

## “REVIEW FROM THE BRAZILIAN MEDICAL ETHIC’S CODE IN 2009: THE INCLUSION OF THE PRECAUTION PRINCIPLE”.

Traditionally the medical ethic is directed to the well fare of the patient, what is, the citizen that searches for science and art to attenuate the personal or familiar suffering, aiming the reestablishment of a compromised condition of health.

The text from the Brazilian medical ethic’s code enunciates in the fundamental principles that: “Article 1<sup>o</sup> – The medicine is a profession in service of human and collective health and it should be practiced without discrimination of any kind” and “Article 2<sup>o</sup> – The target of all the doctor’s attention is the human being’s health, in benefit of which there should be the maximum care and the best of his/her professional capacity”.

The recent technological and the medical’s knowledge advances have brought about new configurations in the treatment of the unbalance caused in the health-sickness process, which goes from the significant enlargement of the diagnostic and therapeutic arsenal for the control of sickness, the recognition of the occurrence of sickness due to the life style from a globalized society, and in the proper medical ethic approach, in the conducts that raise from benefits to polemics. The medicine based on evidences is a scientific medical movement of extreme relevance in the contemporary medical exercise, having in mind the best professional performance in benefit of the patients and the society.

Starting from and throughout the XX century the social medicine has been acquiring a growing relevance that is more significant to preventing instead of remediating. Recently the environmental health has been pointing to the same direction.

The prevention politics, the prophylaxis of diseases and unfortunities impose themselves in several situations that are each time more evident, even if, as in the case of the tobacco’s industry, for example, there has been having reluctance for years from market interest in detriment of the harms caused on public’s health.

Another current case are the nutritional disturbs induced by the unhealthy feeding habits of a wide amount of the population, in which part of the problem lays on to the food chain, in the industrialized food offer and to the intensive farming.

In this context, cancer is also very preoccupying; having in mind the acceleration of the occurrence of this disease in populations that are vulnerable and exposed for any reason, highlighting the occupational matter.

The Brazilian medical ethic’s code edited in 1988, and that in 2008 has had its revision process initiated, points in the articles 12 and 13 that “the doctor should seek the best adaptation from the work to the human being, and the elimination or control from the risks inherent to work”. And that “the doctor should denounce to the competent authorities any type of pollution or deterioration of the environment that can be harmful to health and to life”. The article 14 complements these texts when it determines that “the doctor should strive to improve the health conditions and the medical standard services and assume his/her part of responsibility in relation to public health, sanitary education and to the legislation concerning health”.

The human exposition to environmental risk factors has been broadening, with a growing and an unusual acceleration in history, walking together with the benefits from the technological development. There is a dissipation and environmental persistence spiral in the exposition of

the ecosystems to an uncountable number of synthetic chemical substances and harmful or potentially harmful physical agents, totally out of the limits from the biological experience.

To the pollution and contamination of the air, water, soil, food and from ionizing radiation were now added to all the ways of enlarged use of technology and wireless communication (non-ionizing radiation) exposing the population in a completely artificial and badly controlled way. The limits from exposition have been considering only evident effects from acute expositions, and in the maximum, the effects of a few years with animals' experiences.

Chemical substances as bisphenol A, phthalates, alkylphenols, diethylbestrol, solar filters components, plastics, detergent and other industrial products of wide use are showed in the literature as endocrine disruptors, because they are known to cause disturbance in the synthesis, secretion, transport, binding, action or elimination of endogenous hormones, altering the metabolism, the sexual differentiation and the reproductive function and, beyond, cancer. It is scientifically recognized the fall in the average count of spermatozoids that is observed in the population of some countries along the last 60 years.

The expansion of electric systems and wireless communication systems also represents to the worker and to the general population an unusual exposition, when the proximity of emission's sources of electromagnetic fields in big scale is to be considered.

So, it is of extreme importance to keep economic and market needs away from the scientific interests when the toxic, citotoxic and genotoxic potential from the agents that development spreads inadvertently in nature is thoroughly examined.

Such chemical and physical agents ally with the biological vulnerability to interact in an aggressive way to nature, including human nature. The precaution points what the economical interest hides: the caution should be even bigger when the most vulnerable links – conception, pregnancy and the first years of life to adolescence – end up to manifest alterations that result in anomalies that are due to previous expositions. The growing incidence of breast cancer in younger populations is well known. The same applies to the increase of human longevity, bringing up the emergency from cancer epidemiology and other degenerative diseases as a serious problem that the mankind will have to, each time more, deal with.

In this way it is imperative to update the medical ethics to these new factors of human exposition to environmental agents, which cause a biological stress that overcomes its capacity of support and repair, incorporating, from the environmental right, the “principle of precaution”, when the is to be considered. Act prudently nowadays, with the aim of attenuating what it is drafted to long term, precaution – providence besides security – according to the scientific evidences that are already available.

The United Nations conference about the environment and development that took place in Rio de Janeiro in 1992, has adopted, in its declaration of principles, what is named *precaution principle*: “With the purpose of protecting the environment, the precaution principle should be widely observed by the States, in accordance with its capacities. When there is threat to serious or irreversible damages, the lack of absolute scientific certainty should not be used as a reason to postpone efficient and economic viable measures to prevent the environmental degradation”.

Therefore the following suggestions are presented as a conclusion, to the review 2009/10 from the Brazilian ethic's code in accordance with the subject in focus:

- Article 12 – The doctor should seek the best adjustment to minimize harms due to human exposition to environmental grievance and risks that are due to the technological development, highlighting the work environment, searching the elimination or the control from the acquainted risks, or in the field from scientific uncertainty, adopting the precaution principle.
- Article 13 – The doctor should denunciate to the competent authorities any form of current pollution or potential damage to the environment that is harmful to life and health.
- Article 14 – The doctor should strive to improve the health conditions and the medical standard services as well as of those which operate in society, and assume his/her part of responsibility in relation to public health, sanitary and environmental education and to the legislation that refers to health and the environment”.