Bioethics

Several key themes run through the subjects covered by bioethics. One, related to abortion and euthanasia, is whether the quality of a human life can be a reason for ending it or for deciding not to take steps to prolong it. Since medical science can now keep alive severely disabled infants who a few years ago would have died soon after birth, pediatricians are regularly faced with this question. The issue received national publicity in Britain in 1981 when a respected pediatrician was charged with murder, following the death of an infant with Down's syndrome. Evidence at the trial indicated that the parents had not wanted the child to live and that the pediatrician had consequently prescribed a narcotic painkiller. The doctor was acquitted. The following year, in the United States, an even greater furor was caused by a doctor's decision to follow the wishes of the parents of a Down's syndrome infant and not carry out surgery without which the baby would die. The doctor's decision was upheld by the Supreme Court of Indiana, and the baby died before an appeal could be made to the U.S. Supreme Court. In spite of the controversy and efforts by government officials to ensure that handicapped infants are given all necessary lifesaving treatment, in neither Britain nor the United States is there any consensus about the decisions that should be made when severely disabled infants are born or by whom these decisions should be made.

A number of ethical questions cluster around both ends of the human life span. Whether abortion is morally justifiable has popularly been seen as depending on our answer to the question "When does a human life begin?" Many philosophers believe this to be the wrong question to ask because it suggests that there might be a factual answer that we can somehow discover through advances in science. Instead, these philosophers think we need to ask what it is that makes killing a human being wrong and then consider whether these characteristics, whatever they might be, apply to the fetus in an abortion. There is no generally agreed upon answer, yet some philosophers have presented surprisingly strong arguments to the effect that not only the fetus but even the newborn infant has no right to life.

Such views have been hotly contested, especially by those who claim that all human life, irrespective of its characteristics, must be regarded as sacrosanct. The task for those who defend the sanctity of human life is to explain why human life, no matter what its characteristics, is specially worthy of protection. Explanation could no doubt be provided in terms of such traditional Christian doctrines as that all humans are made in the image of God or that all humans have an immortal soul. In the current debate, however, the opponents of abortion have eschewed religious arguments of this kind without finding a convincing secular alternative.

Somewhat similar issues are raised by euthanasia when it is nonvoluntary, as, for example, in the case of severely disabled newborn infants. Euthanasia, however, can be voluntary, and this has brought it support from some who hold that the state should not interfere with the free, informed choices of its citizens in matters that do not cause others harm. Opposition to voluntary euthanasia has centred on practical matters such as the difficulty of adequate safeguards and on the argument that it would lead to a "slippery slope" that would take us to nonvoluntary euthanasia and eventually to the compulsory involuntary killing of those the state considers to be socially undesirable.

Philosophers have also canvassed the moral significance of the distinction between killing and allowing to die, which is reflected in the fact that many physicians will allow a patient with an incurable condition to die when life could still be prolonged, but they will not take active steps to end the patient's life. Consequentialist philosophers have denied that this distinction possesses any intrinsic moral significance. For those who uphold a system of absolute rules, on the other hand, a distinction between acts and omissions is essential if they are to render plausible the claim that we must never breach a valid moral rule.

Medical advances have raised other related questions. Even those who defend the doctrine of the sanctity of all human life do not believe that doctors have to use extraordinary means to prolong life, but the distinction between ordinary and extraordinary means, like that between acts and omissions, is itself under attack. Critics assert that the wishes of the patient or, if these cannot be ascertained, the quality of the patient's life provides a more relevant basis for a decision than the nature of the means to be used.

Another central theme is that of patient autonomy. This arises not only in the case of voluntary euthanasia but also in the area of human experimentation, which has come under close scrutiny following reported abuses. It is generally agreed that patients must give informed consent to any experimental procedures. But how much and how detailed information is the patient to be given? The problem is particularly acute in the case of randomly controlled trials, which scientists consider the most desirable way of testing the efficacy of a new procedure but which require that the patient agree to being administered randomly one of two or more forms of treatment.

The allocation of medical resources became a life-and-death issue when hospitals obtained dialysis machines and had to choose which of their patients suffering from kidney disease would be able to use the scarce machines. Some argued for "first come, first served," whereas others thought it obvious that younger patients or patients with dependents should have preference. Kidney machines are no longer as scarce, but the availability of various other exotic, expensive lifesaving techniques is limited; hence, the search for rational principles of distribution continues.

New issues arise as further advances are made in biology and medicine. In 1978 the birth of the first human being to be conceived outside the human body initiated a debate about the ethics of in vitro fertilization. This soon led to questions about the freezing of human embryos and what should be done with them if, as happened in 1984 with two embryos frozen by an Australian medical team, the parents should die. The next controversy in this area arose over commercial agencies offering infertile married couples a surrogate mother who would for a fee be impregnated with the sperm of the husband and then surrender the resulting baby to the couple. Several questions emerged: Should we allow women to rent their wombs to the highest bidder? If a woman who has agreed to act as a surrogate changes her mind and decides to keep the baby, should she be allowed to do so?

The culmination of such advances in human reproduction will be the mastery of genetic engineering. Then we will all face the question posed by the title of Jonathan Glover's probing book *What Sort of People Should There Be?* (1984). Perhaps this will be the most challenging issue for 21st-century ethics.

[Peter Singer, Encyclopedia Britannica, *Ethics* (http://www.utilitarian.net/singer/by/1985----.htm) abridged]