

## Chapter VII

### HUMAN VALUES AND BIO-ETHICS

In course of this chapter we propose to investigate the concept of human values, to see if there could be some fundamental human values, and then to relate them to the notion of obligation.

We shall try to find out the formal rational component of human values. We shall conclude the chapter by enunciating the concept of bioethics.

#### Fundamental human values :

Each of us has a personal and professional system of values, formulated either unconsciously, as a result of early upbringing and experience or philosophically, by means of conscious and disciplined reflection on the meaning and mystery of existence, or theologically, on the basis of religious beliefs and convictions. Our values enter decisively into the answers we give to such questions as, what does it mean to be human? What is it that makes one more truly and more fully human? Whether or not our values are clearly formulated, they enter as biases into the moral decisions we make. If we are to engage one another meaningfully in dialogue about the

problems arising in biomedical ethics. It is important that our implicit values be explicitly stated in the arena of public scrutiny and debate.

Values are a determinative constituent in biomedical ethical decisions. For example, some will claim that they have a right to take their own lives, others will view life as a gift from God, a stewardship to be held in trust, and therefore as something not to be disposed of according to their own whim and will. Some would make life an end in itself, others will regard this, and the absolutizing of any value, as idolatrous, and would argue, besides that somethings are more valuable ever than life - integrity, truth and virtue among them. Some reckon suffering to be an unmitigated evil, regarding the abolition of pain as an end justifying any means, other will hold that there is a potentially creative value in suffering and that it is not by any means to be avoided.

Value and obligation : One's fundamental values, together with the formal rational, ethical system one adopts as a means to making up one's mind, give rise to and correlate with obligations at the level of concrete decisions - whether or not one always knows what these obligations are precisely and accepts them as binding.

Does one have an obligation to protect the fetus because 'sanctity of life' is valued, or to accede to the mother's request for an abortion where there are no medical indications for one - with the 'woman's right to self-determination' as a value? Who has the prior claim, the individual seeking a heart transplant operation which could cost \$ 80,000, or the many poor people in society for whom that sum of money could be invested in a programme of preventive health care?

The answers to these, and similar questions will correlate with those fundamental values and that formal rational ethical schema with which those making such decisions operate. It is important, therefore, that all who together seek solutions to some of the dilemmas in medicine, ethically perceived, should be frank with one another in answering questions such as: To what or to whom are obligations due? Are they due to the ends ultimately envisaged, or to the means used to achieve them, to the principle of human autonomy, or that of human solidarity, to the present, or to the future, to primary health care with the patient as person as the focus of concern, or to the unceasing extension and advance of medical knowledge? What actions do these obligations require of us? And at a more reflective level, to what class of obligation do such obligations belong?

The formal rational component of values

Whereas values belong strictly to the realm of metaethics, ethics, as such, has to do with the discipline of rational analysis and argument. Values alone are not enough when it comes to making responsible biomedical decisions, the formal rational component is often demanded because of ambiguities and conflicts to which values give rise. For example, the value of "sanctity of life" may cause someone to claim a sense of obligation to the fetus and to take up an antiabortionist stance. But the same value may cause another to feel obliged to those millions of persons presently alive who are likely to starve to death in the foreseeable future unless populations drastically decrease and food production dramatically increases. Hence the same value can give rise to a conflict of perceived obligations. At this point, metaethics gives way to ethics proper, and the formal rational component takes over.

There are some helpful ways of going about moral decision-making. For example, deontological ethical systems stress the importance of rules, norms, or principles in arriving at ethical judgements. This would be the type of ethics espoused traditionally by most religious thinkers. Utilitarian ethical systems regard the right as that which promotes the greatest general good and see actions and rules as serving the promotion

of the largest balance of good over evil (the principle of utility). Teleological ethical systems tend to be more individualistic than utilitarianism, and characteristically involve a doctrine in which the concepts of duty, moral obligation, or right conduct are subordinated to the concept of the good or the humanly desirable for the individual concerned. To these classical systems of ethical theory may now be added situationalisms, the notion that what is right is the most 'loving' action in each successive situation.

Many physicians are not only ignorant of ethical theory but are far too busy to approach ethical dilemmas in a structured and disciplined way. They are thus impelled "to do what they instinctively think is right", trusting to their intuition and experiential insights. However, if decisions in the field of biomedical ethics are to be made which will not only be more responsible, but also publicly debatable and defensible, the formal rational component must be given its due weight.

Taken together, then, facts, fundamental values, obligations, and a formal mode of reasoning can, I believe, clarify the issues and provide as good a guide as can be hoped for through the maize of contemporary conundrums in biomedical ethics.

What is legal is not necessarily moral. The legality of abortion is not in question. The morality of it may be. We need, thus to remind ourselves that what is legal is not always moral.

So abortion may be both legal and yet morally ambiguous. Again the world faces overpopulation and famine on a global scale. In such a situation approaching triage, abortion may acquire a moral legitimacy as a means of population control which it could never have under more normal circumstances.

The status of the fetus is still ambivalent. What is it that is being aborted? Mere animal tissue? Or human life? Where is the line to be drawn between a fetus (which has potential human life) and a premature newborn baby (which has actual human life)?

### The Concept of Bio-ethics

It is possible to isolate several points in ethics which are under stress in its biomedical applications.

I shall be highlighting certain pivotal points in or around the foundations of ethics which are particularly strained in biomedical considerations.

The Boundaries of "Moral Community"

Who shall be included in that group toward whom we have moral obligations, toward whom we must observe the moral rules? Biological life presents us with continuums at every turn. When does life begin? Where does it end? Where does personhood begin and end? Rights? Rationality? Responsibility?

I would propose a view which would select the participants in the "moral community" in terms of the purpose and foundation of morality. The purpose of morality is to formulate those rules and procedures to which rational beings would subscribe in order to settle their differences and otherwise avoid a life that would be poor, nasty, brutish and short. Suffice it to say that a rational being is at least one who wants no harm to himself without a reason, has enough general knowledge of the world to realize that and how beings can harm each other, and has the ability to make and abide by mutual agreements. Whether or not they would in fact "abide by" the rules and procedures is in question, but at least the rules and procedures must be such that a rational being could (by virtue of his rationality) publicly advocate that everyone follow them because such adherence would avoid harm to one's self and to those for whom he has concern.

The moral community can bestow or confer rights to others not part of the moral community. The justification for such bestowed rights would be that these rights protect the needs and interests of the moral community itself. For example, rights might be bestowed on the senile or the mentally incompetent because there is a good chance that one day you and I will be they.

We might bestow rights on fetuses or animals, because not protecting their lives could prove brutalizing to those of us constituting the moral community. That is, disrespect for forms of life could backfire, eventually threatening lives within the moral community. Another fact to be reckoned with is the existence of a 'natural sympathy' with other forms of life. The more we naturally 'identify' with another form of life, say an animal, the more we are anxious to protect its life from certain harms, such as pointless pain and suffering.

The view sketched is offered only as an example of the close relationship and clarifying potential of some ethical fundamentals to the everyday issues of medical ethics.

Ethics generally deals with whatever is given - the juxtaposition of starting points, human nature, a person's desires, hopes, aversions etc. Ethics can be seen as doing its work by harmonising and litigating among these givens. However

biomedical ethics' major problems arise with our increasing ability to change these 'givens'.

Morality is perhaps most helpfully conceived as a set of restraints on behaviour, rationally designed to avoid causing harm to each other. Achieve whatever good or goal you want, as long as you do not cause harm to others. But now if, for example, the very make up of persons can be changed prior to birth, it is not so much a question of what evils we should avoid causing (though that too) but what goods should be sought. If we can mold this person-to-be however we wish, knowing what to avoid will not be enough. We will need to know what goods may justifiably be imposed. And that may require a renewed search for the summum bonum, a theory of goods, or even a whole new theory of man !

The central issue seems to be this; in ethics we usually assume a given state of affairs as our starting point, as the point of departure for our moral behaviour. This might be "given" by virtue of nature, education, or simply the ordinary turn of events : it is our initial conditions and juxtapositions when we encounter each other.

Some new pressures are brought to bear by biomedical technology. This is a technology for doing - for changing, for controlling, manipulating, improving. Avoid causing evil is not

enough, it needs guidelines for "promoting good" without moral pitfalls.

Since good cannot be promoted toward all beings, equally, all the time, the means of distribution becomes the focus of moral concern.

There is another level of "good" which creates the problems in the biomedical sphere. Preventing evils through biomedical techniques is admirable and acceptable to all precisely because there is agreement on the evils-death, pain, disability, loss of opportunity and pleasure.

In recent years we have been made very aware of the role that norms play in the concept of disease. If disease or sickness is defined as a dysfunction, and society (its values, beliefs, plans) by and large determines what constitutes a dysfunction, then social factors have a lot to do with what gets labelled "disease". With this line delineating "normal" and "subnormal" go rights and obligations. For that reason it is necessary for biomedical ethics to investigate the source and validity of the norms, and their influence on ethical thought.