple University Press, 228 –112-136.

Buck, Holly J. (2019), *After Geoengineering: Climate Tragedy, Repair, and Restoration*, Verso Books, 288.

Blustein, Jeffrey (2001), Setting the Agenda for Urban Bioethics, *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 78(1), 7-20.

Benedikter, Rolan and Molz, Markus (2011), The Rise of Neo-Integral Worldviews, In: Hartwig, Mervyn and Morgan, Jamie, *Critical realism and spirituality*, Routledge: Taylor & Francis Group, 29–74.

Bratton, Benjamin H. (2019), *The Terraforming*, Strelka Press (September 1, 2019), 110

---

34 Hubenko, Hanna (2018), Art and Bioethics: Shift/Fusion of Understanding Genres, *Philosophy of Education*, 2 (23), 254.
Dawson, Angus, Jordens, Christopher F. C., Macneill, Paul and Zion, Deborah (2018), Bioethics and the Myth of Neutrality, *Journal of Bioethical Inquiry*, 15 (4), 483-486.

Didym, Michel, Linders, Jan (2018), *Digital theatre. A Casebook*, https://www.europeantheatrelab.eu/wp-content/uploads/2018/09/ETL_Digital-Theatre-Casebook_web.pdf / (accessed: 3 January 2019).

Gordon, Deborah R. (1995), *Ethics and the Background, Ethics and the Body*, Paper prepared for the “Humanizing Bioethics” research project, London, Ontario.

Hoffmann, Thomas Sören (2018), The origins and basic approaches of the emergence of a new bioethics and the program «Integrative Bioethics». Part 1 (translation from German by Hanna Hubenko), *Philosophy of Education*, 1 (22), 211-223.

Hubenko, Hanna (2019), Urban Bioethics Plan: Studies for the Conscious Citizen, *Filosofiya Osvity. Philosophy of Education*, 24(1), 231-241.

Hubenko, Hanna (2014), Integrative pedagogical bioethics as a new direction of training specialists, *Higher Education of Ukraine*, 3, 75-81.

Hubenko, Hanna (2018), Art and Bioethics: Shift/Fusion of Understanding Genres, *Philosophy of Education*, 2 (23), 245-258.

Hester, Helen (2018), *Xenofeminism (Theory Redux)*, Cambridge, UK: Polity Press, 166.

Jaggar, Alison M. (1989), Love and Knowledge: Emotion in Feminist Epistemology, in: eds. Jaggar, Alison M. and Bordo, Susan R., *Gender/Body/Knowledge: Feminist Reconstructions of Being and Knowing*, New Brunswick, NJ: Rutgers University Press, 129–155.

Lind, Georg (2019), Discussion Theater. A Method of Democratic Education, *Ethics in Progress*, 10(1), 23-40.

Liao, S. Matthew (2016), Tackling Climate Change Through Human Engineering, in: Bolter, Jay David, Engberg, Maria eds., *The Next Step: Exponential Life*, BBVA 2016, 274 – 293.

Lock, Margaret (1993), Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge, *Annual Review of Anthropology*, 22, 133–155.

MacCormack, Patricia (2018), Cosmogenic acceleration: Futurity and ethics, *Logos*, 2(28), 67-78.

Molewijk, Albert C., Stiggelbout, Anne M., Otten, Wilma, Dupuis, Heleen M. and Kievit, Job (2003), Implicit normativity in evidence-based medicine, A plea for integrated empirical ethics research, *Health Care Analysis*, 11(1), 69–92.

Metselaar, Suzanne, Voskesa, Yolande, Molewijka, Bert and Widdershoven, Guy (2020), Implementation in Bioethics: A Plea for a Participatory and Dialogical Approach, *The American Journal of Bioethics*, 4 (20), 78-80.

Parikka, Jussi (2015), *A Geology of Media (Electronic Mediations)*, London: University of Minnesota Press Minneapolis, 225.

Rinčić, Iva, Sodeke, Stephen Olufemi and Muzur, Amir (2016), From integrative bioethics to integrative bioethics: European and American perspectives, *Journal international de bioéthique et d’éthique des sciences*, 4 (27), 105-117.

Sass Hans-Martin and Muzur, Amir (2017), 1926-2016 Fritz Jahr’s Bioethics: A global Discourse, Wiem: LIT Verlag, 242.

Scheff, Thomas J. and Retzinger, Suzanne M. (1991), *Emotions and Violence*, Lexington, MA: Lexington Books, 207.

Sisk, Bryan A., Mozersky, Jessica, Antes, Alison L. and DuBois, James M. (2020), The “ought-is” problem: An implementation science framework for translating ethical norms into practice, *American Journal of Bioethics*, 20(4): 62–70.

Stolper, Margreet, Molewijk, Bert and Widdershoven, Guy (2015), Learning by doing. Training health care professionals to become facilitator of moral case deliberation, *Interdisciplinary Journal on Hospitals’ Ethical and Legal Issues*, 27(1), 47-59.
Thaler, Richard and Sunstein, Cass R. (2008), *Nudge: Improving decisions about health, wealth and happiness*, New Haven, CT: Yale University Press, 293.

Weidema, Froukje, Dartel, Hans and Molewijk, Bert (2016), Working towards implementing moral case deliberation in mental healthcare. Ongoing dialogue and shared ownership as strategy, *Clinical Ethics, 11*(2-3), 54–62.

Wilson, Edward O. (2016), *Half-Earth: Our Planet's Fight for Life*, W. W. Norton & Company, 256.

Urbana bioetika – arhitekt zdravog grada

**SAŽETAK**

Urbana bioetika obraća pažnju na dizajn zdravih odnosa kroz uključivanje građana. Glavne karakteristike urbane bioetike su inkluzija, integritet, transdisciplinarost. Uključenost je nemilosrdni angažirani scenarist razvijen urabnom bioetikom da bi se istražila svakodnevna primjenu njenih principa. Integritet otkriva integrativne mehanizme za okupljanje zajednica radi kreiranja strategije razvoja grada i društva općenito. Transdisciplinarost objašnjava mehanizam transcendentalnog prostora, okupljujući razne jezike, profesije, kulture i drugo. U radu ćemo istražiti primjere bioetičke prakse koji promiču razvoj i provedbu interkulturalnih strategija na integriranoj bioetičkoj platformi, koji se u gradu mogu naći i online i offline. Dajemo također prijedloge za vodeće tipove ponašanja koji su indoktrinirani ovom platformom: umrežavanje; uključenost kroz umjetnost; svijest o javnom prostoru i vlastitom mjestu; obrazovne prakse.

**Ključne riječi:** urbana bioetika, InplatBio – Integrativna bioetička platforma, uključenost, integracija i transdisciplinarost.