CHAPTER V

SOME BIOETHICAL ISSUES

In our preceding chapter III, we have discussed how advanced scientific and biotechnological knowledge have made a tremendous progress in treating and preventing diseases of human beings. But at the same time these biotechnological developments have created some ethical problems and dilemmas to humanity. One must admit that due to the advanced scientific and biotechnological knowledge it is possible to undergo abortion, to be a surrogate mother, to perform cloning and so on. These issues like abortion, euthanasia, cloning and surrogate mother give rise to different ethical problems which are known as bioethical issues. The effect of these issues on humanity is not confined to a particular nation or a developed country. In this age of globalization we are all victims of modern technology.

In this chapter an attempt has been made to analyse some bioethical problems like abortion, euthanasia, surrogate mother, cloning and physician patient relationship. Here an attempt has also been made to find out some probable solutions of these problems.
(1) Abortion.

Abortion is one of the most divisive bioethical issues of present time. It is a legal as well as moral issue of our time. Until the Supreme Court decision in Roe v. Wade, non-therapeutic abortion was illegal in almost all over the world. Though it is a legal issue, primarily the rightness or wrongness of abortion is a moral question. A good number of thinkers have tried to bring philosophical order to this debated problem of abortion. But abortion controversy regarding its moral issue continues to rage unabated.

Abortion simply means destruction of life after conception and before birth. However abortion does not always mean destruction of life. It is possible sometimes for a terminated fetus to live outside the mother womb. So in a proper sense abortion means the termination of pregnancy. It can occur because of internal biochemical factors or as a result of physical injury to the woman. Such types of termination usually referred as 'Spontaneous abortions.' Abortion can also occur due to human intervention. Medical processes are there to terminate the pregnancy, such as drugs, dilation and curettage as well as other surgical procedure.

Until 1967, abortion was illegal in almost all the western and eastern countries. It was the Roe v. Wade case in the 1973, when Roe, a pregnant single woman challenged the constitutionality of the Texas criminal abortion laws, which prohibited performing an abortion except on medical advice for the purpose of saving the mother’s life. The United States Supreme Court ruled in favour of Roe and declared that a woman has a constitutional right
to privacy which includes an abortion. The reason for this is that, a woman has a right to act her own health and well being as part of a more general right of privacy. In India abortion was legalized in the decade of the seventies, through a Bill in the parliament in 1972. The Medical Termination of Pregnancy (MTP) act helps to reduce maternal deaths and disability resulting illegal abortions.

Why abortion takes place: - Before going to discuss the morality of abortion issue, it needs to analyse why abortions are wanted by a pregnant woman

Abortion is the termination of pregnancy. It may occur naturally due to internal biochemical factors or as a result of physical injury to the woman. But it may occur as a result of the will of a pregnant woman and human intervention. Before legalizing abortion by law, it was taken place to get rid of from an unwanted pregnancy especially in case of illicit sexual conduct.

Besides illicit sexual conduct, a woman wants to abort her pregnancy on different grounds.

Pregnancy and fetal development is a natural biological process. And a woman who wants a child is ready to carry her pregnancy. But when the fetal growth is started, the entire physiology of a woman is altered by the biochemical changes taking place in her body, such as metabolic rate increases, thyroid gland grows larger, the heart pumps more blood to meet fatal needs etc. The growing fetus gradually alters the size and shape of a woman's body. As a result the woman suffers from a variety of trouble, especially from severe nausea and vomiting, abdominal pain, anemia,
tiredness and headache. For many women the tolerance limit of these troubles does not exceed. But for many others, these troubles are severe and remain constant throughout the whole period of pregnancy. Nausea and vomiting can lead a woman to dehydration and malnutrition and it may be life threatening to her. In such a situation it is not surprising that a woman wants to abort her fetus.

Again, fetuses have been harmed by lots of causes which occur in mother’s body. As for example, genetic defects, exposure to radiation, drugs used by mothers can lead a fetus to a handicapped or deformed baby. The pregnant woman may also be victims by some severe diseases like AIDS, syphilis, rubella, herpes etc. Present developed medical technology has helped us to understand such types of fatal conditions both for the mother and the fetus. Doctors and mothers demand abortion to combat the situation.

Terminations of fetuses have been demanded by pregnant woman when pregnancy is imposed as a burden to that woman. As for example pregnancies resulting from rape cases are notably troublesome for a woman. Again pregnancy may become unwanted for a woman due to failure of contraceptive, or when one unintentionally becomes pregnant.

Sometimes demands of abortion may occur due to psychological stage of the pregnant woman. Some women feel emotional liability, severe depression and anxiety. Feeling of loss of freedom before and after birth of the baby, compromised job status, loss of sexual attractiveness due to change in the body shape, compulsion of avoiding some habits which are

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harmful for the fetus, and the probable pains and risks of child birth may depress the pregnant woman to a great extent. And that is why she wants to be free from that process.

Besides health ground and emotional psychological status of the pregnant woman, termination of fetuses may be required for medical purposes. It has created a further controversy in abortion issue. It has found from advanced research on fetuses that many serious diseases may be cured by transplantation of tissues or cells from the fetus. Transplantation of tissues or cells from the fetus leads to the most controversial moral question whether a mother should abort her fetus in order to receive money from a commercial company or not.

**Moral questions related to abortion issue**

We have already stated that abortion was illegal till 1967 in almost all over the world. Before 1973, abortion was treated as a crime. There was a long history of religious and humanistic thought behind the abortion issue. The religious and humanistic thought claimed that fetus is a human being from its conception and it is immoral to abort the fetus. Besides religious thinking abortions laws and antiabortion ideas were the products of a social concern to discourage illicit sexual conduct. Most of the civilized society granted sexual relation between married couples. Moreover, approval of abortion is concerned with medical procedure adopted in abortion. Prior to the antiseptic techniques and development of antibiotics, abortion was not safe for a woman. Due to lack of advanced medical techniques like dilation
and curettage abortion mortality was high. So it has been argued that criminal abortion law was needed to protect the pregnant woman.

Now, modern medical techniques have altered such a situation. Medical science demands that abortion in early pregnancy is safe for a woman, though there is a risk in abortion during the third trimester of pregnancy.

Development of biotechnology and medical science have changed man's attitude towards life and death. These changing attitudes towards life also have influenced the field of philosophy. In abortion issue the idea of humanity from its conception has been influenced by the new technique of reproduction. In 1978 the birth of Louise Brown raised a new issue about the early status of human life. Louise Brown was the first human born from an embryo that had been fertilized outside a human body. That was a great success of Robert Edwards and Patrick Steptoe in experimentation on early human embryos which demonstrated the possibility of in vitro fertilization or IVF. Now IVF is a routine procedure for certain types of infertility. This procedure has successfully given rise to thousands of babies. However, many embryos had been destroyed which attaining success in experiments. Now a day embryos can be frozen and stored for many years before implantation in a woman. This technique means that there are large numbers of embryos now preserved in special freezers around the world. A good number of well-stored embryos have to be destroyed even after proper use of embryos. Recent genetic technology is now one step ahead in directing
genetic abnormalities of the embryos. This helps to discard abnormal embryos.

New genetic technology including IVF procedure reveals the process of formation of a zygote and its development to a fully developed fetus. And this genetic picture has influenced some moral thinkers to think that we can not compare an embryo with an adult human being at least at the first stage of pregnancy. And the issue of termination of pregnancy poses difficult ethical issues like whether a fetus should be terminated or not.

The prime moral issue involved in abortion is that whether abortion is ethically acceptable at any stage of fetal development or not.

The acceptance or rejection of abortion morality depends upon the question of moral status of the fetus and the question of right of the woman. Does the fetus have any right? What kind of right is deserved by the fetus? Is a fetus human being? Is there any right of pregnant woman on her own body to abort the fetus?

The Roman Catholic view holds that fetus has a right to life and in any circumstances the mother has a duty to preserve it. On the other hand, individuals autonomy and own privacy are equally important in an abortion issue. The woman has a right to determine whether she wishes a child or not. If she is pregnant with an unwanted child, then, no matter how she came to be pregnant; she might legitimately decide an abortion. The issue whether
the fetus is considered a person or not is most often taken as the crucial one in abortion controversy.

The abortion debate is not related to some abstract thinking but to some practical facts. If we analyse some of the practical incidents regarding abortion then it becomes clear why the matter is morally controversial. The following cases as stated by Ronald Munson in his book "Intervention and Reflection" may highlight some of the facts related to abortion.

**Case I:**

Munson has titled the twelve year old girl Alice Wilson's case as 'The ordeal of Alice Wilson'. One day Alice Wilson was walking through a park and then she was attacked by three teenage males. They were older and larger than Alice. They dragged her off the path and into a place surrounded by bushes. Then they raped her. Alice was frightened by this incident but as she was basically unhurt, her mother, Mrs. Wilson did not feel any medical sake up for her. But after some days Alice developed a high fever and vaginal pain and discharges. After a physical examination, her doctor, Dr Charles kranski reported that Alice was pregnant from the rape. The Dr also explained that though general health of Alice was good, the chances were quite high that she had been infected with gonorrhea as a result of the sexual assault. According to her medical report she was not really old enough to undergo a pregnancy. Dr. Kranski told Alice's mother that as soon as the venereal disease was controlled, he would like to schedule Alice for an abortion. If she did not abort the fetus, the chances were very high that
attempting to have child might kill her. Alice agreed to the abortion but her mother's consent also was necessary, as Alice was still a minor. And it was a surprise for the Dr. that Alice's mother did not give her consent in termination of her daughter's pregnancy. Mrs. Wilson argued that as she belonged to the church of the spiritual life, she was a follower of commandment "Thou shall not kill." Dr. Kranski again explained that Alice would probably die unless she had an abortion, because the developing fetus would severely compress her internal organs and perhaps rupture them. If that happened she would probably bleed to death. Even if that did not happen, she might suffer irreversible liver or kidney damage.

But Mrs. Wilson did not alter her decision and depended on God for her daughter's life.

Later, Dr. Kranski tried to make understand the situation to the director of the clinic, Dr. Saul Mendlovitz. And after discussion with Mendlovitz, and with the legal staff of South General hospital, it was decided to seek a court order to abort Alice's pregnancy. The court had permitted the South General Hospital to take necessary medical step to save Alice's life. In spite of her mother's continued personal opposition, Alice Wilson underwent an abortion.

Now, the above case history well reflects the mother-fetus conflict. Alice was not at all responsible for her pregnancy. Is it immoral to take an abortion of Alice? Again the fetus is also innocent like Alice. Is there any
moral right of the fetus to survive instead of Alice death, even if we grant that the fetus is a person or potential person?

Case II

Ronald Munson has represented another case in his same book which took place before U.S. Supreme Court decision in Roe v. Wade case in 1973.

This case was related to Mrs. Sherri Finkbine, and Munson named as "Mrs. Sherri Finkbine and the Thalidomide Tragedy." Thalidomide was an active ingredient of a widely used and supposedly harmless tranquilizer. In 1962, Mrs. Finkbine becomes pregnant after her fourth child. She had some trouble in sleeping and she took some tranquilizers without knowing its effect on pregnancy. Later, she read an article written about the adverse effect of tranquilizer. This article gave her information regarding a great increase in the number of deformed children being born due to its use, in Europe. In this situation, Finkbine's Doctor advised to terminate her pregnancy and she agreed with her doctor's advice. But she told her story to a newspaper editor, and request to publish about the effect of tranquilizer so that it may warn other woman, without using her name. But after publishing that story, Mrs. Finkbine's identity became known. Though the medical board had already approved Finkbine's request for an abortion, they had canceled their approval because of great publicity of her case. As the state of Arizona abortion statute legally sanctioned abortion only when it was required to save the life of mother, the board was afraid that their decision might be
challenged in court and at the same time she had to confront by strong anti-abortion's feeling. 11 osservatore Romano, the official Vatican newspaper, condemned Mrs. Finkbine and her husband as murderers. She received some letters of support but others criticised her rudely and unfairly. Although Mrs. Finkbine tried to obtain a legal abortion outside her own state, she was not allowed to do so. Then she went to Sweden and after a rigorous investigation by a medical board, Finkbine was given an abortion in a Swedish hospital.

The case of Finkbine was different from the case of Alice Wilson. Here, Finkbine was completely responsible for her own pregnancy. But later she wanted to be relieved from her pregnancy not on an ordinary ground. Her cause of termination was related to future child who otherwise might be deformed. Here the moral question is, is it right to bring a deformed child or not? Was Finkbine not right in taking the decision of abortion?

Thus our above discussion about these cases reflects that in abortion issue we are not concerned only with mother's right of privacy and autonomy and fetus right to life but also to the question of quality of life. There are many other questions related to the process of pregnancy. At what stage of pregnancy a fetus deserves full right to live is an important question and at the same time we face conflict to have scientific and religious as well as metaphysical answers.
Moral philosophers and thinkers have offered their views in this regard. And before going to find out some probable solutions, it would be worthwhile to discuss their views.

**Different views of abortion issue**

In view of growing controversial dimension of abortion issue a good number of moral thinkers and social activists raise their opinions. Different views have been categorized under three main heads, such as – conservative, liberal and moderate view. These three views have been presented for discussion.

**Conservative view**

In respect of abortion issue, view which holds that abortion is never ethically acceptable, is referred as conservative view John T Noonan, the most well known conservative in the abortion context, claims that the basic principle that should govern our attitude toward the fetus is theological and humanistic. The theological and humanistic attitude holds not to injure our fellow man without reason. And once the humanity of the fetus is perceived, abortion is not right.

The Old Catholic view against abortion depends on the ground that the fetus or the unborn child has a soul and it cannot go to heaven, if it is killed before it is baptized. However, the contemporary conservatives like T Noonan has pointed out that the original Christian position was not related to theories of infant baptism, or it did not depend on a narrow theological or philosophical concept. The contemporary conservatives argue that
'ensoulment' itself is a theological concept. And this theological concept can be translated into humanistic language if one substitutes 'human' for 'rational soul'. John T. Noonan has explained that "the theological notion of ensoulment could easily be translated into humanistic language by substituting "human" for "rational soul", the problem of knowing when a man is a man is common to theology and humanism". And thus the conservatives have proceeded to answer to the two most complex questions which are at the heart of abortion issue.

These are: (a) is the human fetus an innocent human being with moral rights? (b) And even if it is, does the woman's rights to freedom out weigh the fetus right?

The conservative view holds that a human fetus is an innocent human being and conception is the decisive moment of humanization. The criterion for humanity is that when a new being is conceived by human parent, then the being is human. The development of the zygote to an infant is continuous process and there is no line of demarcation of human being in this continuation. Therefore, abortion is alike with killing a human being. The conservatives have challenged the liberal to point to any stage of development of the fetus which marks a morally significant dividing line. The conservatives argue that there is no morally significant dividing line between the fertilized egg and the child. Attempt has been made to find a dividing line between a fetus and a child. These are birth, viability, quickening, and the on
set of consciousness. The conservatives have advanced their argument against each step.

Birth

Birth is considered as the dividing line between a fetus and child, by some liberal pro abortionists. It is due to the fact that after birth the baby can first express his or her distinctive personality. This incident is also associated with human sympathy. We are more disturbed with the destruction of the new born baby than the unseen fetus. But the conservatives have rejected this dividing line on the ground that, the fetus is the same entity whether it is inside or outside the mother womb with the same degree of awareness, capacity to feel pain and with the same human features. It is paradoxical to kill a matured fetus and not to permit to kill a new born baby. For the anti-abortionists mere location of a being outside or inside the mother's womb can not make the difference in killing it or not.

Viability

Perhaps the most popular dividing line between fetus and the child is viability of the fetus. Those who makes it as dividing line treats viable fetus as infant. For them the fetus cannot be removed from a mother's womb till it is not viable. And to that extent the life of the fetus is absolutely dependent on the life of the mother. But there are some important objections regarding the acceptance of viability as the dividing line. One is that, medical technology makes it possible for the fetus to be viable at any time by artificial incubation.
Advanced sophisticated medical technology makes possible the survival of six-month fetus. This was not possible forty years ago. Secondly, the conservatives argue that mere length of life is not an exact measure. The viability of the fetus depends on the extent of its anatomical and functional development. John T. Noonan argues that different racial groups have different ages at which their fetuses are viable. If viability becomes the norm, the standard would vary with race and individual circumstances.

Again, another important objection is that mere dependence does not justify aborting or killing a fetus. A newborn baby or a child depends on its mother. But this does not mean that mother has a full right to kill her newborn baby, which means that viability is not the dividing line in case of humanity.

Quickening

After birth and viability, conservatives try to overcome another dividing line, quickening. Quickening is the first movement of the fetus felt by the mother. Traditional Catholic theology believed that at this moment the fetus gained the soul. But today this idea is discarded even by Catholic theologians as superstition. Ultrasound studies have shown that fetuses acquire the capacity to move as early as six weeks after fertilization, long before they can be felt to move. Moreover, the distinction may be challenged by the case of paralyzed people. They do not lose their right to live just because they are unable to move.
Consciousness

Again, attempt has been made to take consciousness as the dividing line between the fetus and the newborn baby. Consciousness and the capacity to feel pain or pleasure make a being more human than who has not. But studies about fetus have cleared that the embryo is responsive to touch after eight weeks. And at an early stage the Zygote is certainly alive and responding to its environment. T. Noonnan argued that this distinction also may be challenged by the rare case where aphasia has erased an adult memory. Loss of memories never be sufficient to kill a human being.

Thus, so far the question of dividing line is concerned; pro abortionists fail to search a morally crucial line between the newborn baby and the fetus by which the right of life in its any developing stage can be determined. The conservatives remain consistent in their view that the development of embryo to an infant is a gradual process and conception is the decisive movement of humanization.

Though the conservatives view is related to theological and humanistic concept, some modern conservatives have tried to solve the abortion issue from the view point of philosophical and natural scientific consideration, which are not dependent on religious premises. As for example, John Finnis has rejected the argument that fetus is not a person. First, Finnis claimed that fetus is also person on a scientific consideration valid for it. And secondly, through the understanding of four moral principles namey, autonomy, beneficence, non maleficence and justice, Finnis came to
the decision that abortion is always wrong. Finnis, in his article 'Abortion and Health Care Ethics' has claimed that every procedure adopted with the intention of killing an unborn child, or terminating is an attempt to harm, even if it is adopted only as a means to some beneficent end. Finnis also opposed the traditional conservative's position to allow abortion in case of self defense. As, for Finnis, in this case, killing may be chosen as a means to an end, and secondly such case implies that mother's life should always be preferred which is not fare.

**The liberal view**

Opposing the conservatives view, the liberal view holds that abortion is always ethically acceptable at any stage of fetal development. Some liberals do not deny that the fetus is a human being from the biological point of view. But they deny that fetus is a morally significant being, and it has moral status. Considering that the fetus has no moral status, they argued that a woman's right to have an abortion is unrestricted. There are some liberal philosophers, who are related to the central question of abortion whether a fetus is a person or not. Mary Anne Warren, Michael Tooley, Peter Singer are such type of person centric pro abortionists. There are other liberal pro abortionists who hold that even if a fetus has full moral rights abortion is still morally permissible. There are some reasons other than to save mother's life and these reasons are sufficient to allow abortion. In this respect feminist arguments are worth mentioning.
At first we discuss the feminist view and secondly the strict liberal pro abortionists view on the basis of personhood of fetus.

**Feminist argument**

The arguments of pro abortionists are sometimes called as 'woman's Right Arguments', as some pro abortionists claim that the question of abortion is based on the rights and privacy of woman. They claim that women have a right on their own bodies. And the morality of abortion depended on the right or a choice of a woman not in the question of whether the fetus is a person or not.

In this respect an influential argument has been presented by Judith Jarvis Thomson in her famous article 'A defence of abortion' by means of an analogy. Thomson has presented an imaginary scene, which one person walks up in the morning and finds himself back to back in bed with an unconscious famous violinist. The violinist has been suffering from a fatal kidney disease. And the society of music lovers has found that the person has alone the right blood type to help him and that is why they kidnapped the person. And the violinist is now plugged into the person to extract poison from the blood of the violinist. The director of hospital has expressed his regret to what is being done on the person by the society of music lovers and he also says that it was only for nine months, by then he will recovered. But if the person orders the doctor to unplug, the violinist will certainly die. Thomson in this case, likes to clarify that it would be very nice or great kindness, if the person agrees. But Thomson claims that it is completely
wrong when one says that it is wrong for the person to unplug. Thomson does not mean that the violinist is not a being; she agrees that the violinist also have the same right to life as other human being. But what Thomson tries to clear, is that, to have a right to life does not entail a right to use another's body, even if otherwise one will die. This example is similar with unwanted pregnancy, especially pregnancy caused due to rape. When a woman is pregnant through rape without her own choice she is linked with a fetus like the same way as the person is linked with the violinist. So if we agree with Thomson that it would not be wrong to unplug oneself from the violinist, we must also accept that abortion is not wrong, especially not, when the pregnancy occurs due to rape. Nobody has any right to use one's kidney unless one gives him such right, and nobody has the right against one's that one shall give him this right. Similarly the fetus has no right to use mother's body without her consent, though the fetus has a right to life. Thomson's right based argument is supported by her another fanciful example. Suppose, one is desperately ill and he or she thinks that the touch of a favourite actor's hand on his or her fevered brow may recover his fever. Then he or she has no right to compel the favourite actor to come and touch. We only remark that it would be frightfully nice of him to do so. Similarly it depends on the woman whether she takes an abortion or not in case of an unwanted pregnancy like resulting from rape.

Thomson sternly rejects the extreme conservative's view that abortion is impermissible even to save the mother's life. As for example, a pregnant
woman comes to know that she has a cardiac condition such that she will die if she carries the baby to term. The fetus is a person, and it has a right to life but as the mother is also a person, so she has an equal right to life. Opponents of abortion hold that direct killing of an innocent person is murder, and murder is always and absolutely impermissible, that is why abortion should not be performed. Thomson argues that, if the act of direct killing of an innocent person is treated as murder then it is impermissible. In the same sense the mother act of direct killing of the innocent person inside her is also a murder, and it is impermissible. But when the mother performs an abortion on herself to save her life, it can not seriously be thought to be murder.

Thomson has opposed the impermissibility of abortion, strictly to save mother's life, or in a rape case. But Thomson does not argue that abortion is always permissible. Thomson draws here the analogy of 'Good Samaritan' and a 'Minimally Decent Samaritan'. When a person is attached with the violinist for nine months to save his life, the act is must be an act of 'Good Samaritan'. But when one knows that not for nine months but remaining one hour attachment could save the life of the violinist, though he or she is kidnapped or though without his or her permission the doctor has plugged her into with the violinist, Thomson thinks that in this case it would be indecent to refuse. The person might be at least a 'Minimally Recent Samaritan'. But no law can compel any one not only to be a Good Samaritan, but also a Minimally Decent Samaritan. Keeping aside law's
business, from a moral perspective Thomson inclines to think that in an abortion case we cannot come into a general conclusion, general yes or general no. Thomson thinks it is indecent when a seventh month pregnant woman requests to an abortion just to avoid the nuisance of postponing a trip abroad. But Thomson claims, "A sick and desperately frightened fourteen-year-schoolgirl pregnant due to rape may of course chose abortion, and that any law which rules this out is an insane law."

And this position of Thomson and other feminists has insisted other pro abortionists to make their views stem to the abortion debate related to the question of fetus person hood, or whether a fetus is a person or not, not to the right of woman.

Peter singer, the modern moral philosopher, has noticed that, a utilitarian would reject this theory of rights and also Thomson's judgment in the case of the violinist. The utilitarian from their own principle would hold that if the consequences of disconnecting the person himself from the violinist are worse for the interest of every one affected than the consequences of remaining connected, the person ought to remain connected. Again if Thomson accepts the fetus as a person, an utilitarian would by argued that as the fetus has the same right with another person, it would be wrong to refuse to carry fetus until it can survive out side the mother womb.

Again Thomson has been criticized by Mary Anne Warren for her argument that though fetus is a human being, abortion is moral in some
cases and not in some another cases. As for example, in a rape case abortion is justified whether abortion is not morally justified when a seventh month pregnant woman wants to abort just to avoid having to postpone a trp. Warren comments that it is absurd to take an abortion case as morally unjustified when a woman becomes pregnant not through rape but as a result of contraceptive failure, or who changes her mind after she intentionally becomes pregnant. And it is unsatisfactory for the pro abortionist who is convinced that a woman has a right for abortion regardless of how and why she got pregnant. And it is difficult to overcome Thus Thomson has failed to produce a clear and distinct line of abortion’s permissibility and impermissibility. Warren believes that to produce a satisfactory solution of abortion dispute, we should decide first whether a human fetus is a member of moral community or not.

**Person centric attitude**

Some moral philosopher's like J. Feinberg, M. Tooley, M.A Warren, S.I Benn, H T. Engelhardt jr. do not accept that mere biological elements constitute humanity. They accept that an entity has moral status if and only if it is a person and if it is not a person, it has no moral status. These moral thinkers have opposed the use of 'person' and 'human being' interchangeably. Michael Tooley has criticized Thomson and B.A. Brody who placed their abortion's view using human being equal with the term person. As for example Thomson opens her article 'A defence of abortion' with the statement "most opposition to abortion lies on the promises that the fetus is
a human being, a person, from the moment of conception” Tooley\textsuperscript{10} has stated in his article “Abortion and infanticide” that the tendency to use the term “person” and “human being” interchangeably is an unfortunate one. Like Warren he also thinks that the feminists have created confusion when they use these terms interchangeably.

And Tooley lies to define person from a moral concept. He has defined a person as an organism possesses a serious right to life only if it possesses the concept of a self as a continuing subject of experience and other mental states, and believes that it is itself such a continuing entity\textsuperscript{11}. From this statement it is clear that self consciousness is the prime factor, to acquire a right to life. And it is conceptually true that when there is no consciousness, there is no right to life. The question of ‘right to life’ as Tooley has observed, concerns generally with the continued existence of biological organism. In this respect, Tooley offers an interesting example. Suppose, the brain of an adult human has been completely reprogrammed by some technology, so that the organism wound up with memories, beliefs, attitudes and personality traits completely different from before it was reprogrammed. In such a case any one would say that an individual has been destroyed, that means an adult human’s right to life has been violated, no biological organism has been killed. Tooley has observed from this example that ‘right to life’ is not concerned with the continued existence of a biological organism, but the right of a subject of experiences and continuation of other mental states. And when a right is ascribed to one, it is
other's prima facie obligation not to violate others right. But here one condition is that the obligation depends on the individual's desire to whom the right is ascribed. If an individual asks one to destroy something to which he has a right, one does not violate his right to that thing if one goes to destroy it. And Tooley points out here that an entity cannot desire to exist as a subject of experiences and other mental states if it does not believe nor has no concept that it is now such a subject or such an entity. But desire exists and desire does not exist can not always hold well in violation of right. There are some exceptions also, such as, when (I) he is in an emotionally unbalanced state (II) he is temporarily unconscious or (III) he has been conditioned to desire the absence of something. But whatever may be the exception, it is true that one's right to something can be violated only when one has the conceptual capability of desiring. So Tooley remarks that if an entity has no such consciousness of itself as a continuing subject of mental states, it has no right to life. And in this sense a fetus has no right to life. He denies the conservative's arguments that it is wrong to kill any organism, if that organism is a member of the Species Homo Sapiens. The conservatives claim that though the fetuses are not persons but they are potential persons. Tooley refers it as potentiality principle, and he argues that an organism having certain potentialities is not sufficient to ascribe to it a right to life. Tooley attacks conservatives by arguing with an example that, an adult member of Homo sapiens has a right to life but an infant ape has not this right. It is that psychological property which the adult human being
possesses but the latter does not. Now, it is clear that an organism its early  
stage of development from a Zygote into an adult member of Homo Sapiens  
does not possesses this property, even if one is unsure about this property.  
Tooley argues that a human fetus and an ape fetus possess the equal  
mental states, and there is no significant difference, except physiological  
differences which are not morally significant. So there are no differences  
between a human fetus and an ape fetus that the conservatives can use as  
grounds for ascribing a serious right to life to the former but not to the latter.  
The claim that only an organism that conceives of itself as a continuing  
subject of experiences has a right to life cannot ascribe on a fetus. As from  
our experience we know that when an organism develops into an adult  
human, it does not possess the concept of continuing subject of experience,  
together with a belief that it is itself such an entity.

Marry Anne Warren also wants to define person in a moral sense. In  
her influential article "On the Moral and Legal Status of Abortion"\textsuperscript{12} she  
suggests some important traits of personhood such as –

(1) Consciousness (of objects and events both external and internal) and  
particularly the capacity to feed pain,

(2) Reasoning (the developed capacity that enable one to solve new  
problems),

(3) Self motivated activity (activity which is not dependent on either genetic  
or direct external control).
The capacity to communicate an indefinite variety of things in different ways.

The capacity to form concepts about oneself, and self-awareness, either individual or racial or both.

Warren holds that any being who has not such traits is not a person. She has claimed sternly that any one, who accepts a being as a person without having these qualities, has no notion of person and confuses the concept of person with that of genetic humanity. These qualities or traits are not only the concept of personhood but also the part of a moral concept. When we admit that \( x \) is a person then we recognize that \( x \) has a moral right. Warren thinks that the concept of person is universal but its crucial role in solving the abortion issue is not fully realized by both anti-abortionists and pro-abortionists.

And by recognizing the primary criteria of personhood Warren makes it clear that genetic humanity is neither necessary nor sufficient for an entity to be a person. A man or a woman with permanently obliterated consciousness, human beings with lack of mental capacity may live as a human being but not as a person. And a human fetus is no doubt a human being but is not yet a person therefore has not full moral right. Warren proceeds to solve the abortion dispute on fetus personhood. But there remain two questions for anti-abortionists, though the fetus is not fully a person, and does not have full moral rights. One is, though fetus is not person in Warren sense, still it is like a person and secondly it has the
potentiality to become a person. In answering the first question, Warren admits that it is reasonable to accept that if the development of a human being is continuous, the right of a human being might develop in the same way. But Warren insists that we should not forget that the attributes which are relevant in determining personhood are not different in case of a person like being. Genetic humanity, like human physical features, detectable brain activity or the capacity to survive outside the mother's womb are not simply among those relevant attributes of personhood. And so a seven or eight month fetus is not significantly more person-like than a small embryo. Though it is more person-like or it has a rudimentary form of consciousness, yet it does not fulfill the criteria of personhood. And Warren clearly stated, "I think that a rational person must conclude that if the right to life of a fetus is to be based upon its resemblance to a person, then it cannot be said to have any more right to life than, let us say, a new born guppy (which also seems to be capable of feeling pain) and that a right of that magnitude could never override a woman's right to obtain abortion, at any stage of pregnancy."

In answering the second question, Warren argues that the potentiality to be a person is a strong prima facie reason for not destroying it, but we need not conclude from this that a potential person has a right to life by virtue of potentiality. Even, if a potential person has a right to life such a right could not possibly out weigh the right of a woman to obtain an abortion.

Peter Singer, another modern moral philosopher also holds that all human beings are not person the uses 'person' as a rational and self
conscious being. And the human fetus is neither rational nor self conscious. Like Tooley and Warren, Singer also opposes the conservative position that being a member of species Homo sapiens does deserve the right to life. Mere membership of our species, without rationality and self consciousness does not make a great difference to the wrongness of killing a being. Singer compares human fetus of its any stage of development with a calf or a pig as they have the similar level of rationality, self consciousness on capacity to feel pain. And as no fetus is a person, no fetus has the same right to life as a person.

Though Singer like Tooley and Warren compares human fetus with young animals, he is different from his philosopher colleagues in considering the capacity to feel pain. For Singer, it should be considered at what stage the fetus is likely to become capable of feeling pain. And until that capacity exists, a termination of pregnancy brings no question of 'intrinsic value'. But Singer suggests that abortion should not be taken lightly when the fetus acquires the capacity to feel pain. Of course, a woman's serious interest would override the rudimentary interest even of a conscious fetus. He gives interest also to minimize the pain of a fetus or a young animal, where the balance of conflicting interests makes it necessary to kill a sentient creature.

Singer also rejects the 'Potentiality' argument of conservatives. Though it is true that the fetus has the potential rationality, it does not deserve a serious right to life. He brings two analogies as “to pull out a sprouting acorn is not the same as cutting down a venerable oak. To drop a
live chicken into a pot of boiling water would be much more worst than doing the same to an egg"\(^{14}\)

Peter Singer has also raised the issue of uses of fetus for medical purposes. This issue is related to abortion and creates further controversy. Experiments carried on fetus with advanced medical technology bring a new hope in treating some severe diseases. Now diseases like Alzheimer, Huntington and Diabetes etc can be cured by the transplantation of tissue or cells from the fetus. Here the question arises that do fetuses have rights or interests, which may be violated or harmed by using them for such purposes. In this respect Singer raises the question of fetus’s right. As fetus is not a person, it has no right to life. But as they have interest to feel pain like animal, Singer feels that one should be aware of the fact regarding the time when a fetus becomes conscious. Of course, now it has a reasonable and definite answer. Medical science has explored that until 18 weeks of gestation, the cerebral cortex, which is associated with sensations of pain, is not sufficiently developed, so, for Singer there is no good basis to believe that the fetus needs protection from harmful research, prior to that time.

Those who oppose the use of fetal tissue try to keep aside this from the abortion issue, as they think that use of fetal tissue may help in increasing abortion. But as abortion is not morally impermissible from Singer’s view, he holds that abortion due to fetus donation is also morally permissible. Hence abortion is itself morally neutral before 18 weeks. Even Singer accepts later abortion from a utilitarian point of view. It is stated that
though some pain may be involved in later abortion, it could be justified if the outcome were to prevent much greater suffering by saving the life of a child suffering from a severe disease.

Thus we have seen that liberal view regarding abortion has been divided into two parts. In one part moral philosophers like Thomson and other feminist hold that though fetus has a moral right, abortion is morally permissible. They insist on woman rights on their own body. On the other hand, personcentric philosophers accept the moral permissibility of abortion not on the ground of woman’s right, but on personcentric criterion of moral status.

Now a discussion has been made regarding moderate view of abortion.

**Moderate view**

This view does not support abortion in all cases or in any stage of pregnancy like neither liberals, nor it opposes abortion so strictly like conservatives. In this view abortion in some cases are morally justifiable while in other cases are not.

Some moral thinkers want to moderate the conservative view that though the fetus is a human being from its conception and it has full moral rights, abortion is not morally impermissible in all cases. They believe that some abortion cases may be regarded as permissible on the grounds of self defence. This may be called moderation of conservative view. Again some
moral thinkers argue that though the fetus has no moral status, still abortion is not always permissible. This may be called moderation of liberal view.

Most of the moderate viewers try to mitigate the abortion issue by analyzing the special circumstance that anses for a particular case of abortion. They think that some important factors related to abortion may be taken into consideration in determining the moral justifiability of abortion. The factors quoted here may include respect for woman's right and right to privacy. They accept Thomson’s violinist analogy as valid in a large number of cases. But they think that one should also consider the status of the fetus right to life. And the claim for the right of the fetus or the mother or both of them may vary over the course of time. Richard Langer in his article ‘Abortion and the Right to Privacy’ comments that at a certain point in pregnancy once right may out weigh the other, while at another point the opposite also true. Langer also thinks that the fetus right to life may be the same whether the pregnancy arose from rape or not. But the woman’s right to privacy in cases of rape is fully intact, whether in cases of voluntary intercourse the right to privacy has been waived.

Deborah Mathieu one of the moral thinkers holds that though a woman has a right of self determination, but we cannot regard this right as always absolute. And it is not always right when the woman determines to abort without a serious reason. Mathieu thinks that as in early abortion a fetus could not survive, one who engages in early abortion is like some form of homicide. But in late abortion, there is a chance of survival of the fetus.
Mathieu's own opinion in this regard is that an early abortion would be more serious crime than a late abortion.

Beverly Wildung Harrison\textsuperscript{17} another moral thinker also takes a moderate view regarding abortion. Harrison does not support the conservative view of fetal right from its conception. But he also not strict in avoiding fetus personhood like a person centric liberal thinkers. He thinks that from a moral view point, we should extend 'a right to life' to fetus in late stage of development. But this does not mean that right of the fetus should override life of a pregnant woman in later stage. He believes that the value of a pregnant woman as a valuable existent person out weighs the incremental value of the fetus.

Thus the disputes of abortion issue have been tried to solve by different thinkers from different angles

**Critical analysis and conclusion**

We have found that two main views, namely conservative and liberal views dominate the area of abortion dispute. Both these views try to answer about abortion morality considering the moral status of the fetus.

The conservatives think that, fetus has a moral status because it is human being from its conception. By human beings they mean biological or genetic human beings and on this ground they argue that abortion is morally wrong, because it means the destruction of the life of a fetus. Now, if we follow the human centric criterion of moral status, then the feature of moral status is purely a biological one, which is possessed genetically from the
very moment of conception. This implies that personal rights exist inseparably in natural processes. In this respect B.W. Harrison has stated that human rights are qualities that ought to inhere in our social relations. And no fetal life possesses even the minimal organic requirement for participation in the sphere of human rights.

Again the conservatives hold that their premise "it is wrong to kill a fetus" is supported by the generally accepted moral principle "it is always prima facie seriously wrong to take a human life." When the conservatives indicate that the fetus life as human life their use is too broad. In that sense one may treat the egg and sperm also as a potential person. In this respect Don Marquis explains that the principle "it is always prima facie wrong to take a human life" seems to entail that it is wrong to end the existence of living cancer-cell culture on the grounds that the culture is both living and human. And it is clear that like the cancer cell culture the fetus at least in its early development is not human being.

Secondly, liberal views of abortion issue are divided into two groups. One is, who holds that the question of abortion morality does not depend on the question of fetus's personhood but on the rights of woman. And another group is concerned with the personhood of fetus. For the person centric morality, moral rights depend on whether a being is a person or not. They try to enclose some traits to determine the personhood of a being. And as we have discussed earlier about these traits, it is clear that we can not include a fetus in to the class of a person and it has no moral right. As fetuses have no
moral rights, in the similar sense of personhood, the infants, young children, mentally retarded people do not deserve any moral rights. Don Marquis stated that like the too broad principle of anti-abortionists, the pro-abortionists principle, such as "it is prima facie wrong to kill only persons" is to narrow in scope that the fetuses will not fall under it.

On the other hand, the liberal feminists attitude towards abortion morality depends on the question of woman's rights. They have given preference to woman rights on her body than the rights of the fetus. And they accept abortion at any stage of pregnancy. Of course, there are many moderate feminists who hold that without any serious cause, abortion is not morally permissible.

Thus the conservatives, and liberal philosophers both person centric and feminists are rigid in their own views.

But when the conservatives consider abortion morality on fetus humanity, they neglect another side of this issue. This issue is related to fetus's humanity and at the same time to that woman who bears the fetus. It is undeniable that fetus has the potentiality, not the inferential but the actual potentiality to be a future human person. But this is not sufficient to ignore the rights of a woman, the existing person. Here the conservatives also neglect another important point that the whole process of pregnancy and child bearing is not a mechanical process. This process affects the woman physically as well as mentally. Sometimes physical changes which occur due to pregnancy, even in a normal case become unbearable to woman. Anti
abortionists undermine woman's wishes and their mental ability to accept the child bearing process. They also undermine the social status and mental states of a pregnant woman who becomes pregnant due to rape. John Finnis in his article "Abortion and health care ethics", opposes abortion even in a rape case, as he thinks "even if a procedure for terminating pregnancy were undertaken without any intention, even partly, to terminate the development and life of the unborn child, but solely to relieve the mother of the continued bodily effect of the rape, that procedure would be unjust to the unborn child, who is wholly innocent of the father's wrong doing". Perhaps Finnis is not aware of while using the word 'father' here. A rapist becomes a father in a very rare rape case. Otherwise, in that situation entrusting the burden of a child to a woman who is a victim of rape, definitely is an act of disregard the woman's autonomy and right. Thomson rightly observes that such type of law is an insane law which disallows to abort a sick and frightened school girl who became pregnant due to rape.

But the feminist's arguments also have failed to reconcile the autonomy of a woman and beneficence of the fetus or the future child. One's autonomy is not an absolute or unconditional value when someone claims his act as justified in committing a murder because he was only exercising his power of autonomy, we would regard it as absurd. Thus in case of abortion, a woman should want to exercise her autonomy on a reasonable ground. In a case of normal pregnancy the woman has a responsibility towards her fetus. The feminist argument to support abortion which is based
on property rights is also criticized by the objection that it is not right to give such importance to property rights when people's lives are at stake. As Thomson argues that the fetus has a right to use the mother's body only if the mother has a special responsibility. And the mother has no responsibility for an unwelcomed fetus. But the ethical requirement for care and responsibility do not solely depend upon the strict principle of right. Moreover Thomson has drawn a difference between an act of charity and a moral duty. For Thomson, helping someone where no rights are involved its act of charity and the question of carrying out a moral duty does not arise here. But it is difficult to draw a sharp distinction between the two acts.

Again, the personcentric philosophers like Tooly, Warren, Singer or H T Engelhardt have failed to give a clear cut answer of the antiabortionists question about the potentiality argument. They simply deny the rights of a potential person or a fetus on the ground that the right of a woman out weighs the right of a fetus. The person centric philosophers define the term 'Person' in terms of some psychological characteristics, such as reasoning capacity, self awareness, communicating capacity etc. In fact these psychological traits are the basis of a moral judgment. Because we impose moral rightness or wrongness on that being who has the rationality and autonomy, which has the capacity of doing self motivated activity. And due to lack of these psychological traits, we do not consider the actions of infants or retarded adults' person as moral or immoral. But this does not indicate that they have no moral status. The person centric philosophers neglect the
social bonds of the members of society. We can not imagine a human society without kindness and charity, or without duty and moral responsibility towards its other. There is a difference between moral responsibility and responsibility imposed by law or profession. In this regard Richard Werner has drawn a terrifying example of such a society where "no one desires or has an interest in stepping in as parents, trustees or guardians for infants and the unborn. Such a society could legitimately declare a national open hunting season on infant orphans and other unwanted non persons such as grossly retarded or insane. They could develop a new gourmet delight "roast unwanted infant". They could begin to establish farms such that one buys live abort fetuses, raises them for food, experimentation or sport."21.

Thus it is clear from the above discussion that abortion dispute cannot be solved by direct application of conservative not by liberal attitude. We have already discussed that all of them are rigid in their own views. When we carefully analyse this issue, it reflects that the moderate view of abortion issue is a satisfactory one. We have stated that conservatives ignore the rights and autonomy of a woman whereas liberals depend on strict moral criteria of personhood ignoring the social bond and responsibility towards its other. Again the feminists ignore the moral responsibility of a woman towards society and a fetus. But the moderate view of conservative believes that some abortion cases may be regarded as permissible on grounds of self defense. Similarly the moderate liberal view holds that all cases of abortions are not morally permissible. Again some moderate viewers try to draw a line
between the two extremes of liberals and conservatives, such as when the brain activity of fetus begins. This view has an importance on abortion debate, as the debate is based on the important question of fetus personhood. It is difficult to give a clear cut answer of this question. Most of the person centric philosophers compare the fetus with a non human being. But the non human being has the capacity to feel pain and it indicates that animals have an interest in not suffering pain. And like animals if the fetus has an interest in not suffering pain, and that interest should be given equal consideration with the similar interests of any other being. And we have discussed earlier that until 18 weeks of gestation the brain of a fetus is not able to feel pain. And process of nervous transmission system associated with consciousness of the brain of the fetus attains in times between 18 and 25 weeks. But this does not indicate that performance of abortion before 18 weeks is moral for which it should be kept out of our discussion. It is only a moderate attitude to an abortion case which depends upon a weighty reason. The earlier discussion reveals that we are not in position to accept personcentric attitude completely, as abortion debate is related to human life. On the other hand as conservatives consider only the life of fetus underestimating all those factors which are related with child bearing, we can not agree with the conservatives completely. Perhaps for these reason Thomson thinks that in some cases abortions are morally justifiable whether in some cases are not. Of course, we should keep in mind that individual choice of a woman may not be a weighty reason in an abortion case.
stead of 'liberal individualism', we should depend upon a universal attitude to determine which case is morally justifiable and which is not. The case of self defense or the case of pregnancy due to rape certainly carries more weight than the case of an abortion to be performed for a trip. One may argue that to carry the pregnancy smoothly, mental ability for acceptance of the process is necessary. And on this ground abortion for a trip is morally justifiable. But individual choices do not always deserve importance at least when the question of life is related.

Thus we may accept abortion as morally justifiable in some cases, even admitting that the abortion is a matter of performing some actions that result in the death of a potential human being. But we may at least minimize the suffering of the fetus considering the time factor, as we have discussed above. Most of the pro abortionists consider that abortion should not be done on the late part of pregnancy. But in a rare case even in a last part of pregnancy abortion may be performed. As for example in case of self defense, a mother's life deserves more weight than the fetus life.

Again, if careful medical observation reports about the deformity of a fetus then abortion may be allowed under certain circumstances, because a child born with deformity that can not be cured even with modern medical treatment may further create lots of problems to parents as well as to the society. As the fetuses are not persons in full sense, there is no such strong reason for compelling us to bring a miserable life.
Consideration of abortion also rises in case of fetus experimentation. As we have accepted that abortion in some cases moral, so fetus experimentation due to the welfare of broader community is acceptable before 18 weeks of its gestation. There may be a good number of reasons for allowing abortion due to fetus experimentation. However we should be careful enough so that it can not make a slippery slope from rare medical purposes to abortion for business purposes. Though objectionable practical question may not arise regarding the matter of experimentation, however its commercialization is not supportable.

Thus we have seen that the morality of abortion is not dependent on a particular point. As it is related with some complex questions of life, human rights and social bond, it would be worth while to consider moderate attitude towards abortion issue embracing all relevant aspects as discussed earlier.

Notes and References


2 Ibid (P-50)

3 Ibid (P-52)

5 Ibid (P-15)


8 Ibid (P. 55)


11 Ibid (P.24)


13 Ibid (P.47)

14 Peter Singer. Practical Ethics. (P-153)


18 Ibid

19 Don Marquis: "Why abortion is immoral". In Helga Kuhse and Peter Singer (ed). Bioethics An Anthology Black well Publishers 1999. (PP. 46-58)

20 John Finnis: Abortion and Health Care Ethics. In Helga Kuhse and Peter Singer (ed) Bioethics and Anthology (P. 17)


22 Peter Singer: Practical Ethics. 1993. (P 164)
(2) Euthanasia

The Original meaning of 'euthanasia' is derived from the Greek words 'eu' meaning "good" and "thanasia" meaning "death". So the term literally means "good death". Originally "euthanasia" referred to the manner of dying rather than to the action of another party aimed at bringing about or permitting a person's death. But at present, euthanasia means much more than a quiet and easy death. It has come to mean "the action of inducing a gentle and easy death". This in turn has been taken by many to mean the act of mercy killing. So the literal meaning of euthanasia is not sufficient to understand it properly. The shifting meaning of euthanasia leads it to a matter of dispute. Here the question arises why and how the original meaning of euthanasia has changed. As euthanasia is related to life and death of human being, changing attitude towards life and death with the rapid technological development constitutes one of the main factors behind it. For many centuries death was clearly indicated by the absence of pulse or signs of breathing. The classical definition of death given in fourth edition of Black's Law Dictionary as "the cessation of life, ceasing to exist; defined by physicians as a total stoppage of the circulation of the blood and a cessation of the animal and vital functions consequent thereto, such as respiration, pulsation, etc.". Thus the definition of death was related to the whole body. But in the 1960s advances in life support technology such as mechanical respirator and heart-lung machine enabled physician to artificially maintain function in the heart and lungs. And this progress has
blurred the clear sign of death. This process made it possible to sustain a brain death or unconscious human bodies for long days. Again, the development of kidney and heart transplantation techniques underlined the need to develop a whole brain definition of death. An early effort towards a whole brain oriented definition of death was made in 1968 by Ad Hoc Committee of the Harvard Medical School, chaired by Henry Beecher. This committee introduced the concept of brain death and defined as an end of all function in the brain and central nervous system, even in body sustained by artificial technology. In 1981, the United States federal advisory group on medical ethics, the president's commission for the study of Ethical Problems in Medicine and Biomedical and Behavioral Research, created a guideline for defining death that specifies not only "irreversible cessation of circulatory and respiratory functions," but also "irreversible cessation of all functions of the entire brain". Within a few years, most states had adopted this definition.

This concept of brain death, that brain dead otherwise live human bodies create an unsolvable dilemma towards physicians and family members of the patients. Using medical technology, in cases of permanent vegetative states, patients can be kept alive for many years. But the question arises, is it justifiable for patients or their families to demand treatment under such circumstances. In such circumstances, in many cases patients can now make advanced directives, also known as living wills, directing that their lives not be sustained by artificial means. Other aged or seriously ill patients also have used living wills to request the medical staff to make no extraordinary
effort to resuscitate them. But allowing a patient to die raises one set of ethical issues. Actively helping a patient to achieve death often referred as 'euthanasia'. Ethical controversy related to euthanasia occurs not only in case of seriously ill, aged or brain dead human being but it also occurs in case of withholding treatment from a seriously ill child. In 1982, with the case of 'Baby Doe' this issue came into public concern. "Baby Doe" the new born infant was diagnosed with Down syndrome, a chromosomal disorder, which causes moderate to severe developmental disabilities. The baby also had a hole in the esophagus which prevented the baby from feeding. The parents refused to consent to the routine surgery as they were unwilling to bring up the child with Down syndrome. The baby died after six days. This incident was very shocking and unacceptable for general people. This case was referred as a case of euthanasia but the literal or the original meaning of euthanasia as 'easy death' has been made blurred. Consequently people have developed a new notion of euthanasia. Euthanasia has come to light with its different types such as voluntary; involuntary and non voluntary and with different forms such as active and passive.

Though many countries have legalized euthanasia, ethical controversy remains unabated till this time. In March 2005, US court decided to remove artificial food pipe from a US woman, Terry Siyavo. Terry had lost her thinking capacity for her heart injury and was living by artificial means from 1990. Terry's husband had appealed to remove the artificial means from Terry and court had sanctioned his appeal. It was unbearable for
Terry's parent and they also appealed to the court to reconsider that decision. The Washington's court decision was shocking and debating not for countries where euthanasia was not legalized but as well in U.S A also. For this, president George Bush and other parliament members had to appeal to reconsider Terry's case. But the court did not consider their appeal and Terry died after 13 days of removal of artificial means from her.

Euthanasia controversy is not confined to developed countries where sophisticated life sustaining means are available but it is also waved out in developing and under developed countries. K. Venkatesh of Andhra Pradesh, India who had fallen seriously ill came to light when his mother filed a petition on his behalf in high court of Andhra Pradesh in 2004, seeking permission for removal of the "life system" so that her son could donate all his vital organs under Organ Transplantation Act in order to help the needy. The High Court appointed an expert committee to look into the request. The committee did not give a favourable report and the petition was rejected. There are many other cases of patients in our country where medicine can offer no cure and where the terminally ill can neither afford hospitalization costs nor suffer the pain any more.

The problem of this issue is so complex that we cannot comment in a moment about the justification of its legalization. Euthanasia comprises legal as well as ethical questions. In this chapter an attempt has been made to discuss different aspects of euthanasia.
Significance of the problem

Before going to the ethical questions and debates relating euthanasia or different types of euthanasia, it would be worthwhile to have the practical picture of this controversial issue. It is true that in any process of reasoning, specifically in the issue of applied ethics, one must always take account of the facts.

First, we should observe that the concept of euthanasia is not completely a new one. It was something we already had. In fact, we are familiar with the process of euthanasia, though not particularly with the specific word 'euthanasia'. For example, where the medical prognosis is not accurate, doctors recommend against measures to prolong life. It creates sometimes life threatening problem to a patient. Though we have discussed euthanasia as a problem created by modern technology and medical science, it is undeniable that there are lots of cases when someone very old and soon to die, has been deprived from life prolonging treatment especially in case of poor patients. But here we are concerned with the poor and technologically helpless people. And we should notice that in a technologically less advanced country people often take pain and death as natural. Due to lack of life-prolonging treatment, people do not think of unnatural life sustaining treatment. But naturally they seek a painless death. H.T. Engelhardt has stated that the so called Hippocratic Oath did not...
represent Greco-Roman medical practice as a whole. Probably many physicians of that time did give advice regarding how to achieve a quick and painless death. There may be benefits rather than serious moral consequences from physicians being able at least to advise patients on the best means for avoiding a protracted death. But the moral questions have begun to arise in human death after the development of life sustaining processes. These processes have made it possible for a man to sustain for a long time. People begin to think whether the life sustaining processes would be able to give a quality of life. Will it be a meaningful life to spend year after year in a state of coma? Not only life sustaining process, but the developments of drugs to control infections and other dreaded diseases take an important role in prolonging life. As for example, in case of pneumonia which brought a quick death cannot play its previous role. The hospital regulations require that any patient in an intensive care unit who comes in contact of pneumonia must be automatically treated for it. Dr. William Oslar commented about death, “There is truth in the paradoxical statement that persons rarely die of the disease with which they suffer. secondary terminal infections carry off many patients with incurable disease.” Oslar was right in a true sense. In fact modern medicine has eliminated a traditional way of dying and has presented a protracted life. We have discussed that in literal sense ‘euthanasia’ did not mean the process of death but the nature of death which means “an easy death”. And since eighteenth century euthanasia was used in its original meaning. At that time it was possible for a
man to die at least in his own bed, surrounded by family and friends. Now a
day, most people are afraid of their probable death in a strange hospital
hooked up by tubes to machine and other devices. Many people have used
living wills to request the medical staff not to protract his life. In this respect
John Hardwig\(^5\) in his article "Is there a duty to die," describes how modern
medicine continues to save more of us from acute illness and also delivers
more of us over to chronic illness. He comments that our medicine enables
many of us to survive longer than we can take care of ourselves, longer than
we know what do with ourselves, longer than we even are ourselves. John
Ladd in his introduction of "Ethical issues relating to life and death\(^6\) has
discussed that in order to focus our attention on this more basic problem,
perhaps it would be better to dispense with the euthanasia and use in its
stead the, cacothanasia, an ugly, violent and tortured death. In John Ladd's
sense cacothanasia or in our present sense euthanasia has been confronted
by modern people under four main incidents. Now we discuss about these
circumstances in which termination of life-prolonging treatment should be
taken very seriously.

**The Circumstances when the questions of euthanasia arise**

John Ladd uses the word 'predicament' by which he means
"unpleasant, trying or dangerous situation" And in such situation the
termination of life prolonging treatment or even termination of life must be
taken seriously. We may describe such a situation arises when –
(1) Some one is an irreversible coma and no prospect of recovering any higher brain function. In such a situation one depends on a respirator and other equipment for survival. Elderly persons suffering from extreme senile brain disease might also be included under this category. If life sustaining process is allowed to continue, patients live for many years in such a situation. But the question arises how much effort should be made to keep alive such a body and why?

(2) Question of termination of life may arise in case of a chronically ill patient who is suffering from a severe disease like cancer. Unlike a patient in coma stage, in present situation the patient is competent to wish his own death. His chief factors for wishing death are suffering, progressive deterioration, physical incapacity and terminal illness. The question arises should he deserve death in such a situation? Should we allow him to die with dignity?

(3) Questions of euthanasia may arise in case of accident victims who have lost almost all capacities to function independently. They are living in a completely paralyzed state and depend on machines for survival. They are not incompetent like who lives in coma and not also terminally ill like the patients who are suffering from a severe disease. As there are no hopes of recovery of such patients, and if they want to terminate their life, should they be allowed to do so? Why and how?

(4) The most difficult and controversial questions arise in case of new born infants with incurable and uncorrectable genetic defect of great severity. The
case of 'Baby Doe', is an example which we have mentioned earlier. Besides, down syndrome there are many other disabilities of children which raise the question of rightness and wrongness of keeping them alive.

These circumstances confront us with lots of questions about the patient’s, their family members or about their doctors.

When a patient suffering from severe pain of an incurable disease or a family member of a patient living in coma or the parents whose infants are victims of uncorrectable genetic defect, appeal to withdraw life sustaining treatment, many issues arise simultaneously, such as, their right to life, the question of patient’s autonomy, dignity of life, the unbearable burden of family, mental conflict of the physicians, etc. These questions are controversial and so complex, that it is not easy to find out a suitable solution. To arrive at a suitable solution or to understand these problems clearly we should face some practical facts.

Practical evidences when the question of euthanasia arises

We read different news items published in the news papers regarding withdrawal of life support system of patients suffering from incurable diseases. Again we come to know about the appeal of the parents regarding their willingness for not withdrawal such life support systems. We become excited through these hearts touching news and for this; we like to put forward our opinion regarding the issue. Besides common people, moral philosophers have come forward with their own views to solve the debated
issue. However we can understand the gravity of the problem if we go through some case studies of this issue. These studies may reflect what is going on actually in the life of these patients.

Our first case presented by Peter Singer in his article “Is the Sanctity of life ethic terminally ill?” is an accident case of Anthony Bland.

In April 1989, an accident took place at Hillsborough Football Stadium in Sheffield. Ninety-five people died and several others were injured in that accident. Anthony Bland, a 17-year-old boy was not killed, but his lungs were crushed by the pressure around him, and his brain was deprived of oxygen. When sent to the hospital, it was found that only his brainstem had survived. His cortex has been destroyed. He was in a persistent vegetative state.

Justice Hoffman described his condition, “He lies in Airedale General Hospital in Keighley; fed liquid food by a pump through a tube passing through his nose and down the back of his throat into the stomach. His bladder is emptied through a catheter inserted through his penis, which from time to time has caused infections requiring dressing and antibiotic treatment. His stiffened joints have caused his limbs to be rigidly contracted so that his arms as tightly flexed across his chest and his legs unnaturally contorted. Reflex movements in the throat cause him to vomit and dribble. Of all this, and the presence of members of his family who take turns to visit him, Anthony Bland has no consciousness at all. The parts of his brain which provided him with consciousness have turned to fluid. The darkness and
oblivion which descended at Hillsborough will never depart. His body is alive, but he has no life in the sense that even the most pitifully handicapped but conscious human being has a life. But the advances of modern medicine permit him to be kept in this state for years, even perhaps for decades," This description of Hoffmann is enough for any rational being to think that death is far better than such type of life. And Anthony Bland's family and his doctor did not find any reason to keep him alive for decades. In Britain, as in many countries when everyone is in agreement in these situations it is quite common for the doctors simply to withdraw artificial feeding. But as the accident case was still under enquiry, the coroner, who was inquiring the case, warned Bland's doctor that he was running the risk of criminal charges. Thus the act to withdraw artificial life sustaining system became complicated and at last it reached to House of Lords. The important matter is to notice there is that, British Court did not take into account Bland's own consent in removing his life supporting system so essential. The court wanted to know the actual physical condition of Bland's. As it was clear that Bland was not aware of anything and there was no prospect of any improvement, the British Courts held that when a patient is incapable of consenting to medical treatment, doctors are under no legal duty to continue treatment that does not benefit a patient. But objection had been raised against the straightforward British approach towards life by the believer of traditional medical ethics. For the traditional medical ethics, as all lives are intrinsically valuable, it is always wrong to kill an innocent human being intentionally. The question
arises whether it was right to keep alive Bland in such a physical condition in the name of principle of sanctity of human life? Or was it right to end his life and allow him to die peacefully?

Our second case is not about a patient in coma, but about a patient who is suffering from a severe disease like cancer and for which he wants to be allowed to die. This case was presented by Pieter Admiraal, a senior anesthetist, from his own experience.

Peter Admiraal is not only a traditional anesthetist but he has also specialized in palliative care that is in pain and symptom control for the incurably ill and dying. In June 1983 he had to face a young patient, Esther, who was asking for active euthanasia. Esther was suffering from multiple sclerosis, a disease of nervous system. This disease is usually progressive and, in due course, will often completely paralyze the patient. Esther was unable to walk or move on her own. She could only use her left hand to drive the electric wheelchair, where she was sitting, with the help of a nurse. Her breathing was laboured, and she could only speak in short sentences, and with great effort. She told Admiraal that she had experienced the first neurological symptoms in 1976. In 1981 she had been admitted to the nursing home and by the beginning of 1983 she was almost completely paralysed. She came to know that she would; at some stage, no longer be able to swallow the food that somebody else had placed in her mouth. And if she was not to starve to death, she would need to be fed by way of a tube.
leading directly into her stomach. But she had decided, she would never accept tube feeding. Already in 1982 Esther executed a so-called ‘living will’ expressing her wish to be not kept alive if she were no longer able to communicate her wishes. Admiraal also consulted with her doctor and came to know that Esther had difficulties in swallowing and that there was a real danger that food would be lodged in her windpipe. The result could be pneumonia, but it might also be suffocation.

It was not easy for Admiraal to come into a decision. A long meeting took place between the head nurse, Esther’s parents and friend, the hospital’s Roman Catholic Chaplain and Admiraal. Though they wanted to respect her will but they were all hesitating to take such a step. But Esther again claimed that they would prolong her suffering by refusing her request as they were not aware of her physical stage. At last all of them agreed that they should honour her wish.

After Esther’s death, Admiraal was subsequently prosecuted for having performed an act of unlawful voluntary euthanasia. But doctors and secretary of Dutch Medical Association gave their witness that the case was an example of good medical care and nothing else. The prosecution was dropped.

The above case of Esther presented what may be the condition of a patient suffering from an incurable disease. Was it wrong to help Esther to die in such a situation? Is there not any value of human autonomy?
Our third case is related to infants who are severely ill having no hope of future recovery. We have stated already about Baby Doe's case that was diagnosed with Down syndrome, a chromosomal disorder that caused moderate to severe developmental disabilities. Here we should have an elaborate discussion of such cases, when babies born with severe physical impairments and deformities.

Illness in newborn babies can be classified into three main diagnostic groups such as extreme prematurity; birth defects, including malformations, chromosomal disorders, intrauterine infection and unborn errors of metabolism, and acquired diseases.

**Extreme Prematurity**

A few babies born too early create a set of problems. Such types of babies are usually born with a very low weight. Babies born with very low weight are usually critically ill. Their skin is thin and leaks body fluids, the flesh is jellyish and bruises easily. Liver, Kidneys, heart, and glands perform poorly. And the babies have great difficulty even maintaining normal body warmth. The group of extremely low birth weight babies usually develops lung disease, respiratory distress syndrome (RDS). Most affected babies have been kept on mechanical ventilators and given extra oxygen and other life-sustaining treatments. In case of babies who suffer from respiratory distress syndrome start improving on some days, but their lungs may be injured to some extent by the pressure produced by the ventilator and the
toxic chemical effect of oxygen. These iatrogenic injuries to the lung are called broncho-pulmonary dysphasia (BPD). In such cases the baby must remain on the ventilator and oxygen because of their damaged lungs. When it becomes clear that a baby will never get off ventilator at a month, or six month or a year of age, parents and caregivers are faced with some dilemmas. Where maximal therapy can not keep the baby comfortable, is there any meaning of caring for a baby with poor quality of life? Should therapy be withdrawn? Though in some cases the very low or extremely low birth weight babies survive, it is seen that most of them are severely handicaps. It involves various combinations of mental deficiency, body paralysis, blindness, and deafness. Body paralysis means varying degrees of lack of central of muscles, body and limbs with resulting immobility and dependence on others for feeding, toileting etc.

Mental deficiency indicates reduced intelligence lack of awareness of self and others.

**Birth defects**

Birth defects can be observed under two conditions. Those conditions which can be fixed and those can not. In cases of condition, which can be fixed, there is a very high chance of survival if all proper treatments are offered. Not only chance of survival but there is a normal or acceptable life span with no handicaps, or an acceptable level of handicap. But though the out comes of treatment are good, treatment is often long and highly costly.
Birth defects: condition that cannot be fixed

Ethical questions are often raised in cases where birth defect cannot be fixed. These conditions can be categorized into three groups, such as-

(1) Conditions in which death is inevitable, only the period can be lengthened by active treatment. (2) Condition in which active treatment will ensure survival, but with severe handicaps, chronic ill health or shortened life span. (3) Condition in which survival might be achieved with prolong and highly costly treatment but with serious life handicaps or shortened life span.

The condition in which death is inevitable includes some birth defects, such as potter’s syndrome and its variants, anencephaly, trisomy 18 etc. These cases include sometimes severe heart or sometimes severe lungs defects. Though death is inevitable, it is not known how long such babies might live if all available treatments were given. If mechanical ventilation, proper surgery, organ transplantation, and other treatments were offered these babies might live for years. Most of these cases, parents and caregivers decide to withdraw treatment accepting that life sustaining treatments are not morally mandatory in babies for whom death is ‘inevitable’.

The condition on which active treatment will ensure survival with severe handicaps, chronic ill health and shortened life span include disease like severe spina bifida. Spina bifida results from failure of the brain and spinal cord to develop normally in the fetus. In spina bifida one section of the
spinal cord, together with the surrounding spinal column, fails to form properly. The backbone lies open with the malformed spinal cord exposed. This wound is called a meningomyelocele. Most babies with meningomyelocele also have brain malformations, i.e., hydrocephalus. The child with a high meningomyelocele and severe hydrocephalus has a difficult life. Knowing about the poor quality of life of the children, many parents practice selective treatment, withholding surgery or other lifesaving procedures from seriously affected babies. The question arises whether withholding treatment is justified or not on the grounds of poor quality of life.

Moreover, there are many conditions in which babies have several major malformations, such as esophageal atresia, duodenal atresia, and major heart malformation, major abnormalities of kidneys and also malformations of the spine, arms, hands, and legs. Most of these malformations can now be cured or improved by surgery. But such a baby will need lengthy hospitalization with a number of surgical operations and other highly costly treatments. As the treatments are so complicated, any of the malformations could result in death or partial success could result in chronic ill health.

Thus we have seen that in the practical field it is not so easy to come to a conclusion whether it is wrong or right to withdraw treatment from such babies. We have also presented two cases where complex moral questions have arisen. These cases also presented different types of situations, such
as, a patients like Bland who was not competent to give his consent to withdraw treatment. But in the second case, Esther wanted doctor’s help to die herself. And thirdly our analysis has presented about the worst physical conditions of the babies, where their parents and caregivers may wish to withdraw their life sustaining treatment. Thus the term ‘euthanasia’ has been mixed with suicide, assisted suicide and mercy killing.

The proper meaning and classification of euthanasia

We have stated earlier that the term euthanasia has lost its original meaning. Now it refers to the process by which people’s deaths are intentionally brought about by themselves or others, sometimes for generally commendable ends such as the relief of pain and suffering. Some people use the term euthanasia only when one person is killed by another, i.e. “mercy killing”. Some other use synonymously euthanasia with suicide and assisted suicide. “Suicide denotes a self-reflexive action. In committing suicide one kills oneself. Though in one sense voluntary euthanasia is suicide, but one may commit suicide suffering from a momentary depression. In voluntary euthanasia a person is undergoing suffering that cannot be eliminated and which is sufficiently intense that he prefers death to life and will continue to do so.” Moreover, “euthanasia is not a private matter of self determination. It is an act that requires two people to make it possible, and a complicit society to make it acceptable.” The question of euthanasia occurs not only in case of competent people who is able to declare his wish of dying
but also in case of non competent people who is in coma or in case of disabled infants H.T. Engelhardt in discussing euthanasia has commented that in a true sense euthanasia occurs in case of non competent person, "I will term such practice euthanasia where there is no actual competent consent but only presumed consent, in order to distinguish it from suicide and even assisted suicide, where a competent individual dying effects death, either alone or through the agency of another".12

Whatever is the sense, euthanasia is now used to refer to the killing of those who are incurably ill and in great pain or distress and where there is no hope of future recovery. Hence all these facts bring various types of euthanasia. Euthanasia is broadly classified as active and passive euthanasia. Suicide assisted suicide and mercy killing are called three types of active euthanasia where the medical cause of death is not directly disease or injury but the fatal action taken. Passive euthanasia refers death by withholding or refusing available medical treatment or other care. Again both active and passive are classified into voluntary, non voluntary and involuntary euthanasia. Voluntary euthanasia occurs when patient's request to take his or her life is honoured. Involuntary euthanasia occurs when patient explicitly refuses to be killed and the request is not honoured. Finally non-voluntary euthanasia occurs when patient is killed by some one who is not aware of the patient's wishes, as the patient is unconscious or is in no position to express a wish.
We have placed our discussions regarding significance of euthanasia from different case studies. Again the circumstances under which it becomes a matter of grave concern have been discussed. In the present study emphasis has been given while analyzing different types of euthanasia under different circumstances. However, the controversy of this debated issue is not yet over, though some countries of the world have come forward to legalize it. In view of this philosophical discussion it is needed to have deeper idea regarding the ongoing debate of euthanasia.

Debate against euthanasia

Some of those, who are against euthanasia, advance their argument under the 'Sanctity of life principle'. And some other argues against euthanasia from own viewpoint.

Sanctity of life principle - The origin of the principle of 'Sanctity of life' lies in the idea of reverence for life. Probably the best known ethic that extends to all living things is that of Albert Schweitzer. He used the phrase 'reverence for life'. For him "a man is really ethical only when he obeys the constraint laid on him to help all life which he is able to succour and when he goes out of his way to avoid injuring any thing living". The Concept of non violence or ahimsa of India is one of the greatest contributions to the world of ethical thinking. The main tenet of ahimsa is to abstain from destruction of any living being. Now the idea of reverence for life or the idea of abstain from destruction of any living being have been seen in the "sanctity of life"
principle. But in present context whether it includes all lives or only human being is a matter to be considered.

What ever may be, according to this principle, life is intrinsically valuable and should be respected and protected at any cost. For this principle the usefulness of life for agent and for others is not a matter here. So euthanasia or killing of human being is not allowed here. Luke Gormally\textsuperscript{14} a supporter of this principle holds that any attempt to evaluate human life in terms of its utilities is absolutely unjust. Human life cannot be evaluated in terms of the calculation of balance between pleasure and pain. For him to be a human person is to be a live human body.

"Sanctity of life principle" has been supported by most religious traditions. A Christian view of life and death rejects euthanasia but promotes care and compassion for the dying. "In relating to the sick, the suffering, the incompetent, the disabled, and the dying, we must learn again the wisdom that teaches us always to care, never to kill. Although it may sometimes appear to be an act of compassion, killing is never a means of caring."\textsuperscript{15}

The proponents of euthanasia claim that death can be "natural" and "good" if its manner can be controlled. But the view of death and dignity are different in Christian sense. Paul Ramsey a former Professor of Religion at Princeton University had remarked that "Dignity is rooted in life- how we live and care for one another. It is death that is the indignity because it is something that is completely alien to God's design and desire for humanity.
It is something that is imposed upon humanity as a consequence of our sin and separation from God.\textsuperscript{16}

The Vatican's declaration on euthanasia (1980) states about the value of human life that no one can make an attempt on the life of an innocent person without God's love for that person, without violating a fundamental right, and therefore without committing a crime of the utmost gravity. On that declaration, discussions had been made about the meaning of suffering and about the use of painkillers. "According to Christian teaching suffering, especially suffering during the last moments of life, has a special place in God's saving plan, it is in fact a sharing in Christ's Passion and union with the redeeming sacrifice which he offered in obedience to the Father's will."\textsuperscript{17} As the painkiller causes unconsciousness it needs a special consideration. Pius XII. warns that "it is not right to deprive the dying person of consciousness without a serious reason"\textsuperscript{18}

**Other arguments against euthanasia:** - Not only from 'Sanctity of life principle' but the process of euthanasia has been criticized from some general view points also. Some times it is objected as a murder. Objection is also raised against doctors that why does a doctor become a murderer. Questions are arising especially in case of non voluntary euthanasia where the patient is unconscious or not in a position to express his or her will. The well known case of Nancy Cruzan in 1990, Terry shiyavo's case in 2005, has created a great sensation in the whole world. In these cases the question,
how a patient, living in coma, like Cruzan and Terry consent to withdraw their life supporting system, aroused great controversy.

Euthanasia also has been criticized by the 'argument from nature'. Every human being has a natural inclination to continue living and all natural processes are bent towards the end of bodily survival. Euthanasia goes against the natural process. J. Gay-Williams, in his article 'The wrongfulness of Euthanasia' has objected that euthanasia does violence to our dignity as our dignity comes from seeking our ends. According to him "when one of our goals is survival and actions are taken that eliminate that goal, then our natural dignity suffers."\(^{19}\)

One general objection against euthanasia is that, as biomedical sciences are able to cure many complicated diseases, there is a future hope of recovering some diseases which are at present beyond recovery. We should wait and keep option for it, but euthanasia closes it off and leaves no room for future recovery.

Another common objection against euthanasia is that, as euthanasia makes death easy, the older, aged and severely ill people will fear for their lives. Again, if we know that we can take our lives, it might incline us to take decision to die when we are in pain and suffering. Ray V. Mac Intyre comments in this regard that "we may be inclined towards euthanasia because of our concern for others. If we see our sickness and suffering as
an emotional and financial burden on our family, we may feel that to leave our life is to make their lives easier.\textsuperscript{20}

**Arguments in support of euthanasia**

Arguments in favour of euthanasia have been also advanced from different view points. There are some who bring the principle called quality of life\textsuperscript{21}, in support of euthanasia. Some other considers euthanasia form the interest of patient or from patient's autonomy.

**Quality of life**

The supporters of 'quality of life' are of opinion that value of human life depends on its quality. And all human lives are not of equal value. Mere length of life can not determine the value of a human being. In case of a patient like Karen Ann Quinlan who was in coma from 1975 to 1985, dignity of her life was not equal with a normal human being. Helga Kuhse and Peter Singer in their book "Should the Baby Live"\textsuperscript{21} considering the case of how handicapped new born should be treated and rejecting the idea that all human lives are of equal value, propose that the quality or expected quality of a baby's life should be taken into consideration.

'Quality of life' principle has been supported by many modern moral philosophers on the ground of their concept of person

Joseph Fletcher, Mary Anne Warren, Peter Singer, Michael Tooley, H.T. Engelhardt, Barbara Smoker, John Harries, and others are the advocates of the concept of 'person' and stated quality of life on the ground
of their person centric attitudes. According to this principle, a qualitative and dignified life can be lived only by a human person not by a merely human body. By 'Person' they mean that entities which have the capacities to know, think, feel, reason, plan, communicate and carry out responsibilities and obligations.

Joseph Fletcher\textsuperscript{22} has compiled a list of what he calls 'indicators of human hood' that includes: self awareness, self control, a sense of the future; a sense of the past, the capacity to relate to others, concern for others, communication and curiosity We imply these qualities not to a member of our species but to that human being who possesses such types of qualities in a real sense.

Marry Anne Warren\textsuperscript{23}, on her article 'On the moral and legal status of abortion' suggests five criteria of personhood--These are

(1) Consciousness and the capacity to feel pain.

(2) Reasoning (3) Self motivated activity (4) the capacity to communicate and (5) the presence of self concept, and self-awareness And she claimed that if these are the primary criteria of personhood, genetic humanity is neither necessary nor sufficient for establishing that entity is a person Warren stated in her article "a man or woman whose consciousness has been permanently obliterated but who remains alive is a human being which is no longer a person, defective human beings, with no appreciable mental capacity are not and presumably never will be people."\textsuperscript{24}
Peter Singer also considered capacity to enjoy pleasure or pain as the basic criterion of personhood.

H.T. Engelhardt has stated that only persons have moral problems and moral obligations. The very world of morality is sustained by persons and all humans are not persons. Infants, severely senile, severely brain damaged are not persons in true sense.

Michael Tooley, another person-centric philosopher, holds that the first distinction that needs to be drawn is between the death of a person and the death of a biological organism. For Tooley, expressions such as 'right to life' and sanctity of life have blurred this distinction. The right to life is not a right of an organism to continue to live, but the right of a person to continue to exist as the person he or she is. And Tooley supports the termination of life, in case where the human that was once a person but can no longer be so characterized due to extensive brain damage. In this case, he includes again a human whose brain is damaged to such extent that it is an irreversible coma and also severely ill infants. He supports voluntary euthanasia where we are concerned with a person. The person is in a state that he has a rational desire to terminate his life. But we should be aware in case of a person, who wants to terminate his life, that his wish is not a result of momentary depression. The question of voluntary euthanasia occurs when a person is undergoing suffering that cannot be eliminated. And his suffering has such an intensity, which is sufficient to prefer his death.
The advocates of 'personhood' have criticized 'sanctity of life' and do not accept the ideal that all innocent human life, irrespective to its quality is absolutely and equally valuable. These philosophers compare the quality of a life of human being with a non-human being. And they justify that if we are ready to kill a non-human being then in a similar sense we may consider a case of killing of member of our own species. Mere membership in a particular biological species is not itself morally significant. Michael Tooley has said "suppose that one encountered organisms belonging to a different species that enjoyed all the psychological states and capabilities characteristic of normal adult members of the species Homo sapiens Then surely it would be just as wrong to kill normal adult members of that species as to kill normal adult human being." So the principle "it is wrong to kill innocent human beings, without exception," is not a basic moral principle. For Tooley, a moral principle is basic if and only if it does not depend upon its acceptance of some non-normative factual beliefs.

And there must be an underlying moral principle that explains both why it is wrong to kill normal adult human beings and why it is wrong to kill normal adult members of other species. And for Tooley and other person centric philosophers the concept of person may play a critical role in this respect. When the question arises about the specific property to determine an entity as a person, most common answer is that, something cannot be a person unless it has mental states. But mere mental states are not sufficient to determine the personhood of an entity. Tooley puts the question what
more is required, beyond the mere having of mental states, to make something a person? He answered this question himself that, a person is a continuing subject of experiences and other mental states that recognizes itself to be such a continuing subject of mental states. Tooley may be right in ascribing these features to a person. But still there remains another question. Is it right to kill other beings who are not persons. As Peter Singer observes that "if Tooley is right, those beings that do lack self consciousness cannot be said to have a right to life, in the full sense of 'right.'" Still for other reasons, it might be wrong to kill them.27 And Singer states the reason not to kill or valuing the life of a being for the experiencing capacity to feel pleasure or pain. Tooley also comments similarly, that it would be nice if one could find some general principles from which we could derive both these principles, that, the principle it is wrong to kill person and the principle that it is wrong to inflict pain upon conscious organisms, regardless of whether or not they are persons. Tooley offers one such principle as "The frustration or non fulfillment of desires and preference is always an intrinsically undesirable state of affairs, the undesirability being proportional to the strength of the desire or preference in question (it might not, of course, be extrinsically undesirable)."28 And he comments that "an individual who accepted this as a basic moral principle could attempt to use it to justify both the claim that it is wrong to inflict pain upon conscious organisms, regardless of whether they are persons, and the claim that it is wrong to murder persons. In the case of the former, the account would turn simply from the
facts that pain is a state that a conscious organism desires to be free of and that it is a state that generally hinders an organism in its pursuance of other desires." Thus these person centric philosophers have explained their views regarding person and also offer why euthanasia is justified in some cases and not in some other cases. Peter Singer, Tooley and some other philosophers support voluntary and non voluntary euthanasia and reject involuntary euthanasia, as involuntary euthanasia occurs against a person's will.

We have discussed about different types of euthanasia and different pro and anti views regarding euthanasia. Now it is worth while to discuss each type of euthanasia elaborately in allowing which type of euthanasia may be justified.

**Voluntary euthanasia**

Voluntary euthanasia occurs when it is carried out at the request of the person killed. We have already mentioned about the case of Esther, which was presented by Admiraal. Esther was suffering from an incurable disease and she requested to kill her. Esther's request was honoured. The most well known case of voluntary euthanasia was the action of Dr. Jake Kevorkian, a Michigan Pathologist, who assisted in dozens of suicides in the United States since 1990, have brought the topic to the forefront of the daily news and people's thinking. Instead of voluntary euthanasia here the appropriate word is physician assisted suicide. Though both of these words
are used in a similar sense, yet as it is concerned with the question of legality, we should use the term voluntary euthanasia. Assisted suicide may occur without any legal permission where someone may assist others to commit suicide. And the cause of suicide may not be related to the victim's physical conditions, it may be a temporary depression. Voluntary euthanasia has been legalized in many countries imposing many rules and regulations with it. And a case is considered as a case of voluntary euthanasia only when one is suffering from an incurable disease and there is no hope of future recovery.

The unbearable sufferings, the deteriorated condition, the willingness to die are some of the strong grounds to support voluntary euthanasia. H.T. Engelhardt Jr. has described how Dr. Sigmund Freud, after sixteen years of struggling with cancer and after thirty-three operations laying on his bed, requested his personal physician to ease his way.30 Engelhardt also described in the same page of his book "The foundation of bioethics" how the physicist philosopher and noble prize winner Percy Bridgman (1882-1961) had committed suicide suffering from a disseminated malignancy. He left the following note "it isn't decent for society to make a man do this thing himself. Probably this is the last day I will be able to do it myself."31

Bridgman suicide notes carries a great significance which helps us to consider one's best interest, one's sufferings and help someone to die with a dignified manner. H.T. Engelhardt comments that Bridgman's actions reflect...
a well established philosophical view that rational suicide is not only allowable but in certain circumstances laudable. In ancient Greece Seneca argued in his letter on suicide, "Living is not the good, but living well. The wise man therefore lives as long as he should, not as long as he can. He will always think of life in terms of quality, not quantity."32 David Hume in his famous article “Of Suicide” commented “That suicide may often be consistent with interest and with our duty to ourselves, no one can question, who allows that age, sickness or misfortune may render life a burthen and make it worse even than annihilation.”33

Voluntary euthanasia is rejected by “Sanctity of life” principle which is supported by different religious traditions, for these religious traditions, as for example Christianity holds that life is intrinsically valuable. But the question arises what type of life is intrinsically valuable? Is value determined by more length of a life? Is there is no autonomy of a person to lead his life? We may answer that even we accept that life is intrinsically valuable, but there is no reason why we compel a man, who is suffering from a severe pain to give value to his life. As a rational being he has autonomy to live a dignified life. Objection also raised that care and compassion is needed to the severely ill patients and it can reduce pain and sufferings of a patients. But from our practical experience we know that there are a few people who serve a patient wholeheartedly for a long time. Elisabeth kubler-Ross whose on Death and Dying is perhaps the best known book on care for dying, has claimed that none of her patients request euthanasia.34 She says, personal
attention and right medication help people to come to accept their deaths and die peacefully without pain. Ross may be right, and it is definitely a good approach. But if some one even after such treatment cannot bear his or her pain and decides to die, what can we do for him? Perhaps it should be better to respect his or her will.

One common objection against voluntary euthanasia is that as modern methods of pain control have made great advances in pain management, therefore it will prevent the need for active voluntary euthanasia. But Pieter Admiraal, who was specialized in palliative care, in his article “Listening and Helping to Die: The Dutch Way” states the actual facts about pain control that “nonetheless, it remains a sad medical fact that in some 5 percent of cases pain cannot be controlled even with the most advanced techniques and in some cases it can be controlled only through the continuous intravenous infusion of opioids and other drugs that will render the patient unconscious.” Moreover pain is not the sole reason why patients request euthanasia. Patients ask for active euthanasia because of loss of strength and fatigue, loss of human dignity, and complete dependence.

Our above discussions make it clear that there is a strong ground to support voluntary euthanasia rather than to reject it.

The Christian view towards pain is also objectionable. According to Christian theologians, suffering pain is a way to feel Christ suffering. But it
depends upon one's own feeling. We have no right to impose such type of belief on everybody. From Kantian viewpoint we may not also reject euthanasia. We have no right to use a person as means to our end to fulfill our desire and to respect some beliefs and ideas.

Peter Singer, the modern moralist accepts voluntary euthanasia. He points out that as preference utilitarianism count a desire to go on living as a reason against killing, so it must count a desire to die as a reason for killing. Singer accepts voluntary euthanasia also on the ground of 'theory of right' and 'respect for a autonomy'. Though the theory of right implies a right of life, but when one requests to end his life, he waives his right to life.

The general objection of euthanasia that euthanasia will create fear to other is also rejected by Singer. He stated that as Voluntary euthanasia is occurred according to patient's will, if we do not wish to be killed, we simply do not consent.

**Non voluntary euthanasia**

Non voluntary euthanasia occurs when a patient is killed by some one who is not aware of the patient's wishes, as the patient is unconscious or is not in a position to express a wish. Question of non voluntary euthanasia occurs in cases of disabled infants or in cases of human beings who were once capable of making their own choices but not able to express own choices in present condition.
As non voluntary euthanasia is related to disabled infants or unconscious human beings, it creates much controversy than voluntary euthanasia. We may consider first the cases of disabled infants. When we use the term disable, we should remember that we do not mention about those disabled infants who are capable to live at least with a minimum standard. But we are concerned with those infants who are severely handicapped, or whose death is inevitable but may live some years with a distressing condition. We have already discussed about those distressing situations which may occur through some incurable diseases and deformities like Potter's syndrome, anencephaly, spina bifida etc. Though medical science is able to cure some of the diseases and birth defects but genetic defects remain out of recovery still this day. The question of euthanasia is not irrelevant in this respect.

Euthanasia is supported in cases of disabled infants by the supporters of 'quality of life principle', and those person centric philosophers who have supported 'quality of life' in their ground of the concept of person. Person centric philosophers like Peter Singer, H.T. Engelhardt draw the examples of infanticide of ancient time. H.T. Engelhardt in his book "The foundation of Bioethics" and Peter Singer in his article "Unsanctifying Human Life" have included some worth mentioning examples of infanticide. "Though one might associate infanticide with primitive cultures or non European traditions, it has deep roots in western cultural foundations. There was a wide acceptance of infanticide in the Greco-Roman world. Plato endorsed the practice of
Infanticide (Republic V. 460c). Infanticide was also recommended by Aristotle in his politics: "Let there be a law that no deformed child shall live". One should note that the toleration of infanticide among the Athenians goes back at least to the great law giver Solon, one of the seven wise men of Greece.\(^{36}\) "In Roman times, too, we find a moralist like Seneca, whose humanitarian outlook has survived centuries, advocating infanticide for the sick and deformed\(^{37}\).

According to Singer the new concept of infanticide in Europe is a product of the coming of Christianity. The central belief of the new religion is the ascription of immortal soul to all born of human parents. The Christians believe that it is wrong to kill any human being in any circumstances. Singer and other person centric philosophers criticize it as a kind of speciesism.

Peter Singer believes that the principles that govern the wrongness of killing non-human animals that are sentient but not rational must apply in case of such an infant.

Michael Tooley declares firmly that human infants are not persons, but only potential person. And he thinks that the destruction of potential persons is a morally neutral action.\(^{38}\)

From our above discussion we have seen that infanticide had been practiced in our ancient time and it has been supported by person centric philosophers. But as the question of infanticide is a matter of grave concern, it is not easy to come in a conclusion from ancient examples or from person
centric attitude. But at the same time we are not ready to accept the sanctity of life principle and on the ground of this principle to reject infanticide completely. Under the heading of 'Sanctity of life' many religious traditions go against infanticide. But at the same time they are not equally against of killing animals Peter Singer is right when he observes that killing of nonhuman animals that are sentient but not rational or self conscious is similar with the case of killing of an infant who is sentient but neither rational nor self conscious. But this does not mean that we should kill animal without any reason or only for our pleasure.

From our own point of view, we should consider infanticide on circumstantial grounds. Many person centric philosophers like Peter Singer, H.T. Engelhardt suggest that, to avoid infanticide it is better to abort the unexpected infants. Neil Campbell states "more than 95% of Spinabifida fetuses can be detected in womb. Termination of pregnancy can be performed if parents wish". But some disabilities are not present before birth, these may be the results of extreme prematurity or the results of something going wrong in the birth process. Again as the infants can not take their own decision, they depend upon their parents. It is wrong to underestimate the parent's wills and desires. We have already discussed about the practical facts related to severely disabled infants. Peter Singer points out, "some doctors closely connected with children suffering from severe spina bifida believe that the lives of the worst affected children are so miserable that it is wrong to resort to surgery to keep them alive". So if
some parents want to kill such an infant, probably they are not wrong. Moreover one may not be able to bear such type of cost to maintain an infant in a distressing condition. Again, it is more compassionate to an infant when he has been brought up with extreme negligence by his reluctant parent.

Mary Anne Warren, another person centric philosopher, supports infanticide but at the same time she points out two exceptions. First, infanticide is wrong, at least in this country where even if parents do not want their child but other people like those disabled infants and suffer similarly in destroying them like natural resources or a great works of art. Secondly, in that country where people value infants and prefer to preserve them even if foster parents are not immediately available than orphanages are preferable than allowing unwanted infants to be destroyed.

Secondly, the question of non-voluntary euthanasia becomes significant in cases of such human being who were once persons but in present condition they have lost their capacity of thinking permanently. Lots of examples are there who live in coma for long years in hospitals. Due to excessive brain damage they have not been considered as persons. Voluntary euthanasia does not occur here, as the patients cannot express their will to die. Sometimes voluntary euthanasia is occurred even if the patient remains in coma and not able to express their will. In this respect, the so-called "living wills" plays the important role. A good number of countries allow individuals to sign 'living wills'. The first living will legislation "Natural
Death Act, was passed by the California legislature on August 30, 1977. The 'will' permits a competent adult to sign a directive that will authorize physicians to withhold or discontinue "mechanical" or "artificial" life supporting equipment if the person is judged to be 'terminal' and if "death is imminent". But 'living wills' have been criticized as it cannot represent the actual will or a written document in some cases. The most sensation creating cases were held with Karen Quinlan (1976), Nancy Cruzan (1990), and Terry Shiyavo (2005) and with many others. No written living wills had been found in all those cases. So it is better to include such types of cases under non voluntary euthanasia, where patients are incompetent to express their will.

In cases of non voluntary euthanasia, occurring with the patients living in a vegetative state, questions of autonomy and self consciousness do not arise. Person centric philosophers like Peter Singer considers that these patients are biologically alive but not biographically. Michael Tooley has drawn the distinction between the death of a person and the death of a biological organism. The death of a mere biological organism is not morally relevant matter. And Tooley considers that the destruction of such an organism is no more wrong than the destruction of a non human animal which is not a person.

The significance of non voluntary euthanasia is that, it is occurred not for the interest of patients but for the interest of others. The question remains why we let such human being die, even if we agree with the person centric
philosophers that the death of the patient, living in coma with no future hope of recovery is the death of a biological organism. The question also arises whether one person exercise the right of another person on his behalf? The question of right may play an important role here. As a member of civilized society we have enjoyed various types of rights, as, rights of life, property education, voting etc. But some rights have not been imposed to children, mentally retarded persons considering their rational capacity. But they have not been deprived from justice. In case of children their parents and in case of mentally retarded people their relatives handle their right. Similarly, in case of euthanasia the right of life has been handled by parents and relatives. But in the field of morality rights do not claim everything. As John Ladd has described, "rights do not make up the whole of morality; there are many other good moral reasons for doing or refraining from doing something besides the fact that someone has a right requiring us to do it or to refrain from doing it." Love, charity, compassion are those things which keep social life peaceful. But sometimes we are compelled to do against these virtues. As for example when the level of consciousness is low enough in case of an infant or a patient living in coma, perhaps charity does not demand to take extraordinary measure to alive such people.

We have discussed about the distressing condition of Anthony Bland. If Anthony Bland would not been allowed to die, the word 'Cacothanasia' would be appropriate, in such a situation, in the words of John Ladd.
Thus we have seen that in special circumstances, the justification of non-voluntary euthanasia can not be denied.

**Involuntary euthanasia**

Involuntary euthanasia occurs when patient explicitly refuses to be killed and the request is not honoured. The difference between voluntary and involuntary euthanasia is crucial. In voluntary euthanasia patients are competent to consent for death. However, in involuntarily euthanasia, though patients are also competent to consent but do not consent for death. In some cases of involuntary euthanasia though patients are competent to consent for death however they are killed without their consent.

Philippa Foot, one of the notable modern moralists describes such types of cases of euthanasia as non-involuntary euthanasia. In his words "could it ever be compatible with charity to seek a man's death although he wanted to live, or at least had not let us know that he wanted to die."^42

As involuntary euthanasia occurs disrespecting the requests of a competent patient or without asking him, it violates the right of the patient's "right to life". In fact, the question of euthanasia does not arise here but it is assumed that, perhaps a man wants to live not realizing his own desperate situation he is in.

Michael Tooley has stated involuntary euthanasia as 'the cost of maintaining life'[^43] He considers euthanasia is not morally objectionable in such cases though it involves a serious conflict of interest. Though without
one's permission, killing is nothing but murder, circumstances sometimes compel us to think about such cases. Conflicting situations arise when one wants to go on living, but the cost of keeping him alive is so great that his family can not effort to do this Moreover the question of quality of life is related to a patient's distressing situation.

Philippa Foot states that in such a situation passive euthanasia or letting die may be right but it should be based on careful considerations. But active euthanasia is never justified. "The conclusion has been that non voluntary active euthanasia (roughly, killing a man against his will or without his consent) is never Justified; that is to say, that a man's being killed for his own good never justifies the act unless he himself has consented to it."44

One important analysis has been made by Michael Tooley in this respect. He analyses that there are two different sub cases which fall under involuntary euthanasia, one involves a conscious person but one involves the case of a comatose individual where although it may not be too expensive to keep the person alive, there is no method available bringing the person back to consciousness. Tooley observes that this case is sometimes confused with the case of the nonvoluntary euthanasia. But the difference is that in case of nonvoluntary euthanasia the human being living in coma is not a person but a biological organism only, however in case of involuntary euthanasia the person still exists. The person in comatose may technologically be revived. And destroying the person in comatose is not
morally relevant. But when the question of cost of maintaining is concerned it should be considered. If the hope of recovering is very small and maintaining cost is very high then letting a comatose person die is not morally objectionable.

Sometimes argument has been raised that one may refuse another's request to prolong his life on the ground that he is not conscious about what will happen with him in future. As for example the case of refusing to give a wounded soldier a drug that would keep him alive to meet a terrible end. In this respect Peter Singer remarks that these cases are fortunately; more commonly encountered in fiction than reality. Singer refuses involuntary euthanasia as it goes against the person's own will. If some one wishes to go on living this is good evidence that his life is worth living. Singer draws here R.M. Hare's distinction between two levels of moral reasoning. One is intuitive and another is critical. Our critical reasoning depends upon the special circumstances. But our everyday moral thinking is intuitive. "In real life we usually cannot foresee all the complexities of our choices. It is simply not practical to try to calculate the consequences, in advance, of every choice we make."45 And for this reason Hare suggested that if we adopt some broad ethical principles for our everyday ethical life, it will be better. But these principles should include which of our experience, over the centuries reflect the best consequences. "In Hare's view that would include many of the standard moral principles, for example, telling the truth, keeping promises not harming other and so on."46 Considering Hare's analysis of
reasoning, Peter singer also comments that though through critical analysis we make involuntary euthanasia justified but by the intuitive level of reasoning we can say that euthanasia is not justified if it is in voluntary..

Thus, we have seen that involuntary euthanasia is not right as it goes against a person's wish and it also violates the standard moral principle that is, not harming others. Simply, it is not a case of euthanasia. But a little reflection is needed in this respect. Though it violates one's right to life or it goes against the standard moral principle, but when it is related to cost of maintaining we simply do not neglect its importance. Definitely, the question of active euthanasia, in this respect does not arise. Or considering active euthanasia as right is a similar matter of allowing murder. But the question of passive euthanasia that means letting him die is not negligible, as Philipaa foot has considered, “it may be said that in case of voluntary and non voluntary euthanasia we have deviated from the standard moral principle on different grounds”.

**Active and Passive euthanasia**

Active and passive euthanasia are related to the question of justification which determines how one ought to apply euthanasia to a patient, directly or indirectly. In active euthanasia the medical cause of death is not directly disease or injury but the fatal action taken. Passive euthanasia refers death by withholding or refusing available medical treatment or other care. The conflict between active and passive euthanasia is that in active
euthanasia one must do something to kill somebody but in passive euthanasia one is not responsible for another death, as he did nothing. But does he do nothing? In fact he withdraws the treatment from a patient. Is there any moral difference between the two acts? The distinction between active and passive euthanasia is very crucial for medical ethics. In recent years, the distinction between killing or active euthanasia and letting die or passive euthanasia has come under frequent attack. Some have criticized the development of medical science, which makes difficult to classify as instances either of killing or of letting die. Stopping a respirator is a standard example of this problem. Some others hold this distinction as a conceptual quibble without moral significance.

Before going to discuss the difference between the two forms, of euthanasia or come to a conclusion which one is appropriate, it should be remembered that the conceptual distinction does not determine the conclusion whether euthanasia is acceptable or not. Secondly, the acceptance or rejection of the conceptual distinction does not by itself determine moral conclusion about particular cases.

To decide the moral conclusion of killing and letting die in particular cases we should go through some practical experiences. In this respect Dr. F. J. Ingelfinger's, former editor of the 'The New England Journal of Medicine observations are most worth mentioning. He observers, 'This is the heyday of the ethicist in medicine. He delineates the rights of patients, of
experimental subjects, of fetuses, of mothers, of animals, and even of doctors. (And what a far cry it is from the days when medical "ethics consisted of condemning economic improprieties such as for splitting and advertising) With impeccable logic once certain basic assumptions are granted and with graceful prose, the ethicist develops his arguments... Yet his precepts are essentially the products of armchair exercise and remain abstract and idealistic until they have been tested in the laboratory of experience."

Perhaps, Ingelfinger was right when he observed that without practical knowledge of some cases conceptual distinction or absolutist thinking is abstract and products of armchair exercise. We have stated in the earlier part of this chapter some examples where active euthanasia was more relevant than passive euthanasia. Philippa Foot has stated "there are well known cases in which the medical staff has looked on wretchedly while an infant died slowly from starvation and dehydration because they did not feel able to give a lethal injection." Philippa Foot in this case comments to legalize voluntary active euthanasia appointing their guardians to act on behalf of infant.

Peter singer argued from a consequentialist approach in this respect. He has mentioned a relatively common situation arising in case of a passive euthanasia which he has taken from an essay by sir Gustav Nossal an eminent Australian medical researcher. The example was - an old lady of 83
has been admitted to a nursing home due to her increasing degree of mental confusion which has made it impossible for her to stay in her home and there is no one willing and able to look after her. After three years her condition deteriorates to a great extent that she loses the ability to speak, to have meal. She also cannot sit in an armchair and is confined permanently to bed. Later on, one day she contracts pneumonia. When the relatives are contacted, they treat the first three infections with antibodies. Then they let nature take its own course. The patient dies of a urinary tract infection six months later. Perhaps this example depicts the worst condition of passive euthanasia. Though "Sanctity of life principle" holds that life is intrinsically valuable and we should not kill any one, in the above example, the old woman spent her last days of life in such a distressing situation that we do not expect such a situation in case of lower category animal also. Peter Singer also comments that "We do not doubt that it is right to shoot badly injured or sick animals if they are in pain and their chances of recovery are negligible".50

James Rachels, in his article 'Active and Passive Euthanasia',51 states that active euthanasia in many cases is more humane than passive euthanasia: The process of being "allowed to die" can be relatively slow and painful, whereas being given a lethal injection is relatively quick and painless. Again the doctrine rests on a distinction between killing and letting die that itself has no moral importance. Rachels has drawn in this respect his most well known examples of Smith and Jones. "In the first, smith stands to
gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath, Smith sneaks into the bathroom and drowns the child, and then arranges things so that it will look like an accident.

In the second, Jones also stands to gain if anything should happen to his six-year-old cousin. Like Smith, Jones sneaks in planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip and hit his head, and fall face down in the water. Jones is delighted; He stands by ready to push the child's head back under if it necessary, but it is not necessary. With only a little thrashing about, the child drowns all by himself, "accidentally", as Jones watches and does nothing.\(^{52}\) In these two examples the only difference is that Smith killed the child whereas Jones "merely" let the child die. But they are not different from a moral point of view. Like these examples in euthanasia there is no moral difference between killing and letting die. Rachels argues that if it is morally permissible to act intentionally so that a person dies, then the only morally significant question about how death occurs concerns which method will minimize the person's suffering. Rachels also refuses the American Medical Association's policy statement that cessation of treatment is justified but direct killing or active euthanasia is not permissible. For him bare difference between acts of killing and acts of letting die is not in itself a morally relevant difference.
Michael Tooley refers the principle as 'moral symmetry principle' which is related to action and inaction. He rejects the view that one's obligation to refrain from killing some one is a more serious obligation than one's obligation to save lives. He makes it clear that when Jones sees that Smith will be killed by a bomb unless he warns him and when Jones wants Smith's death and shoot him, makes no significant deference between the two inaction and action.

Winston Nesbitt, one of the moral thinkers, wants to consider that it is worse to kill some one than merely to be some one die. Nesbitt do not explain the examples of Rachel's and Tooley's concerning action and inaction, in their sense. For him, in Rachel's example, though we may agree that Jones is just as reprehensible as Smith, this cannot be taken as showing that his letting his nephew die is as reprehensible as Smith's killing his nephew, for Jones was prepared to do, even if he had not let his nephew die. Nesbitt also takes Tooley's example's in this similar meaning that shooting for death and not warning are not same. Helga Kuhse rejects Nesbitt's view that even if we accept Nesbitt's explanation we can not come to conclusion that killing is worse than letting die. Kuhse opines that being 'let die' may involve unwanted protracted pain and suffering for the patient and fail to give him a dignified death.

Thus we have seen that from the theoretical point of view there is no difference between action and inaction if both produce the same result. And
our practical experiences also tell us that in some respect direct killing or active euthanasia is more useful than letting die. But it should be noted that though the distinction between killing and letting die is morally irrelevant in some context but it does not follow that it is morally irrelevant in all cases. In cases of voluntary euthanasia patient’s consent is a must. If a patient wants to die quickly by a lethal injection to free him from his unbearable suffering, then there is perhaps no logic to make his death protracted. But our first duty to make it clear that whether the particular case has fulfilled some conditions under which one’s request to die is honoured.

It is often said that in passive euthanasia or letting die, extra ordinary means of treatment should be removed. But there is no satisfactory distinction between ordinary and extraordinary means of treatment. The debates about ordinary and extraordinary means of treatment have been often unfruitful, due to lack of clarity about what the terms mean. So in case of non voluntary euthanasia we may opine that it should depend upon the particular case. Rachels has rightly observed that the most morally significant question about the occurrence of death is which method will minimize the person’s suffering.

In case of involuntary euthanasia the question of euthanasia occurs in a very rare and special case. As the question of person’s autonomy and right to life is related to involuntary euthanasia, no question of active euthanasia arises there. If the cost of maintaining of the patient life is out of capacity to
his or her family members and state also does not come forward to take the liability of the patient, then passive euthanasia will be most probably the suitable solution. In fact, in developing or under developed countries such types of experiences are common for the general people.

We have discussed about euthanasia embracing its all possible aspects. The original meaning of euthanasia has been changed into the process of death from the manner of death, in due course of time. As euthanasia is related to life and death of a human being its morality is a matter of serious discussion. We have come to conclusion that voluntary euthanasia is justifiable on the grounds of patient’s autonomy, right and on the principle of beneficence. One has autonomy to take decision about one’s own life. To kill a person at his request, to care his pain and suffering is not to infringe one’s right to life. Though his request is critical but the underlying factors are sufficient to honour his request, as it occurs in case of a patient suffering from an incurable and severe disease. Again, the belief that there is an obligation to provide benefits is an unchallenged assumption in biomedicine. To act according to patient’s best interest is to respect one’s autonomy of a right to die relieving him from a distressing condition. In case of non voluntary euthanasia, the person centric philosophers raise the question of quality of life. As severely ill infants and the patients in coma, with is no hope of future recovery, lead a very poor quality of life, they have no right to life. Moreover they are not persons. The causes of occurrence of
euthanasia in those cases are the most distressing and everlasting situations, which will remain unaltered, till their death.

One common objection raised against euthanasia is the ‘slippery slope’ argument. This argument is often used in medical ethics. The argument is that, once we accept one particular position then it will be extremely difficult; or indeed impossible, not to accept more and more extreme positions. The slippery slope argument could be needed against killing the patient, not on the grounds that it would be wrong as a matter of principle but on the grounds that allowing killing in this case would inevitably lead to allowing killing in situations where it would be wrong. An opponent of voluntary active euthanasia might argue that if one allows doctor to carry out such euthanasia, then as a matter of fact, in the real world, this will lead to voluntary euthanasia. Such an opponent might accept that there is no logical reason to slip from one to the other, but that in practice slippage will occur.

This argument forces us to consider whether unacceptable harms may result from attractive and apparently innocent first steps. It may be possible. Not only, in case of euthanasia but in other respects, crimes have been made in the name of legalized rules. But it depends upon how precisely the policy is worded or enforced. Tony Hope remarks, “it may be possible to prevent slipping down the slope by putting up a barrier; or by careful articulation of the circumstances under which an action is, or is not,
As the question of euthanasia is related to our life and death, we should not leave it aside in the name of slippery slope, rather we should be concerned with its application, its rules and regulations. As for example we may mention about the guidelines developed by the courts in Netherlands. In Netherlands euthanasia is acceptable under the following guidelines as –

1. It is carried out by a physician.

2. The patient has explicitly requested euthanasia in a manner that leaves no doubt of the patient's desire to die.

3. The patient's decision is well-informed free, and durable.

4. The patient has an irreversible condition causing protracted physical or mental suffering that the patient finds unbearable.

5. There is no reasonable alternative to alleviate the patient's suffering

6. The doctor has consulted another independent professional who agrees with his or her consent.

In the tune of the above mentioned guide lines we may also think that under strict rules and regulation, application of euthanasia may be helpful to a patient to die peacefully and with dignity.
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Advanced science and technology have influenced humanity in various directions. In this respect, the new technology associated with human reproduction is so powerful that, it has made the impossible possible. The birth of Louise Brown, the world first ‘test tube baby’, in 1978 was a great success of reproductive technology. “Louise Brown was the first person able to trace her life back to an embryo that had existed, for a time, outside her mother’s body.” It was possible through In vitro Fertilization or I.V.F. procedure. ‘In Virto’ is a Latin phrase which means “in glass” and in embryology it is used in contrast with “in utero” or in the uterus”. Ordinarily human fertilization takes place in utero but in in vitro fertilization, fertilization is artificially performed outside woman’s body, that in a test tube. Artificial insemination is another successful procedure, which makes possible to conceive a child by a couple, unable to conceive in the usual way. It has become generally recognized as a legitimate medical procedure. The process is employed by the hospitals, fertility clinics and physicians who specialize in problems involving conception.

The processes related to reproduction make it possible for many couples to conceive children who would not otherwise be able to do so. Moreover by in vitro fertilization and embryo transfer, an woman incapable to conceive can fulfill her desire to bring up a child with her own ovum. A woman whose uterus has been removed and who is not capable of a normal pregnancy can contribute an ovum that after being fertilized in vitro is
implanted in the uterus of a second woman whose uterus has been prepared to receive it. The second woman or the surrogate mother then carries the baby to term. Besides the fulfillment of child bearing, reproductive technologies have some other importance in the field of medical science. Though I.V.F could continue without further embryo experimentation, but experimentation can be carried out for different purposes. It can increase our knowledge of fertilization and early human development. It may help us to develop new contraceptives, diagnose genetic abnormalities, or even, in future to find ways of overcoming some human diseases.

But in spite of these valuable contributions to humanity, the new reproductive technology has been confronted with some controversial issues. One of the major issues of new reproductive technology is surrogate mother. Invitro fertilization and embryo transfer open up the possibility of surrogate mother. As we have mentioned that a woman unable for normal pregnancy can contribute her ovum and after being fertilized in vitro, can implant in the uterus of a second woman. But, it has been seen that it is only a short step from being unable to bear children to being unwilling to bear children, though physically able. Reproductive technology makes it possible to hire a surrogate mother and consequently free a woman from the stiffness of pregnancy. Surrogate mothers in the more usual sense are woman who agree to become pregnant by means of an artificial insemination with sperms from the married couple. The surrogate mother carries the baby to term against a good payment. Though the same reasons that can be offered to
justify in vitro fertilization and embryo transfer can also be offered for surrogate pregnancy, yet it has been confronted with some serious moral questions. Is it right to transfer the burden and risks of one woman to another in the name of money? Is it right to separate sex and reproduction? The most objectionable question against surrogate mother is that, it uses child as an object.

The following study is an attempt to analyse different aspects of surrogate mother and the related ethical questions.

A surrogate is a person who substitutes for another. And 'generally surrogate mother hood 'refers the controversial insemination and to relinquish it at birth to others for rearing. Here the act of fertilization takes place in several ways. First, the act of fertilization is made outside by extracting the egg of a woman with her husband's sperm and later on it is implanted in a surrogate. In second method the embryo is transferred to a surrogate after five days of its normal fertilization. In both methods there is bifurcation of maternity into genetic and gestational in which genetic mother is rearing mother and gestation mother is surrogate mother. In addition there are two modes of surrogacy in which there is no bifurcation of maternity and the surrogate is genetically related to the child. In the first mode the woman is artificially inseminated by the sperm of a man whose own wife is either infertile or chooses to avoid conception. The surrogate carries the child to term. In the second mode, the surrogate is involved neither with reproductive technology nor with men to whom she is not married. Here the wife who
bears her own husband’s child and relinquishes it to the adopting parents who is initially bargained for the child. All four types of "surrogate mothers" have one common factor that is they are the ones who give birth to the baby.

Surrogate mothers are also identified as "host mothers", mercenary mother, incubators or simply as "breeders". Traditionally, to establish real motherhood one who gives birth to the baby was the sufficient factor. But at present this factor is not sufficient to establish the real motherhood. Before going to discuss the moral question of surrogacy, there is one important question which makes us think why people might favour it.

The important reason of occurring surrogate mother is the incapability of a couple to conceive a child in a natural way. Reproductive technology helps such couple to fertilize their sperms an ova quite outside and then to place it to another woman’s uterus. Thus surrogate contracts meet the desire of a husband and wife to rear a child.

Secondly, surrogate pregnancy may occur to transfer the burden and risk of pregnancy from one individual to another. Pregnancy may be a serious burden or risk for one woman whereas it is much less for another.

Thirdly, surrogate pregnancy may occur in cases also where there is no question of physical incapability or the problem of burden and risk. In this case one wants to avoid the rigors of pregnancy as it is possible to bear a child through a surrogate pregnancy.

Fourthly, it may occur due to the benefit of ‘surrogate mothering’ that it makes possible the creation of non-traditional families. One may want to
bear a child without the burden of a husband or a spouse. And surrogate mother can be a significant source of happiness to a single woman or a single man.

**Advantages of surrogate mothering**

While considering the advantages of surrogate mothering, the notable usefulness that comes first to our mind is that it brings happiness to an infertile couple. Fundamentally, to those couples who wish to have a child of their own but are not capable to do so because of some uncorrectable medical difficulties experienced by the woman. In such cases these couples view surrogate pregnancy as the only hope remaining to them. Many couples do not want to adopt a child due to genetic disconnection between them and the child. Secondly, surrogate pregnancy is useful to a woman for whom pregnancy creates burden and risks. Reducing burden and risk is a benefit not only for the woman involved, but also for the resulting child. Sometimes complicated pregnancy creates serious risks of premature child which may be the source of handicapped babies.

Surrogate mothering may also benefit the surrogate. Some women want to have the experience of bearing and given birth of a child without the obligation to rear the child. Phillip Parker, a Michigan psychiatrist who has interviewed over 275 surrogate applicants finds that the decision to be a surrogate springs from several motives².
Surrogate pregnancy is also attractive to a surrogate as it provides a better economic profit; sometimes surrogate mothers also enjoy their pregnancy and the respect and attention that it draws. And sometimes it creates a happy feeling of giving 'gift of life' to another couple.

But whether the "arrangement of surrogate mother" is morally right or wrong can be ascertained by analyzing its effects on the child, the surrogate herself, the couple and social value. Though at first sight, the arrangement of surrogate mother has been regarded as a mechanical process, which benefits an infertile couple, but in-depth study makes it clear that serious conflicting questions also arise from this process. To depict such conflicting questions we may introduce one well-known case about a surrogate mother. The case was known as "Baby M Case".

Early in 1985, William and Elizabeth Stern contracted with Mary Beth Whitehead, to conceive a child through artificial insemination and carry it to term for them. Mrs. Stern had been reluctant to have a child of her own since she was diagnosed in 1979 as having a probably mild case of multiple sclerosis. Mr. and Mrs. Stern chose Mary Beth Whitehead, age 29. Mrs. Whitehead was a housewife with two school-age children by her husband. After the first meeting of Whitehead and Sterns they became friends. Mrs. Whitehead signed the surrogate contract and promised not to attempt to form a parent-child relationship with the resulting child. The Stern family agreed to pay Mary Beth $10,000 plus medical expenses. As the pregnancy
developed, William Stern insisted that Mrs. Whitehead undergo amniocentesis to help ensure that the child was not abnormal. Though it was contrary to the advice of her private obstetrician, she did this. Stern also held that he had a right to insist on an abortion if the amniocentesis report was unfavorable. If Mary Beth miscarried during the first four months would receive no payment, if she miscarried later, she would receive $1,000. The baby was born on March 27, 1986. But Mrs. Whitehead changed her mind and decided to reject the money and keep the child. She said that "I was completely devastated having the child taken from my arms," Mary Beth wrote after the fact, "I felt like I was used for one purpose and was no longer needed or wanted." She went to the Sterns' home and pleaded to have the baby temporarily. Mrs. Stern feared that Mary Beth was suicidal and she agreed to give the baby temporarily. Two weeks later, the Stern tried to regain custody of the child, but Whiteheads refused to cooperate. A month later, after obtaining a court order the Sterns went to the Whitehead's residence with five police men to recover the five week-old infant. But Richard Whiteheads, husband of Mrs. Whitehead escaped with the child through a bedroom window. Then Mrs. and Mrs. Whiteheads fled to Florida with the child. At the end of July 1986, Florida police raided her mother's home and seized the child. Baby M (the Sterns named the baby Melissa) was placed in the custody of Mr. Stern. The Whiteheads returned to New Jersey where they attempted to regain the custody of the baby. After a long and emotional court battle, Judge Harvey R Sorkow ruled on March 31,
that the surrogacy contract was valid, and that specific performance was justified in the best interest of the child and Mrs. Stern could legally adopt the child.

The decision of lower court was appealed to the New Jersey Supreme court by Mrs. Whitehead. The Chief Justice of Supreme Court reversed the lower Court ruling. The Supreme Court ordered that surrogacy contract was invalid and unenforceable. As per order of the Supreme Court Mrs. Whitehead remained the child’s legal mother. The Court further hold that the issue of custody is determined solely by the child’s best interest and it is agreed with the lower court that it was in Melissa’s best interest to remain with Stern. However, Mary Beth Whiteheads remained a legal parent of Baby M and the court ordered a lower court hearing to consider visitation right for the mother.

The details of the ‘Baby M Case’ reflect the probable conflicting situation that may arise in any surrogate pregnancy. The distressing details of this case have led many people to reject surrogate arrangements altogether. Can we support police officers involvement to wrench an infant from mother arms? Advocates of surrogacy may describe ‘Baby M Case’ as an unfortunate instance of surrogate arrangement. They also may hold that in this particular case, Mrs. Whitehead was not a suitable candidate for surrogate motherhood. She went against the contract she had signed. But the question is, why did Mrs. Whitehead go against the contract? She even
wants to return Mr. Stern's money. Perhaps money cannot be everything. Though the 'Baby M Case' simply reflects the conflict between Sterns and Whitehead's family but it is related to the future of the small infant 'baby M'. What would be the reaction of the baby in future is also a matter to be noted. The above mentioned incident leads us to think that we should go deeper to these possible problems which may arise in a surrogate pregnancy.

**Ethical issues**

We have stated above that different moral questions are related to surrogate arrangement. Surrogate mother carries the pregnancy with a pledge to surrender the baby once it is born to the party who commissioned or made the agreement for the pregnancy. This arrangement has confused the traditional meaning of motherhood. Traditionally mother means that woman from whose womb the child comes. But in surrogate mothering there is a bifurcation of maternity from gestational to rearing or from gestational to genetic mother. The resulting child from a surrogate contract must feel the dilemmas created by his or her couple. Moreover in surrogate pregnancy the surrogate has to face many complicated problems. Thus ethical problems are related to the child, to the surrogate, and to the society.

**Harms to the child**

The moral issue at the heart of this debate is whether a surrogate mother is selling a baby or a service. The supporters of surrogacy believe that surrogate women are selling their services, not babies. They want to
show the reasons as stated here. "Firstly we do not consider children as property; secondly the confusion arises because we do think we own sperm and ova. Yet we do not own what they become, persons". Though for the sake of argument the supporters of surrogacy hold such view, some practical evidences make us think that in actual sense surrogate mother does. At a first glance it seems that surrogacy gives a gift of child to a couple who are incapable to rear a child in usual process. But as the couples paid a surrogate mother, they want a healthy and beautiful child. They want more than the service of a woman, they want a product. Philosopher Patrick Derr points out, "if it is not a contract to buy a child why does the mother receive $10,000 for a live birth, but only $1,000 for a miscarriage". The nature of motherhood is such that her service and her child are inseparable. When a woman conceives a child just to leave it for another then usually the identification comes to our mind that, mother’s womb as a mere “servicing instrument” and child as a “product”. Donald De Marco comments, “The intellect can distinguish the pregnant woman from the child she carries, but the two are bound together in reality. And it is precisely this bound reality that is motherhood”. In general, the surrogate mother gives birth a normal baby. But what happens when the child is born deformed? Since many defects can not be detected by amniocentesis or by other means, and it is the general nature of human being to expect value when one pays money, therefore questions are raised in surrogate arrangement. Parents do not want a deformed child paying a big amount of money. Professor of law
Herbert T Krimmel described his own experience when he had participated in the “Surrogate Parent Foundation’s” inaugural symposium in November 1981, “I was struck by attitude of both the surrogate mothers and the adopting parents to these problems”. The adopting parents worried, “Do we have to take such a child?” and the surrogate mothers said in response, “Well, we do not want to be stuck with it.” Clearly, both groups were anxious not to be responsible for the “undesirable child born of the surrogate arrangement”.

Krimmel’s experiences clearly depict that in surrogate arrangement child is not treated as a natural gift but something like a product. It may be objected that in normal cases also parents are upset by a deformed child or any parent does not want a deformed baby. But this is different from the surrogate mother situation, where both surrogate mother and adopting parents do not feel responsible for such types of children. “The surrogate mother might blame the biological father for having “defective sperm” as the adopting parents might blame the surrogate mothers for a “defective ovum” or for improper care of the fetus during pregnancy”.

In cases of natural reproduction, parents take their deformed children as a matter of fate and commonly parents do not neglect the children.

Surrogacy may create psychological harm to the child resulting from it. John A Robertson believes that surrogacy may create the same problems which might occur in adoption and artificial insemination by donor (AID), the problems of psychological harm to the resulting children. Surrogate mothering, like adoption and AID, separate genetic and gestational from
social parentage. The mother who conceives and births only the host mother, she is separated by the rearing mother. This separation can create a psychological problem for the child who discovers it. Like adopted and AID children, in surrogacy also children may try to trace out their own parent's identity and to establish a relationship with them. Children unable to trace out their original mother may feel rootlessness and it may affect their self-esteem. “There is also the fear, articulated by such commentators as Leon Kass and Paul Ramsey that collaborative reproduction confuses the lineage of children and destroys the meaning of family as we know it”9.

Problems for the surrogate

Generally, it is objected that surrogacy is wrong because it violates woman's basic interests and it is a kind of exploitation. In surrogate arrangement the burden and risk of pregnancy are transferred to a surrogate from another woman. Supporters of surrogacy view it as the same of transferring burden like house cleaning, cloths dry-cleaning and other public works. But all burdens are not of equal level. Pregnancy is such type of burden which influences a woman mentally as well as physically. In general case of pregnancy, pregnant woman gets mental support from her husband which helps a woman to pass the period of pregnancy. But in surrogacy, in most cases the surrogate will be a stranger and may never even meet the couple. The couple may impose some rules and regulations to the surrogate such as to take care of herself, not to keep sexual relation with others during
her fertile period etc. The surrogate may also suffer from some unpleasant side effects and disruption than she expected. Sometimes surrogates find that it is difficult to think the child as 'theirs' and not 'hers'.

The important difficulty comes to the surrogate when the couples press the surrogate to abort the child. Richard Lacayo has given an example of one particular surrogate motherhood episode, where the husband and wife who contracted for the child, divorced before pregnancy came to term. Given their new outlook on each other and 'their' child they successfully pressed the surrogate mother to abort. There remains another risk of terminating pregnancy which may make the surrogate sterile. It would be left to the court to decide whether it is right to impose the obligation of the child to the father or to condemn him for compelling the surrogate to abort. Abortion is harmful for the child as well as for the surrogate. The problem of abortion arises to the surrogate also from another consequence. As for example when genetic test of the fetus has been required than the mother must have an abortion if the child does not meet these tests.

Social Problem

The problem of surrogate mother is not confined as an individual problem to a surrogate or to the commissioned couple, but it also stands as a social problem.

Legalization of surrogate mother arrangement can affect on family structure. Once the arrangement is legalized there will be nothing technically
wrong to prevent single parents. Single man or a single woman might use the reproductive technology through surrogate mother arrangement by wanting a child without the burden of a wife or a husband. Such type of arrangement will deprive a child from a mother or a father. Supporters of surrogate mother arrangement might hold that the same situation may arise in case of divorce or in death of mother or father. In divorce or death a child may find him with a single parent due to an unfortunate or unintended situation but the surrogate arrangement which is used by a single parent, deprives the child from a second parent is one of the intended desired effects. Moreover, divorce or death of a parent is no where considered as good for a child.

Surrogate mother arrangements hurt in the social bond, family relation and unique value of some relations. In fact the bond between a mother and a child can not be measured with money. In case of 'Baby M', whitehead's lawyers had argued that surrogate motherhood should be outlawed since no woman, prior to conceiving her child, is in a position to make a binding decision about giving it up once it born. This statement of Whitehead's lawyers is justified in a true sense, as a surrogate commonly feels grief after relinquishing the child to the commissioning couple, in spite the careful instruction that child she carries does not belong to her but to someone else. Elizabeth Kane; the first successful surrogate stated that she loved her baby. She told the news media, "On the third day in the hospital when my milk came in and the other woman was feeding the baby. And when I said good-
by to the baby, it broke my heart. I cried for weeks every Sunday because she was born on Sunday"^{11}. A child is not a product only. Even, in surrogate mother arrangement it has been hoped that the surrogate should be an ideal mother. But here the ideal surrogate mother is a contradiction. She is motherly enough to conceive a child and carry it to term, but she is also willing to distance herself from her child in the womb so that she can easily give it up. This is really difficult for the surrogate and its influence on the baby is perceptible. Our societies already have faced the problems like of divorce, living together and separation of parents and children. In view of mechanical society of present time, observation made by Sidney Callahan that "given the fact that our society is already suffering from alienation within marriage and between parents and Children, do we want to encourage and even to help pregnant woman become more alienated form the children they carry?"^{12}.

Surrogate mother arrangement may stress on the family structure of surrogate herself. When the child is given to commission couple, the child is not removed only from the surrogate mother, but also from her family. The original children of surrogate mother do not take this easily. Sometimes it also comes to the light that surrogate contract was happened within mothers and daughters. Donald De Marco stated in his book "Biotechnology and the Assault on Parenthood" about such kind of surrogacy. He stated about "Mother Daughter Surrogacy" in Italy and "Mother Daughter Surrogacy in South Africa"^{13}. Marco also stated in his same book about how the child was
victimized by surrogate arrangement. An unmarried British couple paid a prostitute to be artificially inseminated by the man's sperm and carry the pregnancy to term. But when the child was born, the prostitute refused to give the child. In the Family Division Court the father was considered as a father of an illegitimate child and handed over the baby to the prostitute.

These cases are the examples of treating children mere means of others satisfaction. No doubt children have been exploited by many other means in our society. Child labour is a crucial problem of developing and under developing countries. But that does not mean that instead of abolishing child labour problem we should introduce another critical problem to our future children through surrogacy. Moreover surrogate mothers may be a prey of economic greed. Economically weak family may hold this profession as an earning source, ignoring the mother's health. Though in developing and under developing countries till this process does not get importance but the availability of this process in near future may be a means of exploitation of the literally and economically backward woman.

Conclusion

We have discussed above the different aspects of surrogate arrangement. In a first sight it depicts the happy pictures of infertile couples who have fulfilled their desire of child through surrogate mother. But detailed analysis of this arrangement reflects its dark sides. It is one kind of exploitation of the economically poor woman. The most dangerous effect of
this process is treating children as a commodity or a product. Besides, this arrangement is related to another problem like single parents. One may argue that as surrogate mothers are the only hopes to bear own child for naturally incapable parents, so this arrangement should be confined within the infertile couple. And strict rules and regulations should be imposed to this arrangement to avoid the problem of single parents and unmarried couple. But still, we can not ignore the problems which are related to the resulting children; as we have discussed how parents and surrogate both are disinterested about the deformed infants. We can not use children as a means to an end. From a deontological position it is wrong to use the reproductive process for ends other than the good of the child. Moreover, disfiguration of biological and gestational mother may create the feeling of rootlessness to a child.

It may also be argued that society has a duty to give justice to the infertile couple, as one has a right to a child. And if modern reproductive technology can help an infertile couple to bear their own child, society should allow them to take such advantages. But there is a difference between people's basic needs and what they want. Basic needs are universal and society has a duty to fulfill it. Wants are private rather than universal. An individual may want several things for him. A couple's want of a baby is not similar to a couple's need of a baby. But when a baby needs parent it does not mean mere his wants, but for his absolute dependence he needs his parents. Donald De Marco stated that "perhaps there is no such things as a
right" to have a child and that one may desire, hope and pray for one, and seek medical assistance to correct whatever fertility problem one might have"\textsuperscript{15}.

So to safeguard the integrity of marriage and family, to honour and preserve the dignity and the very meaning of motherhood and fatherhood, to protect woman from exploitation and babies from becoming commodities it is better to avoid the surrogate arrangement.

\textbf{Notes and References}


2 John A Robertson: "Surrogate Mothers Not So Novel After All." In Carol Levine "Taking Sides clashing views On controversial Bioethical issues. The Dushkin Publishing group. 1984.(P.46)

3 Donald De Marco: "Biotechnology and the Assault on Parenthood" Press, San Francisco. 1991.(P.141)

4 Maggie Gallagher: "Womb to let." National Review, April 24.1987(P.27)

5 Patrick Derr: "The Ethics of Surrogate Motherhood." The Human Life Review. Summer. 1987.(P93)

6 Donald De Marco: Biotechnology and the Assault On Parenthood .1991.(P.164)

8 Ibid. (P.55)

9 John A. Robertson: Surrogate Mothers Not So Novel After all (P.48)

10 Richard Lacayo: "In the Best Interest of the Child". Time, April 13. 1987 (P.50)


14 Ibid. (P.190-191).

15 Ibid (P-133).
(4) Cloning

The biotechnology of present time has taken a new dimension with the development of molecular biology and genetic engineering techniques. Cloning is one of the outputs of such developed genetic techniques. It is one of the most sensational scientific achievements of modern time and has brought a genetic revolution in human history.

Among the bio-ethical issues most recent and most discussed one is cloning. By implication and by dictionary meaning 'cloning' means making identical copy or replica of an object. From biological point of view, a clone is an individual obtained from somatic / organ cell of the parent organism. It is therefore an asexual form of reproduction. Genetically the clone is a copy of its parents (single) organism.

Cloning can be categorized into two broad types – reproductive and therapeutic. Reproductive cloning uses the cloning procedure to produce a cloned embryo which is implanted in a woman's womb with intent to create a fully formed living child – a clone. Therapeutic cloning uses the cloning procedure to produce a cloned embryo, but instead of being implanted in a womb and brought to term it is used to generate stem cells. The purpose of using such cloned embryos to generate stem cells is to allow creation of tissues or organs, so that the cloned donor can use it without having rejected by body's immune system. Stem cells can be cultured and potentially used to generate "therapeutic tissues" or "spare parts".
History of cloning

The concept of cloning is not a new one. Cloning has been there since the beginning of agrarian civilization in the form of vegetative propagation of plants. Cutting of branches and twigs of trees to establish new trees are nothing but cloning. However, in case of animal cloning the process was not so easy. It took fairly long time to develop genetic techniques to have animal clone. As early as in 1962 British scientists cloned a frog. But the matter did not get much attention to the media as well as general public. In 1975 Gurdon, Laskey and Revees experimented successfully the cloning of cells of adult frogs up to the stage of advanced tadpole stage. Although Gurdon and his team could go up to the tadpole stage, their work should be regarded as a major foundation stone for adult animal somatic cell cloning work. During 1980 there were also reports of cloning mouse. The year 1996 was remarkable year in the history of genetic technology. It was the year of the birth of “Dolly” the first cloned sheep. “Dolly” was like any other normal sheep and gave birth to a normal baby sheep “Bony” in 1998.

Cloning controversy gained momentum when a French Biochemist Brigitte Boiselier, vice president of American Company Clone Aid announced the cloning of a baby girl named “Eve” on December 26, 2002. Clone Aid is established by an American cult whose belief and faith are non-conventional. Following this, the lady made announcement of two more cloned babies, one to Dutch Lady and another to Japanese lady. The claim was questioned by leading experts on the subject and considered as a publicity shunt.
authentic attempt in human cloning with nominal success was reported by JB Cibelli and his colleagues from an American Company called Advanced Cell Technology (ACT) of Massachusetts, USA on November 25, 2001. However, Cibeli and his colleagues could generate a human embryo of up to six cells after which there was no further growth. This is the first scientific account of attempt in human cloning published in a research journal. The claim of Brigitte Boisellier was not acceptable. Because she did not publish her research findings in any peer reviewed journal. Even the laboratory where the research work was carried out was not allowed to be inspected by other scientists. Hence, possibly the first cloned human baby is yet to come to existence. But the moral and ethical issues of human cloning should be discussed carefully in view of growing dimension and gravity of the problem.

Positive Impact of Cloning

The positive aspect of cloning includes a better understanding of genetic deficiencies. This would give clue to combat the same. Elucidation of mechanism of ageing and age related disorders will be easier. One important positive side of cloning is that the genetic and environmental basis of disease like cancer can be better understood which in turn will greatly help to find a technique for eliminating such dreaded disease. Cloning will bypass sex, mating and fertilization. Therefore, it will over come male and female infertility because in case of cloning copy of the single parent may be obtained employing body cells and, if necessary, surrogate mother. This is one of the strong points in support of cloning. It has been argued that there
may not be serious objection if a wife prefers to have a clone of her husband suffering from azoopermia, oligospermia or similar problems instead of opting for artificial insemination with semen from an anonymous donor. If the genome of a somatic cell of husband is transferred to an uncreated egg of wife there should not be any major ethical objection for it. The child so obtained by a childless couple may be a source of unbound joy. Some people like to opine that if cloning helps to produce great scientists, social workers eminent personalities then world would never have shortage of such great persons. Consequently peace prosperity and development of the world can be achieved forever. Again therapeutic cloning brings hope for patients who are in great need of some kind of transplantations. Therapeutic cloning envisages developing a human embryo up to a particular early stage of unborn baby, technically called blastocyst and then removing body part from it for transplantation to needy patients directly or through further growing in artificial condition. Another positive aspect of cloning is that cloning technology could be used to increase the genetic diversity of a dwindling species. Our earth is losing some important species at a very fast rate, leading to every possibility of the total extinction. Through cloning of animal and plants we can get back our natural wild life.

**Negative impact of Cloning**

It has been observed that most of the animals cloned have severe abnormalities including malfunctions of vital organs and premature aging. Scientists have found evidence to establish that normal looking clones may
harbour serious abnormalities affecting gene expression, which may not be expressed phenotypically. Under such circumstances the whole purpose of cloning will be lost.

Clone is the identical copy of an object. In near future cloning will make possible to create animals to fulfill different needs of our society. But diversity is the crucial factor, which is, gift of nature. If only highly efficient clones are produced abundantly and if they consume more food from the food chain, it will affect the natural ecosystem. Such types of effects are not desirable as it affects the survival of less efficient animals.

If human cloning is allowed then cloned children will be also adult in due course. This will cause polarization of society in terms of cloned and normal human being. Such a polarization is likely to have disastrous consequences for the society in terms of cloned and normal human beings.

Allowing of human cloning may give raise another serious problem in our society. It is imagined that in any country of the world, wealthy people will use their money power to create cloned baby of desired sex, of desired quality. Consequently, there will be unwritten competition to generate super human.

**Can Cloning ever be justified?**

Various quarters of the world community have protested against cloning. It seems that modern man is as confused as his early predecessors whether to hail such extraordinary scientific discovery or not. Questions have been raised about the ethics and values of such scientific pursuits. Although
many good things have been said about the possibilities of utilizing human clones for the benefit of man, the question remains whether it is morally justifiable. But the history of science and technology has been replete with examples where the inventors overlooked the ethical questions brought about by their inventions.

We have stated that cloning is not a new conception. Cutting of branches and twigs of trees to establish a new tree was also one kind of cloning of a tree. But the complex process of animal cloning is the result of developed genetic engineering. We have discussed about the negative aspects of cloning in case of animals. In chapter III it has been discussed how farm animals become victims of human cruelty. Now there is no reason to produce farm animals with the help of cloning which may act as efficient bioreactors to fulfill the need of human being. For example, transgenic pigs with gene HGH (human growth hormone gene) would grow much faster by taking more feed but are prone to ulcer, arthritis and several other constraints.

But the attempt of the scientists to produce a human clone has created much sensation and ethical debate among different group of people. Different global organizations have raised their voices against human cloning. Dr. Hiroshi Nakajima, Director General of the world Health Organization said: ‘WHO considers the use of cloning for the replication of human individuals to be ethically unacceptable as it would violate some of
the basic principles which govern medically assisted procreation. These include respect for the dignity of the human being and protection of the security of human genetic material.\(^1\) Federico Mayor of UNESCO equally commented, "Human beings must not be cloned under any circumstances."\(^2\) Moreover, UNESCO'S International Bioethics Committee (IBC), which has been reflecting on the ethics of scientific progress, has maintained that the human genome must be preserved as common heritage of humanity.\(^3\)

Now whether these reactions against cloning are instant or based on proper meaning of human dignity and rights, are to be justified properly. John Harris a notable modern moral philosopher comments about these reactions that "these statements are, perhaps unsurprisingly, thin on argument and rationale; they appear to have been plucked from the air to justify an instant reaction. There are vague references to "human rights" or "basic principles" with little or no attempt to explain what these principles are or to indicate how they might apply to cloning."\(^4\) Harris may be right in commenting that there are vague references to human right or basic principles in these reactions. But the underlying meaning of human dignity or human rights remains same in these reactions. The question of human dignity arises when one individual has been used as a means to an end. In cloning an individual is created to fulfill another's end. Human dignity is also diminished when an individual has been exploited for the benefit of others. In Rawl's view, it would never be right to exploit one group of people or even
one person for the benefit of others. Human cloning is not yet completed. But we may presume its effect on the resulting human being. It will create the problem of single parent. It will disturb the social meaning of a family. The cloned baby in his adult stage will face the problem of identification. He is not the child of a single man but an identical copy of his original man. Can he identify himself as a son of the nucleus donor? In actual sense the clone is the twin brother or sister of the nucleus donor and the genetic offspring of nucleus donor's own parents. John Harris wants to show in his article "The Ethics of Human Cloning" that cloning is not inconsistent with human rights and dignity. He puts questions, "Is it the duplication of a large part of the genome that is supposed to constitute the attack on human dignity? If so we might legitimately ask whether and how the dignity of a natural twin is threatened by the existence of her sister." But a natural twin and a cloned baby are not identical. A natural twin will not face all such questions, which the cloned baby will have to face. John Harris also stated that Kant's principle to use an individual always as an end and not as a means is not helpful in medical or bioscience contexts. In his words "The Kantian principle, crudely invoked as it usually is without any qualification or gloss, is seldom helpful in medical or bioscience context." But it is difficult to understand how Kant's principle is not useful in the context of reproductive cloning. Harris may be right when one attempts to draw Kant's principle into the therapeutic cloning. To make a better analysis we should remember again the two categories of cloning and the concept of person. First, in
reproductive cloning the cloning procedure is used to create a full formed living child, a clone. The child is a potential person. And we have no right to bring up a child only for our own purpose. The most common idea of reproductive cloning is to produce a clone of well known personality such as great scientists, noble social reformer etc. But in personality development along with the role of genetic character, the impact of the environment is also equally important. And the very idea to make a child an identical copy of another person is the treating the child as a mere product, or a robot not as a human being. Harris has mentioned about another scientific reproductive means like in vitro fertilization, and he claims that if we allow in vitro fertilization, why not cloning? But at the same time we should remember that different reproductive means developed by modern genetic technology though helpful but not free from creating many moral problems. We have discussed about such type of problems in surrogate mother.

Secondly, in therapeutic cloning the cloning procedure is used to produce a cloned embryo to use to generate stem cells. A human embryo up to a specific early stage of unborn baby is technically called blastocyst. Body parts are removed from it for transplantation to needy patients directly or through further growing in artificial condition. Here we are concerned with such an embryo, which is not a person or would be person. Person centric philosophers perhaps would not raise objection here, as embryos have no desire, interest and also no capacity to feel pain in its first stage.
Person centric philosophers often compare suffering of human embryo with suffering of animals. They argue that experimenting on animals and eating their flesh are perhaps the two major forms of speciesism in our society. For example, Peter Singer argues that "what kind of ethic can tell us that it is all right to rear sentient animals in barren cages that give them no decent life at all, and kill them to take their organs, while refusing to permit us to take organ of a human being who is not and never can be even minimally conscious"?.. Of course, he puts this question while referring the case of heart transplantation of a young baby of irreparable and lethal heart defect by removing heart from other infant suffering from a massive brain hemorrhage and was cortically dead. We may imply the same argument in case of therapeutic cloning. If embryonic stem cells can be derived from an embryo in an early stage of its development then perhaps it would not be ethically wrong. The justification of this argument is that, therapeutic cloning would allow the creation of perfect match tissue. For example, a leukemia patient's disparate search for the right bone marrow donor could end with therapeutic cloning, as doctors would create perfectly match bone marrow, using perhaps the patient's own cells.

Conclusion

The above discussion reveals that cloning is one of the tremendous human achievements. Scientists and genetic engineers are still working in different parts of the globe to unveil more genetic information. We have
stated earlier that success has been achieved in case of animal cloning. As reproductive cloning goes against the interest of animals, we opine that animal cloning is not acceptable from ethical point of view. We have no right to use animal as means to our end. Moreover, most of the cloned animals are affected by severe abnormalities. The same argument is also applicable to reproductive cloning of human. While discussing the positive aspects of cloning, we pointed out that human cloning would fulfill the desire of an infertile couple. However, the underlying problems associated with this procedure also cannot be overlooked. Observing the abnormalities of animal cloning it is presumed that a cloned baby may develop malfunctioning with respect to growth development and particularly brain development. These consequences may lead to premature death of cloned baby or leave it as disabled infant. In such a situation one should imagine the sense of dignity, frustration of parents concerned.

Besides cloning, there are many other reproductive procedures to fulfill the desire of child of infertile couples. But much more importance is given in carrying own genes. In our own opinion we like to say that genetic inheritance is not so important to make us compel to do anything and everything. Jyotish Basak rightly observed that "Today's' society is characterized by increasing demand of biological inheritance, as if this were the only desirable form of inheritance."
In case of therapeutic cloning the problem may be observed from another angle. We have said that therapeutic cloning envisages developing human embryo up to a particular stage of unborn baby, and then removing body part from it for transplantation to needy patients. Like person centric philosophers, we may also like to opine that use of embryos in their first stage of development cannot be unethical. The reason behind this is that an embryo in its first stage of development cannot feel pain or any other sensation. Another serious objection raised against therapeutic cloning is that it may enable commercial companies to generate unborn immature babies like an animal farm for meat or milk and then continuously removing body parts or cells for selling at a remunerative price. As regard the above-mentioned objection, we like to say that not only in case of therapeutic cloning, but behind each scientific invention or achievement there is a possibility of its misuse which in turn may be detrimental for society. Therefore, we must keep ourselves alert so that out come of scientific inventions can be used only for the welfare of the society. In case of cloning strict rules and regulations must be enforced to prevent its misuse. Otherwise human value will be degraded to a great extent and our world will be pushed to a possible biological catastrophe.

Notes and References

1. WHO press release (WHO/20 1997 Mar. 11). Quoted from John Harris’s “Goodbye Dolly?” The Ethics of Human Cloning. In Helga Kuhse and
2  Ibid
3  Ibid
5  Ibid (P.145)
6  Ibid.
8  Jyotish Ch. Basak: Cloning Social or scientific priority. Indian Philosophical Quarterly. XXIX No. 4. October 2002
Since the time of Hippocrates more than 2,000 years ago, a central concern of medical ethics has been the relationship between physician and patient. The profession of a physician is one of the major professions in which pain, deformity, disability, disease and premature death capture the central attention of both individuals and societies. Medical profession is a domain of special learning on issues of life and death. As a result, it takes on an esoteric character, and the patients occupy a dependent role to their physicians. The patient is sick, the physician is well. The patient is in need of the knowledge and skills the physician possesses, but the physician does not need those possessed by the patient. The patient seeks out the physician to ask for help; but the physician does not seek out the patient. In fact, in this relationship, the physician acquires a great amount of power. But though the patient willingly surrenders some of his autonomy, the physician has a great responsibility towards his patients. Since the time of Hippocrates the physician has an obligation to act in the best interest of the patient. In Epidemics 1, in the midst of instructions on how to diagnose various illnesses, Hippocrates offers the following

"Declare the past, diagnose the present foretell the future; practice these acts. As to diseases, make a habit of two things to help, or at least to do no harm."1
Echoing the Hippocrates Oath; the Caraka Samhita, a Sanskrit text written in India roughly 2000 years ago, urges the following commandment to physicians, “day and night, however you may be engaged, you shall strike for the relief of the patient with all your heart and soul. You shall not desert the patient even for the sake of your life or living”.¹

In the 18th century, particularly in Britain, the emphasis in ethics has been given on proper honorable behavior. Thomas Percival; perhaps was the most influential writer in medical ethics in the modern period. In his 72 precepts, Percival urged a level of care and attention such that doctors would “inspire the minds of their patients with gratitude, respect and confidence”. At the same time American physician Benjamin Rush; was promoting American medical ethics. The virtues of generosity, honesty, and service to the poor had been stressed in his lectures to medical students at the University of Pennsylvania in Philadelphia. Gradually, in different countries medical association issued its own code of medical ethics. The American Medical Association (AMA) issued its own code of ethics, stating, “A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity. A physician shall recognize a responsibility to participate in activities contributing to an improved community.”³

Thus the aim of the relationship between health care professionals and patients can be understood in terms of beneficence. The term

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beneficence, can suggest in ordinary English, the acts of mercy, kindness, and charity. However the concept of beneficence is not limited to mercy, kindness, or charity because it includes any form of action to benefit another. In principles of Biomedical Ethics, Tom Beauchamp and James Childress (1989) stated that "The obligation to confer benefits and actively to prevent and remove harms is important in biomedical context, but equally important is the obligation to weigh and balance the possible goods against the possible harms of an action." But only to act beneficently for patient may raise the problem of violating the autonomy of patient. The medical values of care and healing may differ from values in patient's judgment. However, medicine has increasingly been conferential, especially in the last thirty years- with a different kind of need, namely the patient's asserted need to make an independent judgment. If we give much importance on patient's choices and preference than the physician would be deprived from the obligation to be beneficent. However, autonomy is not an absolute or unconditional value. But at the same time it is also true that merely acting in a patient's best interests without recognizing the individual as the primary decision maker would fail to respect each person's interest in self-determination. Perhaps, to overcome the conflict between autonomy and beneficence is the best way to act in the patient's best interest. Edmund Pellegrino and David Thomasma, two exponents of the preeminence of beneficence argue that "any critical reflection on beneficence must include limitations on autonomy. There are too many clinical situations in which
freedom—either the physician's or the patient's must be curtailed. In the real
world of clinical medicine, there are no absolute moral principles except the
injunction to act in the patient's best interest. To overcome the conflict
between autonomy and beneficence there are various principles. The one
most relevant in discussing the relationship is the principle of paternalism. In
fact, the implications of our position for authority in health care will be
unsettled until we come to terms with the problem of paternalism.

Nature of Paternalism

The Oxford English Dictionary defines paternalism as "the principle
and practice of paternal administration, government as by a father; the claim
or attempt to supply the needs or to regulate the life of a nation or
community in the same way as a father does those of his children." When
the analogy with the father is used to light up the role of health care
professionals or the state in health care, it presupposes two characteristics
of the paternal role; one is that, the father acts beneficently and secondly
that he makes all or at least some of the decisions relating to his children's
welfare rather than letting them make those decisions. As the professional
has superior knowledge, training and insight he is in a superior position to
determine what the patient's best interest is. From a paternalistic attitude a
professional is like a parent in dealing with his dependent patients.

Here we can distinguish 'state paternalism' from "personal
paternalism". State paternalism is the control exerted by a legislature,
agency, or other governmental bodies over particular kinds of practices or procedures. State paternalism in medical and health care context has an important role. For example, in consulting with a physician, we try to know whether the physician has acquired the standard for education, competence and character set by a state licensing board and medical society. We try to be sure that we are not putting ourselves in the hands of an incompetent quack. The well being of citizens must be recognized as one of the legitimate aims of a government. And this aim may easily include looking to their physical health. In general, state paternalism with respect to health seems to be justifiable. Yet the laws and regulations through which the paternal concern is expressed are certain to come into conflict with the exercise of individual liberties.

On the other hand, personal paternalism consists in an individual’s deciding, on the basis of his own principles or values, that he knows what is best for another person. Personal paternalism in medical context poses significant moral questions because it holds that beneficence can legitimately take precedence over respect for autonomy. The principle of nonmaleficence has been also viewed as outweighing respect for autonomy in medical paternalism. For example, physicians may take the view that disclosing all information can cause harm to patients, and as medical ethics obligates them to not harm, they have a duty not to disclose all information. L.J. Henderson (1935) argues that for the patient’s good, some information should be withheld or should be disclosed only to the family and that
deference to the autonomy rights of patients is dangerous because it compromises clinical judgment and presents a hazard to the patient health. Thus paternalism is confronted with the problem of truth telling. Paternalism is also confronted with medical confidentiality. Should a doctor breach the confidentiality of patient? For example, in case of an AIDS patient, doctors should inform his wife about her husband’s disease, as HIV, the virus of AIDS can spread by contact with blood and other bodily fluids of an infected person. Thus the problem of truth telling and confidentiality are two important problems in connection with paternalism and patient physician relationship.

**Truth telling in medicine**

It is commonly agreed that we have an obligation to tell the truth, an obligation of veracity and not to lie or to deceive others. Unlike many of the ethical issues, which have arisen as a result of modern scientific knowledge and technology, the question of whether to tell dying patient the truth is an old and persistent one. Moral philosophers, beginning with Aristotle, have regarded truth as an absolute value. The great German philosopher Immanuel Kant argued in the nineteenth century that there is no justification for lying. Although later on it is felt by some philosophers that deception is sometimes justified. For example, Henry Sidgwick an early twentieth century British philosopher observed that “it does not seem clearly agreed whether veracity is an absolute and independent obligation or a special application of some higher principle”. One contemporary philosopher G.J. Warnock
includes veracity as an independent principle ranking with beneficence, non-malficence and justice.

Surprisingly, there was no similar stress on veracity in the Hippocratic Oath or other early codes and prayers. In the Hippocratic Oath physicians promise to "use treatment to help and sick... but never with a view to injury and wrong doing". And a Hindu oath of initiation says, "Day and night, however thou mayest be engaged, thou shalt endeavour for the relief of patient with all thy heart and soul. Thou shalt not desert or injure the patient even for the sake of thy living". But veracity is absent from virtually all oaths, codes and prayers. However, it has been given a new urgency because medical practice today is so complex that it is often difficult to know just what the truth really is. For the physician, there are now several choices involving truthfulness. Generally there are three arguments for the obligation of veracity, which have been discussed by Beauchamp and Childress in their book "Principles of Biomedical Ethics". The first argument is that the obligation of veracity is part of the respect we owe to others. The act of consent depends on truthful communication. Secondly, the obligation of veracity also derives from obligations of fidelity or promise keeping. In communicating with others, we implicitly promise that we will speak truthfully; we will not lie by misrepresenting our opinions. In general it is governed by an unwritten social contract. In biomedical contexts by entering into a relationship in therapy or research, the patient or subject enters into the contract. And thereby the patient gains a special right to the truth regarding
diagnosis, prognosis, and procedures. The professional also gains a right to truthful disclosures from patients. Thirdly, relationships of trust between persons are necessary for fruitful interaction and cooperation. So relationships between health care professionals and their patients ultimately depend on trust, and adherence to rules of veracity is essential to maintain this trust. But here the question arises why does a physician confront with the problem of truthfulness to his patient? Mak Lipkin has mentioned about the causes of withholding information from patients. First, general patients simply do not possess enough information about how their bodies work to understand the nature of their disease and their understanding of the terms used by a physician is likely to be quite different from the meaning intended. Lipkin stated that "how many patients understand that "heart trouble" may refer to literally hundreds of different abnormalities ranging in severity from the trivial to the instantly fatal? How many know that the term 'arthritis' may refer to dozens of different types of joint involvement"^{12}\footnote{12}\footnote{12} Besides the ignorance of information, another two important causes of compelling a physician to withhold the truth that some patients do not wish to be told the truth about their illness and many others can not bear the sudden news of his or her fatal illness. This means that truthful information will harm the patient.

These causes of withholding information from patients as stated by Mack Lipkin are supported by many others. But at the same time these causes have been confronted by another defending arguments raised by
another group who does not support that a physician should conceal the truth from a patient. For example, Sissela Bok in "Lies to the sick and Dying"\textsuperscript{13} and Roger Higgs "On telling patients the truth"\textsuperscript{14} have stated that it is doubtful that physicians are correct in claiming that patients do not want to know the truth. Bok thinks that this is an issue that is open to empirical tests. Bok also mentions, studies showing that a large number of people say they want to be told the truth about themselves, even about a catastrophic illness. Roger Higgs also stated that there are few patients who do not like to hear depressing or frightening news. Higgs also has compared this topic with other professions, "but in other walks of life no professional would normally consider it his or her duty to suppress information simply in order to preserve happiness. No accountant, foreseeing bankruptcy in his client's affairs, would chat cheerfully about the Budget or a temporality reassuring credit account".

Higgs and Bok have advanced another analysis in answering the argument that it is impossible to tell "the truth" to people who are not medical experts, and then there is no clear distinction between what is true and what is false. Bok points out that the arguments trade on confusion between telling "the truth" that is everything that is true about a situation and "truthfulness" that is being honest. Bok stated that "The moral question whether you are lying or not is not settled by establishing the truth or falsity of what you say. In order to settle the question, we must know whether you intend your statement to mislead".
It also has been argued that physician should withhold the truth from the patient as it might hurt the patient. It is argued that a patient may wish to commit suicide, or suffer a cardiac arrest after knowing the actual truth of his disease. But Bok argues that "what you don’t know won’t hurt you" is a unrealistic attitude, rather it is what patients do not know but vaguely suspect that causes them more anxious and worried. Higgs also has commented that even if it is accepted that the short-term effect of telling the truth may sometimes be considerable psychological disturbance, in the long term the balance seems definitely to swing the other way.

Though these philosophers are willing to say that lying to a patient is never justified, they are primarily concerned with showing that withholding the truth requires justification in each case as truth telling is a serious matter. Bok has stated that concealment, evasion: withholding of information may at times be necessary. But if some one contemplates lying to a patient, the burden of proof must shift. And this point is perhaps most important in the debate of truthfulness of a physician. We cannot compare simply medical profession with other professions like Roger Higgs, as this profession has a direct involvement with people’s life and death. And as the question of beneficence and nonmaleficence is related to health care, the patient’s autonomy or free choice must be reconsidered here. Deception, which is caused by nondisclosure of some diagnoses and prognoses in therapeutic setting, may be called “benevolent deception” in the words of Henry Sidgwick. We do not simply deny that disclosure of a diagnosis like cancer
might violate the obligations of beneficence and nonmaleficence by causing the patient anxiety or by leading the patient to commit suicide. But at the same time we should also remember, as stated by Bok that the benefits, which result from being informed, are also more important. Bok likes to say that in an informed case, pain is tolerated more easily.

Thus, whatever is opined in case of truthfulness of a physician, it is certain that we cannot say exactly what will happen after informing the truth to a patient about his disease. First it cannot be generalized in case of all patients. The reactions of a patient after getting information depend upon personal attitude and mental and physical ability of a patient. Secondly, it also cannot be generalized for all types of diseases. Some diseases are catastrophic but not infectious but some are both. For example, in case of an AIDS patient it is doctor's duty to inform about his disease as HIV virus can spread one from another. In such a case, beneficence of a patient is related to nonmaleficence of other. So truthfulness of a physician should depend upon his own experience. Kant had given more importance on the attitude of a doer. In case of truthfulness of the physician, importance should be paid on the attitude of the physician, for which he withholds the information from a patient. Sometimes lying is more beneficent than truthfulness. Joseph Collins opines that every physician should cultivate lying as a fine art. Collins in his article "should Doctors tell the truth" has stated an important opinion that "doctor should be chary of expressing those opinions to sick persons until they have studies their psychology and are familiar with their
personality. Even then it should always be an opinion, not a sentence. Moreover a doctor should be detectives and counselors, not juries and judges.\textsuperscript{16} Collins is right in commenting on doctor as they are in the noble profession related to life and death of a patient.

**Confidentiality in medicine**

Confidentiality plays an important role in an endeavor of a physician in treating his patients. Health care of a patient is mainly based on trust. A patient allows him to treat by a physician with a hope to recover himself from ailments. The physicians treat patients in all the critical moments of their life with all their possible efforts. In order to ensure adequate care for the concerns of patients, physicians need to know what is bothering them and how they understand their problems. As a result, confidentiality growing up as an essential bond between patient and doctor. Here we may remember the famous passage from the Hippocratic oath, "And what so ever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holly secrets".\textsuperscript{17} In modern time also confidentiality has been regarded as a medical therapy. One correlated factor with confidentiality is the idea of privacy. Privacy may be defined as "a state or condition of limited access to a person" A person has privacy if others do not have or do not use access to him or her. Confidentiality and privacy are often discussed together. But the question arises whether it is
possible for a doctor to remain confidant always for a patient. First, physician is confronted by the problem of protecting the patient's confidence when he is related with some infectious diseases. We are all well known about the debate relating to control of the spreading of AIDS. The dilemma arises when an AIDS patient requests his doctor not to inform his spouse or lover.

Secondly, the physician who is employed by a government agency or a business organization also encounters similar conflicts. A doctor's obligations run in two directions, to his patients and to his employer. Is it morally justified that a doctor should tell his superiors of a government agency that one employee has confided that he is a drug addict? We should take it as justified as such physicians will depart from the usual practices of physician-patient confidentiality.

Thirdly, patient's personal interest in maintaining confidentiality comes into conflict with his personal interest in receiving the best possible health care. Modern high technology health care requires many trained and specialized workers. The existence of such team means that information that previously had been held in confidence by an individual physician now necessarily scattered to many members of the team. Mark Siegler\textsuperscript{18} describes medical confidentiality as a decrepit concept as it has traditionally been understood by patients and doctors, no longer exists.

Thus the principle of confidentiality should not be understood as being absolute without exceptions. There are some cases where a breach of
patient confidentiality appears as morally required. In this respect we may mention about the famous 1976 Tarasoff case\textsuperscript{19} in the United States, where a student Prosenjit Poddar told his therapist, a psychologist, that he wanted to kill an unmarried girl, Tatiana Tarasoff. The psychotherapist maintained confidentiality and did not warn the suspecting girl, who was subsequently killed by the patient.

Though maintaining confidentiality is a prima facie obligation but such types of cases like Tarasoff, makes it clear that some other moral obligations outweigh the obligation of confidentiality. But at the same time it is also worth mentioning that disclosure is permitted, but it is not an obligation. Like truthfulness, in case of confidentiality depends upon the physician when he should disclose the patient's information and when should not.

**Conclusion**

We have discussed that one of the central concerns of medical ethics is related to the physician-patient relationship. The relation of a patient to his physician is not an ordinary relationship like customer and shopkeeper, but it demands a mental cooperation between the doctor and the patient. As the patient occupies a dependent role to his physician, physician has to play a paternal role to his patient. Thus a physician acquires the ability to determine the patient's best interest. The role of a physician is always related to the rule of beneficence. But the principle of beneficence is confronted with the principle of truth telling or principle of confidentiality. Generally, we all agree...
that we have an obligation to tell the truth and not to lie. The question of truth telling is also raised in medical context, in the relationship of physician and patient. Physicians have confronted with the dilemmas whether they should withhold the truth from a cancer patient about his diagnosis or not. Besides, there are different situations when a physician is compelled to withhold the truth from the patient. Again paternalism is confronted with the issue of confidentiality also. The most personal, physical and psychological secrets of patients are kept confidential in order to decrease a sense of shame and vulnerability. The promise of confidentiality permits patient to trust upon his physician.

But both in cases of truthfulness and confidentiality, it should be remembered that conflicts are related to beneficence. Generally speaking, if violating confidentiality or breaching truthfulness seems necessary to produce a state of affairs in which happiness is increase, then the violation is justified. We have mentioned about Tarasoff case where confidentiality created such a situation for which Tarasoff had been killed. In case of truthfulness also a doctor may confront with a depressed patient where he may not dare to disclose his actual disease. Thus, in paternalism, lying and violation of confidence, though prima facie morally objectionable, it is possible to imagine circumstances in which they would be justified. The right action that a physician must follow can be determined only on the basis of the physician's knowledge of the patient, the patient's problem and the general situation.
Notes and References


3. Ibid


5. Ibid (P.211)

6. Ibid (P.212)

7. Ibid (P.213)


16. Ibid (P.505)

