Ethical considerations with regard to the sanctity of human life

'Science tells us what we can know, but what we can know is little, and if we forget how much we cannot know we become insensitive to many things of great importance. Theology, on the other hand, induces a dogmatic belief that we have knowledge where in fact we have ignorance, and by doing so generates a kind of impertinent insolence towards the universe. Uncertainty, in the presence of vivid hopes and fears, is painful, but must be endured if we wish to live without the support of comforting fairy tales. To teach how to live without certainty, and yet without being paralysed by hesitation, is perhaps the chief thing that philosophy, in our age, can still do for those that study it.'[1]

Medical ethics is used to guide physicians in choosing the correct option when dealing with philosophical problems encountered routinely in medical practice. Perhaps the most important and contentious issues in medical bio-ethics are those dealing with the sanctity of human life, which has been debated since the time of the early Greek civilisations.[1] However, while the idea of the sanctity of human life has been controversial for thousands of years, it is difficult to assess the impact of medical ethics on the management of these problems.

An example of this can be found in the abortion debate. After centuries of discussion, sometimes inflammatory, there has been no progress on whether the pro-abortion or anti-abortion stance is correct. Despite increasing knowledge of early gene-induced somatic differentiation, we still have no accurate knowledge of when the 'life-force' or soul is activated, and the argument has therefore remained a simple clear-cut choice between agreeing or disagreeing with abortion, with the rest being mere semantic intellectual debate. It seems somewhat pointless and didactic to discuss whether a fetus is a true member of the human species[2,3] as a justification or defence of abortion. A similar argument can be used when bio-ethical groups attempt to define vegetative states, either to condone or condemn euthanasia.[4] This type of argument merely circumvents the core issue, which is that one either believes or does not believe that it is ethical to perform abortion or euthanasia, whatever the circumstances.

The problem inherent in discussing these core beliefs is that almost all debate is based on the premise that the sanctity of human life is paramount, and that to kill a human being, whether by abortion or euthanasia, is ethically wrong. It is impossible to substantiate this argument rationally, and most ethical groups do not even attempt to rationalise or argue this point,[2] but merely state with certainty that their stand on the right to life is inviolate. It is difficult to decide from where this innate standpoint, which appears to be inherent in most human beings, is derived. Perhaps the derivation is secular, as religions are almost unanimous that human life is sacrosanct.[5] Unfortunately, religion is a subjective entity and implies faith above irrefutable

evidence, and to be guided by faith in the decision on termination of life is difficult. If these morals do not come from religion, it is difficult to decide where the idea of the sanctity of life comes from. Perhaps it is an intrinsic fear of one's own death which creates the moral position that causing death, whether in a social system or medical environment, is fundamentally wrong. However, there is no rational argument to substantiate the idea that human life is sacrosanct, other than a benevolent subconscious ideal. As stated earlier, bio-ethical debates do not even attempt to substantiate this idea, perhaps because it is inherently impossible to do so.

Often when the idea of the sanctity of life is discussed, bioethical debaters bring up the 'slippery slope' concept,[6] which essentially states that if one takes a pro-choice stance on abortion or euthanasia, one will eventually cause a social system to morally disintegrate or spiral downwards into anarchy. It is paradoxical that the people who define euthanasia or abortion as evil use the above argument, as they are stating that although an individual has a set of moral standpoints which should prevail, humans must also have an immoral side which will take over and destroy all morality if any movement from the accepted norm is allowed. By using a 'slippery slope' argument, ethical debaters suggest that the ability to do evil is innate in every soul, and that this basic instinct is wrong. It is difficult to rationalise critically that one basic instinct is wrong and the other right without slipping into dogma and showing one's own innate prejudice. Therefore, it is problematic to use a 'slippery slope' argument.

Similarly, it is problematic to use historical perspectives, theories or practices to substantiate current philosophical standpoints in ethical debates or to deter medical practitioners from straying from currently accepted moral boundaries.[7] This is because it is perhaps impossible to go back in time to an absolute historical truth, where all prior judgements and empirically derived information do not impinge on this absolute truth.[3] Therefore, the use of historical perspective in defining ethical policy is immediately prejudiced because an argument will have been created from inferences from a time period in history some time after the origin of thought and rational consciousness, which is an intangible entity. All ethical arguments based on prior historical input can therefore have no basic premise, and cannot be used with any confidence to substantiate current ethical perspective.

Finally, for any bioethical debate to take place, one needs a social structure in order to begin discussion. Various bioethical groups, which are usually created by members of the medical profession to discuss ethical issues, reach certain conclusions. These are then drafted as policy statements to be used by others in the medical profession when confronted by ethical dilemmas.[2,4,8] However, the idea of a policy statement automatically implies collective thought or collective empowerment of a certain ethic or viewpoint, and thus individualism and freedom of choice are negated by the very creation of a bioethical committee or policy-making group. This immediately creates a paradoxical entity.

What, therefore, would best serve the interests of the community or individual medical practitioners involved in decisions about life and death? Perhaps the only right choice is that of the individual involved in that decision, regardless of time and place. If a man chooses to end his life, that is his choice and he must be allowed to do so. If a doctor decides to end the life of someone with no conscious control of their own, that must be. If a woman decides to have an abortion, it is her choice. To argue that mistakes may be made is irrelevant. Countless people die as a result of ignorance or prejudice, and for each one mistake made by a rational, intelligent physician, more correct decisions will be made. The idea that life is special and inviolate basically boils down to religious or social dogma. As Nietzsche[9] observed, one's own will to power and individual courage should decide on all aspects of life and death, irrespective of social or religious viewpoints. Ethical standpoints are intensely personal and an individual's choice and by attempting to persuade others to adopt one's own philosophical viewpoint, one moves from philosophy to dogma. In other words, medical ethics should be debated by the individual practitioner alone, and that individual's viewpoint should be based on their own ethical code. Any attempt to establish an ethical code to govern the actions of medical personnel creates rules in an area of life where no rules are possible.

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