

HEALTH POLICY, ETHICS AND HUMAN VALUES

THESIS SUBMITTED FOR PH. D. DEGREE IN ARTS
UNIVERSITY OF NORTH BENGAL

058801

UNIVERSITY OF NORTH BENGAL
LIBRARY
BAJA

By

Surra Mandal, M. A.

DEPARTMENT OF PHILOSOPHY
UNIVERSITY OF NORTH BENGAL
1990

STOCK TAKING - 2011

Ref

170

M271h

106875

5 APR 1991

ACKNOWLEDGEMENTS

I should like to express my deep sense of obligation and gratitude for my Supervisor and mentor, Dr. Pabitra Roy, at the Department of Philosophy, University of North Bengal. But ^{only} for his support this thesis could not have been completed. Dr. Roy, has not only been my source of inspiration, endowing me with a zest to carry on with my work, but also has rendered me ready help and loving guidance which has enabled me to fulfil my endeavour. I put on record my great indebtedness to him.

I extend my heartfelt gratitude and sincere appreciation to Mrs. Ratnabali Roy, for her ever cheerful encouragement and gracious hospitality. Her warm cordiality and friendship has given me a reassurance to pursue my goal.

To my revered father, Mr. Nirmalendu Mandal and my mother, Mrs. Kalyani Mandal, I offer my deepest respect, love and gratitude for being a constant source of encouragement. Their whole-hearted, prayerful wishes have blessed me with strength and patience to carry on with my strenuous work.

I am deeply obliged to my husband, Dr. Asok Mandal, who has stood by me with unswerving faith in my capabilities. His calm endurance and everwilling help, in all possible fields and to the highest degree possible, have been the veritable cause of my attainment.

My beloved five-year-old Oindri, deserves every bit of my affectionate thanks for being so patient and understanding during my study period. Her uncomplaining nature, that smilingly overlooked my unwanted neglect of her, through the labourious days of my research, has made my ultimate goal possible.

My sincere compliments are due to all teachers and staff of Philosophy Department and also to all the members of staff of the University Library, for their co-operation throughout my period of research.

Last, but not the least, my heartfelt gratitude to all members of my family, my well-wishers and benefactors, who have rendered me unfailing support with kind phrases and gracious words of encouragement.

Suvra Mandal
Suvra Mandal

Table of Contents

		Pages
I	INTRODUCTION	1 - 7
 <u>P a r t I</u>		
II	Chapter I Ancient and Primitive sources of the Ideas of Medicine and Health	... 8 - 18
III	Chapter II Magic and Medicine as a science	... 19 - 29
IV	Chapter III Ideas of Medicine and Health in Indian Philosophical Systems	... 25 - 38
V	Chapter IV Ethical Presupposition of the Concept of Life, Death and Health : Some Philosophical Opinions	... 39 - 56
VI	Chapter V Concept of Sympathy : David Hume and Max Scheler	... 57 - 69
 <u>P a r t II</u>		
VII	Chapter VI Ideas of Life, Suffering and Death	... 70 - 79
VIII	Chapter VII Human Values and Bio-ethics	... 80 - 89
IX	Chapter VIII Concept of Health and Dilemmas of Medical Care	... 90 - 94
X	Chapter IX Some Related Concepts : Health as a human right, Euthanasia, Artificial Insemination and Abortion	... 95 - 108
A p p e n d i x I		... 109 - 114
B I B L I O G R A P H Y		... 115 - 119

: : : : :

THE OATH OF HIPPOCRATES

'I will look upon him who shall have taught me this Art even as one of my parents. I will share my substance with him, and I will supply his necessities, if he be in need. I will regard his offspring even as my own brethren, and I will teach them this Art, if they would learn it, without fee or covenant. I will impart this Art by precept, by lecture and by every mode of teaching, not only to my own sons but to the sons of him who has taught me, and to disciples bound by covenant and oath, according to the Law of Medicine.

The regimen I adopt shall be for the benefit of my patients according to my ability and judgement, and not for their hurt or for any wrong. I will give no deadly drug to any, though it be asked of me, nor will I counsel such, and especially I will not aid a woman to procure abortion. Whatsoever house I enter, there will I go for the benefit of the sick, refraining from all wrongdoing or corruption, and especially from any act of seduction of male or female, of bond or free. Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silence thereon, counting such things to be as sacred secrets'.

I N T R O D U C T I O N

SOCIAL AND HEALTH POLICY THROUGH THE AGES

Medicine and Civilization

Medicine is an essential part of science, culture and civilization in every age. Medicine has been gradually changing through the ages. The earlier concept of the personal relationship between the patient and the physician is also changing. Nowadays physicians play a role of counsellor in this society. This has evolved into social medicine of today which is the medicine of tomorrow.

We may now outline a brief sketch of the history of medical care down through the ages.

Upto 500 B.C. : Over four thousand years ago in India, sanitation and housing was of a high order as is evidenced in the excavation at Mohen-jo-Daro and Harappa urban civilization in the Indus valley. Hospital system was developed in India during the reign of Rahula (son of Buddha) for men, women and animals and the system was expanded by Asoka. The relics of those are still found in India and Ceylon.

500 B.C. to 500 A.D. : The Greek medicine went beyond curative medicine. Hygiene and health education were given

importance. The community doctor served the citizens and occasionally the slaves. The poor relied on folk medicine.

500-150 A.D. : With the decline of Rome, the urban culture and public health problems were for the most part linked up with medical and religious terms. The Arabs had absorbed the Hindu, Greek, Persian Medicine.

During the middle ages, in Europe piped water supply, latrines, heating arrangement, ventilation etc. important hygenic facilities were already in existence.

Small pox, measles, influenza, plague and leprosy were considered public health problems. Leprosy patient was considered a public menace and was expelled from the community for life. Leprosy was looked upon as a curse from the gods. The New Testament records Jesus as having healed a leper. Clerics became physicians who treated the people force. Only after the 11th Century, lay men began to enter the medical profession. Health education and personal hygiene were important function in the middle. age.

Renaissance and after : 1500-1950 : In the Renaissance and later in 17th and 18th centuries, medical care was provided with particular reference to social factors and health

status. In the pursuit of National Wealth and National Power and industrialisation, the welfare of labour became essential element in the factor of production. The concept of National Health Policy became imperative in the United Kingdom and Europe, to increase production by keeping the labour healthy.

In Europe, particularly in Germany, the mercantilists were very much aware of the development of health. In the 18th Century in Germany the medical profession was obliged not only to treat the sick but also to supervise the health of the population. Medical education enlightened the public in order to prevent quackery and measures to prevent epidemics.

It was in Germany that medicine emerged as a social science. In 1848, Rudolf Virchow argued for securing health reforms. First, that the society has an obligation to protect and assure the health of its members. Secondly, that the social and economic conditions have a crucial impact on health and disease. Thirdly, that steps should be taken to promote health and combat disease by social and medical measures.

The ideas of Social Medicine spread throughout Europe after the first World War. UN Health mandate has been active in health matters. The 'United Nation's Universal declaration of Human Rights' states :

"Every man has the right to a standard of living, adequate for health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in all circumstances beyond their control".

Health has to be brought within the reach of everyone that enables man to lead economically and socially productive life. Health for all implies the removal of obstacles to health, that is to say elimination of malnutrition, ignorance, contaminated drinking water, solution of purely medical problems such as lack of doctors, hospitals, drugs and vaccines.

Ethical and Human Values in Health Policy

Building health policies and health programmes everyone should be aware of the understanding of the people. To make people self-reliant by increasing their coping capabilities, is very important issue in health, services. So community participation is important because it has strong ethical and human overtones.

Moral values are not only essential to being a good man but also, essential to practising good medicine. A medical person is likely to face many situations where he will have to take decisions not only on scientific basis but also on human and moral principles.

A medical person must be aware of the feelings of the people of his everyday life and to predict of those who are not in contact with him. Ability to know other people's feelings, ability to understand other's desires, emotions are essential factor to a medical person.

In medical care a person should have sufficient sentiment or love for other people. This is one kind of motivation which should enable him both to think and act rationally in the moral sphere. A person should also have good habits, a settled disposition to think and act in a rational manner. He must possess independence of judgement, the ability to think and act autonomously and must be reflective or thoughtful enough not to be carried away by particular situations, and not to be forgetful of other people.

In the modern world, medical knowledge is institutionalised in medical colleges. The spirit of the medical college and its teachers thus become the basic factor

in developing moral values. Human and moral values can be taught while discussing each patient's clinical problem. For example, the urology resident is often taught how to do urethral dilation i.e. he should follow aseptic principles, there should be no urethral bleeding etc. Seldom emphasis is given on the assurance to be given to the patient and the patient's family or on to check whether the part is fully anesthetized or not before performing the dilation. It also happens that poor and illiterate patients are often scolded by the doctors for any complains. But side by side VIP patients avail their kind attention. So, the human and moral values should be integrated with the teaching curriculum of practice of medicine.

Moral education involves both comprehension and apprehension. Recognising that genuine morality requires free personal acceptance of values - the goal is not the heteronomy of the slave, but the autonomy of the free man.

Ethics and Human Values in Medical Education

The code of ethics and human values helps to guide the National Health Policy Planners, to examine the priorities and moral validity of choices available to them. They have to take decisions in terms of equity, social justice,

care for all, value of human dignity and life, sociocultural and religious traditions and moral validity, within the constraints of availability of men, material, money equipment and other resources.

It must be realised that moral attitudes and human values are never in-born. They are not only achieved by medical education but also from the education involved in sociocultural, political and religious activities. They can be consciously developed by motivating the individual to think, feel, actively participate.

The doctor should be able to develop intrinsic goodness, kindness, understanding, compassion, patience, politeness, courtesy, helpfulness, trust, personalised attention, good bedside manners and moral character. Furthermore the doctor should be able to develop respect for national and cultural traditions and for other systems of medicine.

P A R T I

Chapter I

ANCIENT AND PRIMITIVE SOURCES OF THE IDEAS OF MEDICINE AND HEALTH

The practice of medicine has been associated with magical powers in the primitive communities. Anthropological evidences show that the power of healing the sick was the prerogative of the medicine men, who were either priests or kings. We shall outline the logic of man's enthronment of priest as possessing powers of healing the sick.

Man himself has given the birth of the power viz., priesthood and kingship for their assistance in the struggle of life, so that man bows before a power by nature.

Priests of uncivilised races was not only a concerned with the religious rites and communicate with the gods, but also used to practice magic, i.e. utilize impersonal supernatural forces acting in accordance with certain fixed rules. Priests were to be called magicians or sorcerers etc.

In many cases primitive people used to think themselves unable to communicate directly with the Gods. They considered the priests as the only mediators between them and the supreme powers. They regarded their priests as their only protectors. Because in various respects

priests' influence were prominent, eg., the wind and rains to cause good growth to ensure success in hunting and fishing, to cure illness, to foretell the future, to work harm upon enemies etc. There is a sense in which the primitive man's life was centered round his priest. Priesthood was generally a hereditary institution. The priests were the administrators of the actual cult and their chief qualification required for entering the priesthood is the faculty of communicating with the gods. Because the principal duty of the priests was to mediate between mankind and the higher powers.

Priests were believed to possess the knowledge of common people. Priests were acquainted with the use of medicines, the properties of herbs and other plants, the changes of weather and the habits of animals and this knowledge materially assisted them in the maintenance of their authority. By performing miracles and magic priests used to influence common people to depend upon them.

In the primitive community the bearer of power besides the priest was the king and medicine-man. King had the sovereignty in his domain. But a king was unable to perform any religious function. Therefore the priest was just as much the successor of the kings as of the magicians. The struggle between priesthood and kingship in fact was very ancient.

The priest's life was considerably restricted. Official costume, celibacy, strict fasts, regular reading and discharge of the breviary etc. but the priest's life an aura, and was fixed upon with awe.

But the medicine man was not an institution to the same degree as was the King or priest, though their activity was official, they had schools and orders but their power was of the empirical type. And this is an important point.

In comparison to the priest, the medicineman used to reciprocate where and when the spirit drove them or necessity manifested itself, while the priest was bound to fixed times and places, actions and morals. The priest stood for the ordered the medicineman for the occasional representation of power and of mankind. The medicine man operated empirically and pneumatically. On the other hand the priests used to operate dogmatically in faith.

But the priest, no less than the king and medicine man was a bearer of power. As a bearer of power the priest was projected as identical with the God.

The practice of medicine has had its own history in the primitive community. Gradually treatment became more

complex as different diseases are allotted to different evil spirits, demons or gods. Different medicinemen were appointed for different type of disease. For driving out the evil matter or spirit or the demon of the disease from the patients' body, they used to employ various types of rituals. Eventually the primitive people considered the medicineman as the doctor, but he was also weather wizard, priest, bard, wiseman all rolled into one.

What was the role of the priests or through him, of God in people's illness at the very early stage of civilization in various countries ?

Several data are available. A few of them may be summarily related.

In Babylon the common people used to think that the sickness of a man meant that he was inspired by the Gods, goddess or the attack of a devil. Priests were to be called to help a dimoniatic patient as the real doctor.

In India Buddhist monks were summoned by people to perform the ceremony like marriages, births and especially in the cases of sickness of people. They had a great part in the private life of the people. Pronouncing incantations

and by recitation of several texts the monks used to expel and keep at a distance evil influences.

The aboriginies of America believed that prevention and curability of disease would be possible if the employment of magic rites and formula of religious or semireligious ceremonials, ritual and other performances were done.

In Africa illness was commonly attributed either to the evil plot of an enemy or resentment of the ghost of a dead man, owing to the disrespect previously. In these circumstances, before entering into treatment, they used to try to discover the name of the ghost.

The Australian medicine-men removed from a sick person's body the darts that are believed to have caused the illness. They pushed a bone, a stone or a piece of quartz into the body and in the same form the evil must be withdrawn from the body. The Australians believed that diseases were sent by one individual against his enemy.

The Celtic people considered medicine-man as both the teacher and the priest. Among the celts the terror of disease and the art and science of healing came within the sphere of religion.

In very early times in Iran i.e. in the Pre-Zarathushtrian times among the many priestly functions, the art of healing was one of them.

In Tahiti, the sickness of the chiefs was attributed to the anger of the Gods. In Polynesia generally disease was supposed to be a visitation from the Gods. To the Polynesians illness caused by the sin against Gods. For his recovery prayers and sacrifices offered to the offended God.

In Persia due to dualistic conception (good and evil) of the universe, all bodily diseases are considered as the creation of the evil spirit.

A special mention may be made of the Vedic ideas of illness and its healing.

The origin of the art of healing in all ancient civilizations was attributed to gods or legendary figures. Just as Apollo revealed the healing art to the Greeks, in a similar way the Vedic people attributed its enunciation to Brahma, the creator of the world and all that is in it.

It is said that once upon a time on the holy slopes of the Himalayas around fifty most eminent sages viz. Angiras, Vasistha, Kāshyapa, Ātreya, Bharadvāja were discussing

"How to get rid of the prevailing diseases which were causing so much ill health among human beings and interfering in the performance of their duties. It was known to them that the Lord of the Immortals Indra knew Āyurveda (Ayu means 'life' and Vid, 'to know').

Finally, the sage Bharadvāja approached Indra, the Lord of the immortals, to teach him the appropriate measures of curing diseases. After his return he taught other sages which he had learnt from Indra among those sages one was known as Punarvasu Ātreya.

There is a story in the Purāna about a dual between Dhanvantari and Manasā, the goddess of serpents. This story describes beautifully the limitations of the art of healing and its close relation with magic and devotional practice in ancient India, as everywhere else.

The Atharva and the RgVedas have discussions of various human ailments and descriptions of their treatment. The practice of medicine was the prerogative of the priests as well as others conversant with it. Diseases were considered as a punishment against various human sins, which is imposed by Gods directly or through various demons or through the witch-craft of the enemies. Different diseases were allotted to different evil spirits, demons or gods.

Some of the gods and demons were said to cause only particular diseases eg., Varuna caused dropsy, Rudra caused acute pains with his sharp arrows and the demon of the fire and Yakshma caused fever.

The god Rudra was considered as healer. He both practiced to heal and possessed and granted to men healing remedies. From the hymns of the RgVeda we come to know that Rudra was a healer.

We may now append several verses from the Vedas to show how in the Vedic system of beliefs the art or science of medicine was associated with various gods, Rudra in particular. It may be specially mentioned that Rudra evolved into the later day Siva, who is still called Vaidyanāth, or the lord of the physicians.

We may now have a glimpse of some of the relevant passages from the RgVeda. We shall first have the references to Rudra as the physician, and then the passages indicating the idea of medicine.

I. Rudra is celebrated as a healer as well as a destroyer; he both heals, and possesses and grants to men healing remedies.

To Rudra lord of sacrifice, of hymns and balmy

medicines, we pray for joy and health and strength.¹

Him with the braided hair we call with reverence
down, the wild-boar of the sky, the red, the dazzling shape.

May he, his hand filled full of Sovran medicines,
grant us protection, shelter, and a home secure.²

With the most saving medicines which thou givest,
Rudra, may I attain a hundred winters. Bar from us banish
enmity and hatred, and to all quarters maladies and trouble.³

Let us not anger thee with imperted worship, Rudra,
ill praise, strong Gal ! or mingled invocation. Do thou with
strengthening halms incite our heroes : I hear thee famed as
best of all physicans.⁴

Where is that gracious hand of thine, O Rudra, the
hand that giveth health and bringeth comfort, Remover of the woe
that Gods have sent us ? O strong one, look thou on me with
compassion.⁵

I bend to thee as thou approachest, Rudra, even
as a boy before the sire who greets him. I praise the Bounteous
Giver, Lord of heroes : give medicines to us as thou art lauded.⁶

106875

5 APR 1991

RECEIVED
MAY 10 1991
MAY 10 1991

Of your pure medicine, O potent Maruts, those
that are wholesomest and health bestowing,
Those which our father Manu hath selected, I crave
from Rudra for our gain and welfare.⁷

Provide, O Soma-Rudra, for our bodies all
needful medicines to heal and cure us.

Set free and draw away the sin committed which
we have still inherent in our persons.⁸

Be the God Indra with the Vasus friendly, and,
with Adityas, Varuna who blesseth kind, with the Rudras, be
the Healer Rudra, and, with the Dames, may Tvastar kindly
listen.⁹

II. Medicine :

O Waters, teem with medicine to keep my body
safe from harm, so that I long may see the sun.¹

To Rudra Lord of sacrifice, of hymns and balmy
medicines, we pray for joy and health and strength.²

May the wind woft to us that pleasant medicine,
may Earth our Mother give it, and our Father Heaven,
And the joy-giving stones that press the Soma's juice.
Asirus, may ye, for whom our spirits long, hear this.³

Him with the broided hair we, call with reference
down, the wild-boar of the sky the red, the dazzling shape.
May he, his hand filled full of Sovran medicines, grant us
protection, shelter and a home secure.⁴

Leeches are ye with medicines to heal us, and
charioteers are ye with skill in driving. Ye strong, give
sway to him what bring oblation and with his heart pour out
his gift before you.⁵

Provide, O Sona-Rudra, for our bodies all needful
medicines to heal and cure us.

Set free and draw away the sin committed which we
have still inherent in our persons.⁶

III. Disease :

He who hath store of Herbs at hand like Kings
amid a crowd of men-Physician is that sage's name, fiend
slayer, chaser of disease.⁷

When, bringing back the vanished strength,
I hold these herbs within my hand,

The spirit of disease departs ere he can seize
upon the life.⁸

References to the citations from the RgVeda

The Citations are taken from Griffith's translation.

Griffith, Ralph T.H. - The Hymns of RgVeda

Motilal Banarasidass, Delhi, 1973.

I. 1 Book the One, Hymn XLIII

2 Book the One, Hymn CXIV

3, 4, 5, 6, 7 Book the Second Hymn XXXIII

8 Book the Sixth, Hymn LXXIV

9 Book the Seventh, Hymn XXXV

II. 1 Book the First, Hymn XXIII

2 Book the First, Hymn XLIII

3 Book the First, Hymn LXXXIX

4 Book the First, Hymn CXIV

5 Book the First, Hymn CLVII

6 Book the Sixth, Hymn LXXIV

III. 7, 8 Book the Tenth, Hymn XCVII.

Chapter II

MAGIC AND MEDICINE AS A SCIENCE

We have already noticed that at the early stage of human society religion magic and science existed in an undifferentiated form. Religion and magic went hand in hand, often the priest was King-like in wielding power, the medicine man was usually the priest in as much as he was in possession of divine power. In some societies the chief or the King was looked upon as the healer. The science of medicine was not developed in the modern sense, i.e. it was not based upon a verified or experimental evidence of causal connexion. There was some science, but so much of it was engulfed in magical belief and practices that the epithet 'science' can hardly be ascribed to the system and practice of healing of the primitive people. Of course, there is a view that the early science was magical in nature. If that be so, then we should see how science came out of magic, and more specifically, what is the nature of magic as a communal practice. And also the fact that how on the basis of such a set of beliefs and practice the art of healing could be carried on in early society.

Magic is regarded as an aspect of religious belief and practice. J.G. Frazer has regarded magic as an earlier, primitive form of both religion and science. The practice of magic is based on observation of natural phenomena and involves a theory of causality. Therefore there is a basic similarity

between magic and science. But unfortunately all the hypothesis and conclusions are erroneous. Frazer has said that magic is spurious system of natural law as well as a fallacious guide of conduct, it is a false science as well as an abortive art.

Religion has no other proof, no other test for its truth, it is by his own experience a man proves its truth. Religion is immediate consciousness. In the beginning primitive people were unable to manage the outer force i.e. animal strength. Gradually for their survival they started to depend upon a religious belief. The primitive people used to think that men can perform supernatural things and even compel the gods to work his will by means of magical art. But gradually the magician understands that his powers are not supernatural and cannot force God to work. But the propitiation of gods to grant one's wishes and prayer was not an individual affair. The priest or the magician acted on behalf on the society. If it were resorted to form an individual point of view, it was called witchcraft.

The difference between religion and magic should be radical. Magic is said to violate the fundamental principle of religion - belief in the wisdom and goodness of God. Affection which binds fellow worshippers to one another and to

the being they worship psychologically cannot be derived from magic. Religion and magic have a common appearance in the external acts i.e. the sacrificial rites, which originates with the worship of the gods to the community.

According to Frazer, the basic principles of magic are two - the law of similarity i.e. "homeopathic magic" and the law of contagion i.e. "contagious magic".

(a) According to the first principle like produces like.

The imitation is believed to produce the reality e.g., sticking pins into a doll or effigy is like sticking arrows into the enemy. This type of magic is very frequently found in the particular form of rain-making. Homeopathic magic is founded of the association of ideas by similarity.

Another beneficent use of Homeopathic magic is to heal or prevent sickness. For the cure of jaundice the ancient Hindus used to perform an elaborate ceremony based on homeopathic magic. For example, driving away yellow colour from a jaundice patient to put back the yellow colour to yellow creature and yellow things, such as, the sun, to which it properly belongs and to procure for the patient a healthy red colour from a living vigorous source viz. a red bull.

(b) Contagious magic is founded on the association of ideas

by contiguity. Prolonged or intimate contact produces identity so that the enemy's nail parings and hair can be treated as if they represents him.

Both branches of above explained magic is comprehended under the general name of sympathetic magic.

An account of magic in India may now be given. Magic in India has been essentially the profession of certain caste. When the welfare of the tribe or certain class depends on the magical rites, the magicians rise into a position and may readily acquire the rank and authority of a chief or King.

Magical rites are practiced at weddings, during pregnancy, at birth to procure offspring and ensure its safety and predict its sex etc.

Following examples of magical practice are significant in the context.

(i) To cure scorpion bite the insect should at once be caught and burnt and the smoke is allowed to touch the bite.

(ii) In many communities rat's teeth are the strongest than man. So the child's extracted tooth is thrown on the thatch of the house, because rats make their nests in the decayed thatch. At that time child must say "Mouse, mouse, give me your iron tooth, I shall give you my bone tooth".

Snake-bite is a very popular incident. Its remedy also depends on magical art.

There are so many beliefs that are practised in society. Witchcraft and sorcery also involve the belief in supernatural powers. The practice of sorcery and witchcraft were very popular in European Christian tradition. Sorcery theory and practice are widespread on all continents but witchcraft is less widespread phenomenon. When a misfortune takes place it can be explained by witchcraft or sorcery. Through their practice they try to discover the agent of causation. They are concerned with the development of the arts of healing and defence.

Frazer thinks that men are confused to make a distinction between men and God for the possession of magical powers. The primitive community regards their chief as a god. But the god may grow old and feeble which would be a pity. Then killing the god to compel him to leave his old body and then it is supposed to enter the body of the murderer, who thus becomes a new god. According to the Frazer, gradually man has started to distinguish between magic and religion and then their faith in the former no longer but in prayer and sacrifice.

Ideas about magic and supernatural creatures play a

vital role on society. They explain disease, injustice, misfortune and death. Social reformers often feel that education may be used as the most potent weapon against such superstitions. Magic, witchcraft and sorcery are rooted in traditional customary ideas. All knowledge rests on soul degree of trust and respect. All the knowledge of supernatural powers of gods and goddesses, of demons and demonesses of sorcers and witches in all primitive societies derived from respected traditions and institutions and from men who have proved themselves worthy of trust.

Chapter III

IDEAS OF MEDICINE AND HEALTH IN INDIAN PHILOSOPHICAL SYSTEMS

Cārvāka's view of life

It should be of interest now to consider the ideas of medicine and health in the schools of Hindu philosophy. A noble ideal of physical culture was set up in the Atharvaveda (XIX.60). Prayers for health, a full span of life and protection against old age is to be come across in the RgVeda (X.186.1, I.89.9, and I, 71-10). The ideal picture of life in the RgVeda (VII.59.12) is that of a ripened fruit.

Death is to be accepted with equanimity. There is hardly any idea of escaping the facts of life. With these remarks we may then turn to have a look at the philosophical schools. The Hindu materialists are called Lokāyatikas. They are also called Cārvākas, after the name of the founder.

They consider perceptual evidence as authority. The four elements of earth, air, fire and water are combined and transformed into the human body. At the time of death, the earthly element of human being returns.

and relapses into the earth, the waterly elements returns into the water and so on. So the elements are dissolved from where it arises, it is said to be destroyed.

According to them pleasure is the aim of life. It is true that pleasure is never pure, never free from pain. Still the amount of pleasure in this world is greater than that of pain. We should not forego the chances of pleasure for fear of the pain that may be found with it. Everyone wants to make long life and become frightened at the very name of death. One should live in pleasure as long as he lives. However heterodox this idea may seem, it is there in the RgVeda (II.21.6), where it is said that our days should not be just days, but fair, bright and happy. They have no belief about the existence of the outer world than this, neither heaven nor hell. According to them soul and body are identical. After death a soul will not get the reward of his past act. When once the body becomes ashes, how can it ever return again. Cārvākas think that present enjoyment should never be sacrificed for the sake of future pleasures. Future is always uncertain. The present enjoyment is the only reality. One should live in pleasure as long as he lives. One should take butter (ghṛta) even though he runs in debt, so goes the popular adage.

The Jaina view of Life :

The chief feature of Jainism is ahimsā. The practice of ahimsā is based on love and kindness to all living beings. It involves the activities of mind, speech and body. According to them, man should avoid causing injury to other beings through the bodily activity, through speech and through mind. Lest any life be destroyed, some Jains sweep the ground as they go, walk veiled for fear of inhaling a living organism, strain water and reject even honey. But it is true that ahimsā in the strict sense cannot be practised.

Everything is transitory and changeable. Our body, all our objects of pleasure, wealth and youth all are fleeting like dreams, or cotton particles in a whirlwind. Even the gods are subject to death. So this world is full of misery and there is nothing which can support us in it. To Jainism life is a calamity to be avoided at all costs.

We are all different from one another by our surroundings, Karma, by our separate bodies and by all other gifts which each of us severally enjoy.

To achieve the highest goal one should practice the ten dharmas (virtues) of self-control (ramyama), truthfulness (sūnrata), purity (sauca), chastity (brahma), absolute want

of greed (akincanata), asceticism (tapas), forbearance, patience (Ksānti) mildness (mardava), sincerity (riuta), and freedom or emancipation from all sins (mukti) can alone help us in the achievement of the highest goal.

When the self is able to realize its own intrinsic purity and perfection it becomes (paramātman) the supreme spiritual being which is the goal of religious life. Thus every soul can attain godhead when it is perfect. The Jainas do not believe in one ever-perfect being like the God of other religions.

The Buddhist view of life

According to Buddhists, whatever originates in time has also an end in time. Whatever is existent is momentary. Every moment all objects of the world are suffering dissolution and destruction but yet things appear to persist, and destruction cannot often be noticed.

To the Buddhists existence is pain. All things pass away like they had never been. None can resist the universal supremacy of death. Death is the law of all life. All fulfilment of desires is attended with pain. The remedy for all the woes (such as, tormented by thought, cheated by chance, defeated by the forces of nature, the horror of death) of earth

lies in getting out of it.

There is nothing human or divine that is permanent. There is no eternal soul which migrates, but Kaman does. By our action we are laying the foundation of happiness or misery of another individual that is to come into being after our death as a result of our Kaman. Through nirvāna a man can free himself from the ills of life, and this painful world that is enveloped in the flame of desire.

Sāṅkhya and Yoga

Sāṅkhya and the Yoga, like the Buddhist hold that all experiences of this world are sorrowful. The way of eradicating the root of sorrow is the practical enquiry of the Sāṅkhya philosophy.

According to them, pain is the essence of bodily existence. The earthly life is full of three kinds of pain. The first kind, called ādhyātmika, is due to intra-organic psychophysical causes and includes all mental and bodily sufferings. The second ādhibhautika is due to extra-organic natural causes like men, beasts, birds, throws etc. The third, ādhidaiivika, is due to supernatural causes like the planets, elemental agencies, ghosts, demons etc.

Therefore some means must be discovered by which all experiences may be shut out for ever. Pain cannot be rooted out by the remedies prescribed by the science of medicine or the scriptures. Death cannot be the end of all pain and sufferings. Because the Karma of the present life determines the particular kind of future birth (as animal or man). He has to suffer the fruits of those Karmas which have already ripened. Wherever there are gunas there are pains. Pleasure is also the result of sattva guna but liberation transcends all gunas. Through liberation complete cessation of pleasure and pain is possible.

So long as citta (mind) and Purusa are associated with each other, the suffering will continue. Citta must be dissociated from purusa. The highest form of matter is citta. The aim of the yoga is to free the individual from the surrounding matter. This cessation of the modification of the Citta through meditation is called 'Yoga'. But withdrawing the citta from its natural functions, we overcome the pain of the world and escape from saṁsara. It is the state of Yoga when there is neither pleasure nor pain.

Yoga-Astāṅga Yoga

Yoga advocates control over the body the senses and the mind. It does not want to kill the body on the other hand

it recommends its perfection. A sound mind needs a sound body. Sensual attachment and passions distract the body as well as the mind. They must be conquered. To overcome them, Yoga gives us the Eightfold Path of Discipline

(Astaṅga Yoga) :

Prāṇāyāma is among them. Prāṇāyāma means control of breath and deals with regulation of inhalation, retention and exhalation of breath. It is beneficial to health and is highly conducive to the concentration of the mind.

Hathayoga

Yoga practices have undergone diverse change in diverse schools. But none of these are similar to Sāṅkhya. Rather the Yoga practices has grown in accordance with the doctrines of the Saivas and Sāktas and has formed a peculiar form as the Mantrayoga. They have turned in another direction called Hathayoga, which are supposed to produce mystic and magical feats through constant practices of elaborate nervous exercises, which are also associated with healing and other supernatural powers. The Yogatattva Upanisad says that there are four kinds of Yoga, viz., the Mantra Yoga, Laya Yoga, Hathayoga and Rajayoga.

Nyāyā and Vaishesika

The system Nyāyā is allied to the Vaishesika system which is regarded as 'Samānatantra' or similar philosophy. Vaishesika develops metaphysics and ontology. But regarding the earthly life they have common opinion. The world is full of sorrow. To a wise person everything is sorrow (Sarvaṃ duḥkhaṃ vivekinaḥ). Pleasure is always mixed up with pain. The wise therefore is never attached to the pleasures of life which only leads to further sorrows. To escape from Saṃsāra is to attain the highest good. The highest good is deliverance from pain and not the enjoyment of pleasure. All activity good or bad, binds us to the chain of saṃsara and leads to some kind of birth, high or low. Only through liberation cessation of birth is possible. Both agree that bondage is due to ignorance of reality and that liberation is due to right knowledge of reality.

Our purpose in collating the ideas of life and death as found in the Hindu systems of thought has been to take into account the notions that have been at work in the cultural psyche. And it is the cultural psyche that moulds and to some extent determine the medical care of each country.

India has an ancient tradition of medical care known as āyurveda. Its authors are highly venerated, and

are given the honours of philosophical thinkers. Āyurveda presupposes the Sāṃkhya metaphysics, which means that for āyurveda man's life and death follows a cosmic pattern, and therefore medical care should be in accordance with it. It may be worth our while to look at the salient features of āyurvedic thoughts.

Medicine was the most important of all the physical sciences which were cultivated in ancient India, was directly and intimately connected with the Sāṃkhya and Vaiśeṣika physics and was probably the origin of the logical speculations subsequently codified in the Nyāya-sūtras. The literature contains, moreover, many other interesting ethical instructions and reveals a view of life which differs considerably from that found in works on philosophy. Their speculations regarding embryology, heredity and other such points of general enquiry are likely to prove interesting even to a student of pure philosophy.

Susruta says that Āyur-veda (the science of life) is an Upāṅga of the Atharva-Veda.

Caraka, in discussing the nature of Āyur-veda, says that there was never a time when life did not exist or when intelligent people did not exist, and so there were always plenty of people who knew about life, and there were always medicines which acted on the human body according to the

principles which we find enumerated in the Āyur-veda. Āyur-veda was not produced at any time out of nothing, but there was always a continuity of the science of life. The science of life has always been in existence, and there have always been people who understood it in their own way. Caraka distinguishes Āyur-veda as a distinct Veda, which is superior to the other Vedas because it gives us life, which is the basis of all other enjoyments or benefits, whether they be of this world or of another. It was traditionally believed that there was a Veda known as Āyurveda which was almost co-existent with the other Vedas was entitled to great respect, and was associated with the Atharva-Veda in a special way. It seems, however, that the nature of this association consisted in the fact that both of them dealt with the curing of diseases and the attainment of long life, the one principally by incantations and charms, and the other by medicines.

The moral impact of medical care is evident when Caraka counts penance (prāyas-citta) as a name of medicine (bheṣaja) and Cakrapāṇi, in commenting on this, says that as prāyas-citta removes the diseases produced by sins, so medicines (bheṣaja) also remove diseases, and thus prāyas-citta is synonymous with bheṣaja.

Caraka uses the word "Āyur-veda" in the general sense of "science of life". Life is divided by Caraka into four

kinds, viz. Sukha (happy), duhka (unhappy), hita (good) and ahita (bad), Sukham āyuh is a life which is not affected by bodily or mental diseases, is endowed with vigour, strength, energy, vitality, activity and is full of all sorts of enjoyments and successes. The opposite of this is the asukham āyuh. Hitam āyuh is the life of a person who is always willing to do good to all beings, never steals others' property, is truthful, self-controlled, self-restrained and works with careful consideration, does not transgress the moral injunctions takes to virtue and to enjoyment with equal zeal, honours revered persons, is charitable and does what is beneficial to this world and to the other. The opposite of this is called ahita. The object of the science of life is to teach what is conducive to all these four kinds of life and also to determine the length of such a life.

Jayanta the author of Nyāya Manjari argues that the validity of the Vedas depends on the fact that they have been composed by an absolutely trustworthy person (āpta). As an analogy he refers to Āyur-veda, the validity of which is due to the fact that it has been composed by trustworthy persons (āpta). That the medical instructions of the Āyur-veda are regarded as valid is due to the fact that they are the instructions of trustworthy persons.

This shows the high esteem in which medicine was held in India.

Āyur-veda was primarily concerned with three questions, viz. how diseases originated, how they were known, and what were their cures.¹ It was in this connection that the principle of causality was first from a practical necessity applied in Āyur-veda.

Āyur-veda Ethics

If these physical causes can be warded off, then a man may continue to live until the normal length of his life, one hundred years, is reached, when the body machine, being worn out by long work, gradually breaks down. Medicines may, however, in the case of those who are not cursed by the commission of sins of great enormity prolong the normal length of life. It is here that Caraka and his followers differ from all other theories of Karma. The theory is not accepted in any Indian system of thought except that of Caraka. Caraka thinks that it is only the extremely good or bad deeds that have this immutable character. All other effects of ordinary actions can be modified or combated by our efforts. Virtue and vice are not vague and mysterious principles in Caraka and the separation that appears elsewhere between the moral and the physical sides of an action is not found in his teaching.

Freedom of human will is almost wholly admitted by Caraka, and where the fruits of previous actions are not of a

confirmed character, they can be averted or improved by our efforts. His is the ideal of living one's life in a manner that is most conducive to health, long life and proper enjoyment. Our only care should be that we do not commit any mistake in eating, drinking and other actions of life which may directly or indirectly (through the production of sins) produce diseases and sufferings or jeopardize our life and enjoyment in any way.

Good life in Caraka

"Good life" in Caraka means not only an ethically virtuous life, but a life which is free from diseases, and which is so led that it attains its normal length. Moral life thus means a life that is free from the defect of prajñāparādha. It means wise and prudent life, for it is only the want of wisdom and prudence that is the cause of all physical, social, physiological, moral and spiritual mischiefs. To be a good man, it is not enough that one should practise the ethical virtues : a man should practise the physical, physiological and social virtues as well. He must try to live a healthy and long life, free from diseases and sufferings and free from reproaches of any kind. Physical diseases are to be cured by medicines, while mental diseases are to be cured by right and proper knowledge of things, self-control and self-concentration.

A good life, which is the ideal of every person, is a life of peace, contentment and happiness, free from desires and troubles of all kinds. It is a life of prudence and well-balanced judgment, where every action is done with due consideration to its future consequences and where all that may lead to troubles and difficulties is carefully avoided. It is only such a life that can claim to be good and can be regarded as ideal. A merely moral or virtuous life is not our ideal, which must be good in every respect. Any transgression, be it of the rules of hygiene, rules of polite society, rules of good citizenship, or any deviation from the path which prudence or good judgment would recommend to be wise, may disturb the peace of life. A scheme of good life thus means a wise life and observance of morality is but one of the many ways in which wisdom can be shown.

Chapter IV

ETHICAL PRESUPPOSITIONS OF THE CONCEPTS OF LIFE, DEATH AND HEALTH ; SOME PHILOSOPHICAL OPINIONS

Life, Death and Health among the human beings are not solitary events, they are societal in nature, at least they concern other human beings. No man is an island, said the English poet John Donne, and hence the bell that tolls for me, tolls for others as well. Births delight us as much as deaths make us sad. There appears to be a human concern involved in these terminal events of human existence. This human concern has a moral dimension. Any attempts to lessening of human pain has been looked upon as a virtue. Although it is in literature, novels, stories and poetry, we get a direct treatment of life, death and suffering, yet we find that some philosopher, ancient and modern have important things to say on these matters. We propose to take note of some of them. We begin with Confucius, and then pass on to Spinoza, Kant, and lastly we shall consider the existentialist position on those issues.

Confucius

Of the many philosophies six are important in China. Among these confucianism and Taoism are the most

important. Taoist and Confucian thought have shaped the practice of medical care in China.

A brief account of Confucianism may be given below.

This school has arisen among the literate (ju). The ideal man according to this school is the cultured person, who is self-controlled and integrated into the world (harmoniously attuned and poised in all social situations) and capable of mastering all the opportunities of the world through detachment and harmony.

It should be noted that the Confucian does not seek liberation from rebirth or the world or salvation from sin and punishment after death, he affirms life, accepts society and desires to establish and preserve a harmonious civilised society.

Confucius says that man cannot live like birds and beasts, he must live among men. He realises that morality has to be practised and virtue achieved not in solitariness, but in life lived with others and develop relations with others. Virtue leads man beyond himself and aims at perfecting the human community as a whole. Confucius affirms that the superior man develops his personality not only to improve himself or to bring security and peace to some others but to bring security

and peace to all people. Confucius advocates li which constitutes the spirit of a community and that an individual becomes a man through the community. Li educates an individual to become a man - a member of a community. Confucius has considered music is as important as li. To him music has a role for the development of the personality and giving the right tone to the community. In music man finds the themes that order his life and harmonise the community. Confucius tries to guide people by virtue and regulate them by li and music.

There are some similarities among Confucian and Kantian ethics. Kant's argument is that persons must be regarded as ends in themselves. One can never treat a rational being as a means in any way. Universal laws are created by rational agents. He tries to establish the systematic union of rational beings through common laws. Jen is the most important concept in Confucian thought. It has been variously translated by various thinkers. For example, Legge has translated it as benevolence of virtue for Waley it is goodness. Mencius considers that Jen is preeminently compassion. Jen is considered as the distinguishing characteristic of man. Jen is love of fellow men and authenticity. To be authentic is to be sincere and upright (Chih). In the superior man Chih

and li are blended together, i.e. he is authentic and at the same time he sticks to the ways of behaviour approved by tradition. To him he who has jen becomes a real man. Jen contributes to civilization and can be sought only in the midst of it.

Confucius is interested to establish an ideal social order. According to him good order will be attained through exact terminology. Words must properly define and distinguish things and persons, i.e., they must befit their meanings. The Confucian notion of life has important bearings on social aspect of medical care, the doctor-patient relation in particular, and hospital administration in general.

Confucius is considered to be a universalist. Because to him, within the four seas all men are brothers. He has accepted students from all social strata, declaring that in education there should be no class distinctions.

Confucius are very much aware of rituals. He says rituals must be performed by according to tradition. Performance of rituals disciplines men and purifies them. There is no evidence that Confucius has any belief in the existence of gods. But he has accepted rituals and sacrifices for them. Because both of these have an intrinsic value.

Spinoza

Of all philosophers, Spinoza's notions of life and death have been most well-known. Somerset Maugham's novel, Of Human Bondage, is based on Spinoza's idea of human existence. Human beings, like everything else within the system of nature are modes. Man consists of mind and body. The mind and body are one and the same individual, which is conceived under the attribute of thought and extension respectively. Mind's existence can be defined by a certain time only in so far as it involves the actual existence of the body. Thus it has the power of determining the existence of things by time and of conceiving them under the attribute of duration. Mind does not act on body nor body on mind. Both are concurrent expressions of one determined series bound by causal laws. Spinoza says that the mind is eternal in so far as it involves the essence of the body under the form of eternity. His proposition is "He has a body capable of many things, has a mind of which the greater part is eternal". (Ethics, V, Prop.39). Spinoza's another proposition about this is "Every idea of every body or individual thing actually existing necessarily involved the eternal and infinite essence of God". (Ethics, II, Prop.45). Individual things cannot be conceived without God. So far all bodies are followed from the infinite essence of God, under which they are modes, are identical with eternity itself.

We may now look at some of the propositions of Spinoza, and see what he has to say on life and death :

Prop. LXVII. A free man thinks of nothing less than of death, and his wisdom is a meditation not of death but of life.

Proof - A force, that is, one who lives according to the dictate of reason along, is not led by the fear of death, but directly desires what is good, that is, to act, to live and preserve his being on the basis of seeking what is useful to him. And therefore he thinks of nothing less than of death, but his wisdom is a meditation of life.

Prop. IX Desire which arises from pleasure or pain which has reference to one or certain parts of the body not all has no advantage to man as a whole.

Spinoza's position may be further explicable as follows : As pleasure has reference generally to one part of the body, we therefore desire as a rule to preserve our being without having regard to our health as a whole. To which it must be added that the desires by which we are usually held have regard only for present not future time.

The human body rests upon the proportion of motion and rest. The proportion of motion and rest are different in

the case of an unborn embryo and in due course when we are dead. Birth and death are thus only incidents of the same sort of redistribution which is the fact behind the appearance of cosmic creation. The human body can be changed into another nature entirely different to its own. At times such sufferings or mental disorder change a man. Spinoza has explained this condition by the following example. Recovering from illness a Spanish poet was unaware of his past life. He did not believe that the dramas and tragedies he had composed were his own. Due to sickness one may become oblivious of his own mother tongue. He is said to be happy who is enabled to live through the whole period of life with a healthy mind in a healthy body.

Some concluding remarks about Spinoza's philosophical position should now be made. It is usually said that freedom of choice, which is supposed to be the basis of any moral action, medical or other wise is rejected by Spinoza, it is also true that he does not really prove that there is no such thing as freedom of choice. But the nature of his assumption implies that everything that happens coheres within a unitary interdependent system. He sees human action as not ultimately separable from the total pattern of events which constitutes nature as a whole. On this analysis interaction between persons is not deferential kind from interaction between things.

It follows then that individuality is a relative matter and it is contended within a more complex unity. It follows that inspite of the appearance of autonomy of human beings, in comparison with the objects the inorganic world, individuality does not in any way exempt human action from the chain of causes.

For Spinoza consciousness is not independent from the world of physical events. The physical is in no sense a different from the physical. Consciousness is simply a different aspect of the same world as the physical. The inseparability of the physical from the psychical is a difficult part of Spinoza system. In many respects Spinoza's system seems to be in hamony with modern development of scientific theory, in psychology, biology, philosophy of science. But the difficulty with Spinoza's theory is this that it renders the concepts of "responsibility" and "obligation" empty of content, and if that he so then that concept of medical care becomes difficult on Spinoza's account. Ethics is based on the investigation of individual decision and of the lines of reason by which decisions are reached. Science seeks causes but ethics seeks reason. Both may well be valid ways of viewing a situation. But they asked different questions, on the basis of different assumptions. For ethical theory freedom must be assumed. Kant said that from point of natural science freedom is an impossibility. But from the point of view of the moral agent freedom is a necessary hypothesis and now we turn to Kant.

Kant

Kant's ethical theory may be construed as having significant implications for the world of medicine. The world of medicine involves persons, physicians and patients, standing in moral relations. A moral relation may be taken to mean a relation of duties and obligations.

In this sequence we shall explicate Kant's ethical theory in existence. Rather we propose to concentrate on such aspects of his ethical theory that may have bearing on medical ethics. A doctor does his duty. Now what does this mean ?

It is well known that for Kant Categorical Imperative (which state unconditionally which actions must be done or not done) underlies the notion of duty, is at the foundation of morality. Of the various formulations of the categorical imperative the following is specially relevant for us : "So act as to treat humanity, whether in your own person or in that of any other in every case as an end, never as a mere means". According to Kant the obligatory nature of morality derives from the capacity of moral rules to function as the freely chosen principles of a harmoniously self-governing group of rational beings who are themselves a part of a rational universe. It should be interesting to see how Kant's theory deals with specific situations. He takes the prohibition of suicide as an example of a maxim which commands categorically, and is therefore part of

the moral law. He uses the principle of non-contradiction as a test of whether a maxim confirms to universal law. The Kantian analysis would oppose the advocates of voluntary euthanasia, that is those who propose granting to the patient the right to request that his life be ended. Kant argues the point that the principle of enhancing life cannot be used as the basis of an argument for destroying it. But there may be patients who, in view of their medical condition, rationally contemplate suicide or who wish no further effort to be made to prolong their life. The principle upon which they are basing their decision is that the cessation of life is preferable to its continuation is a form which is destructive of its true character. There is nothing contradictory in stating that one form of not-life (death) is preferable to another form of not-life.

The problem of applying the principle of non-contradiction in concrete situation is that meaning of terms are often discrete and it becomes a necessary to assert an identity in the meanings of term if the principle has to work e.g., let us consider the argument, all forms of direct abortion are wrong because they intend a murder of an innocent life. This argument depends on equivocacy in the use of the terms "murder" and "life". Murder is taking of life of another human being, whereas abortion is a destruction of a fetus. In order to save life or prevent suffering, it may well be the case that destruction of a fetus is an unjustified form of destruction of a potential

person, but the point cannot be proved by supposing that abortion and murder are logically equivalent.

So it may be said that Kantian principle of non-contradiction is unlikely to be equal to the task of applying moral rules to the dilemmas of medical care. In matters of life and death the problem is so often, one of the uncertainties of definition or of the necessity to choose the lesser of two evils. When the assigning of moral qualities of actions is rendered ambiguous in this way and appeal to non-contradiction is of no health.

But the most significant implication of Kant's ethical theory, in so far as medical care is concerned, obtains in his concept of ends in themselves. In fact we owe to Kant an analysis of their relationship between moral agents and means which they employ to achieve their objectives. In Kant's view moral agents legislate for themselves. In view of this uniqueness, Kant argues, it can never be morally permissible for one moral agent to use another as a mere means, that is, in a way deprive him of his capacity to choose. Human beings have to use one another in order to the objectives. But such a use only justified when person used freely chooses to act in this way. He must always remain an end in himself.

Kant's notion of end in themselves enables us to lay

down guidelines for the relationship between patients and staffs in hospital. Doctor-patient and nurse-patient relations break through the bounds of morality, when one or other party is robbed of his autonomy. Doctors and nurses are used as a means towards recovery by patients, but this can never mean that the patient can demand anything he chooses of the staff. Again where a private medical practice obtains, the patient is used as a means by the doctor for earning money. This also cannot be carried beyond the bounds of morality. The Kantian idea of men is exemplified in the "conscience clause" in the abortion act. Should Euthanasia even be legalised? Similar safeguards would be essential.

The principle of treating the concept ends in themselves since to find a direct application to clinical situations.

Kant approaches the concept of person through the concept of reason. In his view a person is a rational being, i.e. a being capable of reasoning from particular situation to general rules and of applying these rules consistently to himself and others. A pre-condition for doing this is the freedom to choose between alternatives. The Kantian idea be used as a guideline for the treatment of subnormal human patients. There must be some important consideration apart from rationality which ensure that the subnormal are accorded the same rights of

other patients. If we can discover for these considerations, we may get more adequate definitions of persons than the purely rationalist one. Albert Schweitzer, in his book Reverence for Life has suggested the concept of a "Reverance for Life" as the prevailing value, which prevents arbitrary killing of the subnormal human being. But such a notion of sanctity of life is not universally respected. There are many instances of medical practice in which biological existence is terminated on the grounds that human life is not at stake. The status of personhood can be ascribed to a living organism with the capacity to communicate and be communicated with, both at a rational and at a emotional level. It is this possibility of relationship rather than any biological criteria alone, that determine the decision.

Now to come to the concept of respect. Respect for person is taken to be the cernel of second formulation of the categorical imperative. The Greek term agape which means 'love' or 'charity' is considered on a par with 'respect'. The term implies a combination of rational and emotional elements : the feeling of fellow humanity applied consistently without personal bins. Paul Tillich, in his book Morality and Beyond, has argued for an interdependence of reason and emotion. Respect then implies a relationship of involvement with other persons, such that our choices and intentions are governed by their ends and aspiration as well as our own. To acknowledge another person is to acknowledge the possibility of otherscentres of

choice and intention by which our personal aspiration may be modified. It sets in the centre of morality the language of 'we' rather than the language of 'I' and 'they'.

Existentialism

The basic concept of this philosophy is "Existence precedes essence or Existence determines essence". This kind of philosophy begins from existing man rather than man as a thinking subject.

All existentialist philosophers are concerned with the constituent of the personal being i.e. freedom, decision and responsibility. Another group of existentialist philosophers include following themes, finitude, guilt, alienation, despair, death. The world appears to them with full of sorrows. All of them seem aware of the tragic elements in human existence. When man's freedom get resisted by outer influence then arises frustration. For the existentialists, man is never just part of the cosmos but always stands to it in a relationship of tension with possibilities for tragic conflict. In any case, as far as the individual is concerned, existence ends in death.

Our memory takes back us to a certain extent, after that it becomes vague and finally breaks off. There was a time when we were not. Death is a natural and ultimate phenomena.

This end comes to every being.

Existentialists are much more concerned with the weakness and mortality of man rather than with his strength. To them death is not simply the termination of life. According to the biologists too awareness of the death of a man is one of the characteristics that allows man to exist as man and not merely as animals.

Heidegger is the only philosopher among all other existentialists philosophers, who has gone through the concept of death in details. Anxiety is a kind of characteristic in human nature. The source of anxiety is nothingness. Through anxiety man encounters nothingness and becomes aware of his finitude and the necessity of death. The existence that is mine, at any time it may vanish into nothing. As anxiety discloses man's finitude so also it discloses by indelible transitoriness - his "being-into-death". By saying death Heidegger does not mean "death-bed" or death is understood as the biological termination of empirical reality. Such a view of death is an objectivized view which can be understood only by the one observing, never by the one who has to die. Death is the supreme possibility among all possibilities of human existence. Man's possibilities are limited by his final end which is always imminent. Death cannot be considered as end in the sense of a goal or fulfilment, it is a limit to existence. Death is one of the most inexorable

'givens' of the human condition. Everyone tries to overcome his own death. But every Basin must die his own death. He is always old enough to die. But the advanced medical science help man to reduce his mortality. But the full elimination of death cannot be possible. Death and temporal finitude are so much a constitutive part of humanity that an unending human life would be a unusual. Death is and will remain part of the factual human condition.

Man does not want to accept death by heart. Always he tries to explain it in various manner. To them death does not really change anything, after death it will be as usual. In the hope of the alive life man uses medicine to deep freezing the deadbody, uses the expensive caskets, soft music piped into the tombs. He does all these things with the hope that one day medicine will have discovered a cure for the victims' disease and there can take place a joy and resurrection.

Other philosophers like Paul Tillich, Nikolai Berdyaev have clarified the idea of death in a different manner.

Paul Tillich has affirmed in his book 'The Courage To Be' that courage is the self-affirmation of one's being. On the other hand he says that anxiety is the existential awareness of the threat of non-being. Anxiety may arise out of nothing particular, its object is the negation of every object. Whereas

fear has a determinable object - a pain, a rejection by someone who is loved, a misfortune, the anticipation of death. The fear of dying ultimately ceases to be a fear of an object - a sickness or an accident.

Nikolai Berdyev tries to explain the problem of death and immortality of hell and paradise in the light of their ethical significance. According to him, ethical knowledge is a way of being, it is different from scientific knowledge. It is not concerned about the knowledge of objects or events. Ethical knowledge is immediate and irreducible. Death penetrates life in every experience of transitoriness and separation. Death is not considered as a biological happenings, but as an event which embraces the whole of life.

Among other existentialists the notion 'death' is considered to be irrational. Sartre thinks that death has no special importance in itself - it is absurd like human life. He expresses 'death comes along into the bargain'. Albert Camus asserts that it produces not despair but rebellion. "Human insurrection is a prolonged protest against death". Heidegger says for authentic existence death becomes an integrating factor.

As long as there is a goal, a future, there is meaning in life. According to Sartre life has no meaning because we must die.

There is no need to be at the very end to realize the end but rather one's awareness of death is enough to give an authentic approach to one's existence as a whole. Every Dasein must die his own death. One is totally helpless in the face of it. For this reason Sartre's for itself tries to run away from life. He cannot accept death as a natural phenomena. But on the other hand, Dasein does not do this. Dasein makes itself free-for-death, it chooses its own death.

Human existence is meaningful in terms of its future, on account of its goals and its commitment. The meaning of human existence cannot be decided on the balance of death.

Existentialism has been influential in the post-war Europe. Of late existentialist psychology has developed, and which in its turn has gone a long way into reconstructing the notion of medical care. A patient has to be taken on his existential value, along with his fears and anxieties, hopes and despairs. The doctor, swearing by science, cannot dislodge the existential patient's horizons and treat him as a biological phenomenon. The patient's existential roots are as important as that of the doctor's. On the existential horizon the doctor and the patient are to face each other as too embodied existences encountering against the background of human predicament.

Chapter V

CONCEPT OF SYMPATHY : DAVID HUME AND MAX SCHELER

We have seen in an earlier chapter that medical care involves interpersonal relations and it touches the domain of the moral in as much as the concepts of freedom, obligation, responsibility etc. are involved. In the present chapter we propose to consider the concept of sympathy as denoting the human dimension between the physician and patient. We shall consider to accounts of sympathy one offered by David Hume and the other by Max Scheler.

Suffering or the sight of suffering touches accord of sympathy in the human heart. It moves one to do something to alienate the distress of the other person. There cannot be a therapy without a human concern as its primary motive. Epicurus in his De Rerum Natura says,

"Hollow are the words of the philosopher that do not serve to heal any human suffering. Just as there is no use in medicine if it does not rid the body of disease, so is philosophy of no use if it cannot banish the sickness of the soul".

It is only likely that philosophers dealing with moral psychology should say something about sympathy. Let us now turn to David Hume to see how he conceives of it as rendering human communication possible.

According to David Hume sympathy is just one among many possible motives for wanting to help another person. But the help which is offered out of sympathy is without interest, there can be no ulterior motive for sympathetic concern. 'Sympathy' is used as equivalent in meaning to the following :

- (1) 'fellow-feeling', (2) 'Knowing what another is feeling,'
- (3) 'being in agreement with another's opinion' and (4) 'feeling sorry for another or pity'.

Hume thinks of sympathy primarily as the transference or communication of an emotion, sensation, or even an opinion from one individual to another.

Hume considers the minds of men as mirrors to one another, not only because they reflect each others emotions, sentiments and opinions may be often reflected and may decay away by insensible degrees.

Hume opens his Treatise with the basic assumption i.e. "All the perceptions of the human mind resolve themselves into two distinct kinds, which I shall call Impressions and Ideas. And those two kinds of perceptions differ only in the degrees of force and vivacity. Ideas are weak copies of impressions in thinking and reasoning. ~~The impressions in thinking and reasoning.~~ The impressions may be divided into (a) original and (b) secondary or reflective. The original impressions

arise without any preceding thought or perception. But in the case of a secondary impression there is some antecedent perception of pleasure or pain.

Sympathy is a very powerful principle in human nature. It is the principle which explains our love and esteem for the rich and our contempt for the poor. In turn, the rich man and the poor man are correspondingly pleased or pained through sympathy with this esteem or contempt. It is in this sense that we are each 'mirrors' to one another. In sympathy there is an evident conversion of an idea into an impression. This conversion arises from the relation of objects to ourself. Ourself is always intimately present to us. The strength of the association between ourself and the other person is governed by the presence or absence of the relations of resemblance, contiguity and cause and effect. Hume recognizes that sympathy arises more easily for us with those who in some way resemble ourselves in any respect viz., manners, character, country or languages. It is a matter of fact that we sympathize more with our neighbours than with those on the other side of the world, more with our contemporaries than those long dead. These three relations function so as to strengthen the association of the agent's idea of the other's passion and the agent's impression of self.

Hume is concerned not with how the idea of another's passion comes to be converted into the corresponding impression

but with how the idea comes to be entertained in the first place. Hume clears his view by giving following example i.e. in the case of an operation of surgery before it begins the preparation of the instruments, the laying of the bandages in order, the heating of the iron, with all the signs of anxiety and concern in the patients and assistants would have a great effect upon my mind and excite the strongest sentiments of pity and terror. No passion of another discovers itself immediately to the mind. We are only sensible of its causes or effects. From these we infer the passion. And consequently these give rise to our sympathy. Hume recognises that sympathy requires prior knowledge or belief about the other person's state of mind. Since direct knowledge of another's state of mind is impossible, we have to rely for the knowledge on a method of inductive inference. Without the relation of cause and effect we could never come to entertain the idea of another's state of mind and the subsequent conversion of this idea into the corresponding impression could never take place. For this reason, Hume emphasizes the importance of the causal relation in the sympathetic mechanism. In general, it can be said that the relations of resemblance, contiguity and cause and effect govern the conversion of the idea into the impression.

We judge more of objects by comparison, than by their intrinsic worth and value. Hume admits, that the mere fact that

we realize that another person is suffering does not necessarily mean that we shall sympathize with him. "The direct survey of another's pleasure naturally gives us pleasure and therefore produces pain, when compared with our own", (Treaties). Through comparison I may feel pain at the sight of another's happiness. Hume describes a situation, where a man has stood on the sea shore while a storm is raging at sea. He can perceive distinctly the horror, hear the passengers' cries of the ship which is in a great danger. In such a case no man will feel happy. This circumstance will arise compassion and sympathy. Through the presence of the relation of contiguity the suffering of these people has been converted into the corresponding impression. Hume's general conclusion is that if the idea of another's passion is too faint, it cannot even exert any influence on the agent's feeling by comparison, but that if it is very vivid it will affect him by sympathy only.

There are two distinct stages in the genesis of sympathy : (a) from my observation of another's behaviour and manner I infer his state of mind and (b) the idea of the affection which I thus entertain is converted into the corresponding impression. eg. From the scene of weeping someone we infer that he is in some kind of distress. In so far as I associate myself with him, my ideally entertained distress will be converted into an actual feeling of distress.

One can distinguish four elements in the sympathetic mechanism :

- (a) my idea of a particular passion
- (b) my idea of this passion as belonging to another person
- (c) my impression of self and
- (d) my impression of the passion or the passion itself.

The whole mechanism relies on the theory that an idea differs from its corresponding impression only in degree. We can only sympathize with feelings which we ourselves have already experienced. Hume thinks that 'Sympathy' refers to an involuntary process over which we have no control. To him sympathy is an instinctive response.

There are two different kinds of sympathy viz. 'limited' and 'extensive'. In the limited sympathy the agent is only aware of what the other person is feeling at that particular time. Hume clears it by giving following example, "I saw a person perfectly unknown to me, who while asleep in the fields, was in danger of being trod under foot by horses, I should immediately run to his assistance and in this I should be actuated by the same principle of sympathy, which makes me concerned for the present sorrows of a stranger."

In extensive sympathy the agent is aware of what the other person is feeling at the particular time and what might

happen to the other person. When the present misery of another has any strong influence upon and gives me a lively notion of all the circumstances of that person, whether past, present, future, possible, probable or certain. And naturally by means of these lively notion I shall be interested in them and will show sympathy towards them. But if I become indifferent about another's misery viz. his good fortune or bad, I will never feel extensive sympathy, nor the passions related to it.

Philip Mercer has commented in his 'Sympathy and Ethics' that Hume's doctrine of sympathy is unduly egocentric in three respects :

- (a) To sympathize with another means, according to Hume, that the agent must experience the actual feeling which the other person is feeling,
- (b) we can only sympathize with those feelings which we have previously experienced on our own account,
- (c) we need have no regard for the other person once the mechanism of sympathy has worked.

Hume uses 'sympathy' to refer exclusively to a special kind of transference of emotion and other feeling from one person to another. Hume was aware of the intimate links between human beings. The mutual relationships between human beings varies in degree to one another. It is the psychological mechanism of sympathy with which he is concerned. And he is sure that sympathetic

communication is one important cause in the generation of passions.

There are shortcomings in Hume's account of sympathy and needs a reconstruction of the concept. Hume's account have been said to be mechanical in operation and lacks the motivation efficiency of such notions as love, charity or benevolence. For Hume if X is in sympathy with Y, it does not follow that X will go out of his way to help Y. In Hume's mechanistic account even love and benevolence are contingently related. These difficulties have been sought to be amended and removed in another account of sympathy. As offered by Max Scheler in his The Nature of Sympathy a brief account of Scheler's views will now be given below.

For scheler sympathy and love are emotions in the literal sense of the term - in the sense of motions of movements, which lead us out of and beyond ourselves. Sympathy is a response to the experiences of others, which needs, moreover, as its vehicle, an underlying love.

If we love any human being we certainly love him for what he is, but at the same time we love him also for what he might be according to the possibilities of perfection inherent in his being.

One may look at the face of a felling child as a merely

physical object, or one may look at it (in the normal way) as an expression of pain, hunger etc. though without therefore pitying the child, the two things are utterly different. Thus experiences of pity and fellow-feeling are always additional to an experience in the other which is already understood.

The historians, the novelist, the exponent of the dramatic arts, must all possess in high degree the gift of visualizing the feelings of others, but there is not the slightest need for them to share the feelings of their subjects and personages.

It is a case of feeling the other's feeling, not just knowing of it, nor judging that the other has it, but it is not the same as going through the experience itself.

Throughout our visualising of the experience we can remain quite indifferent to whatever has evoked it.

All fellow-feeling is based upon love of some sort and vanishes when love is altogether absent, but the converse does not hold. Therefore fellow-feeling may vary in level and in degree of penetration into its object.

We often have fellow-feeling for someone we do not love. The love may not direct upon him in a concrete sense but

upon a generalised object - mankind, his family, his country, his membership of a class.

There are four types of fellow feeling :-

- (1) Immediate community of feeling, e.g. of one and the same sorrow, 'with someone'
- (2) Fellow-feeling 'about something', rejoicing in his joy and commiseration with his sorrow
- (3) Mere emotional infection
- (4) True emotional identification.

(1) Community of feeling :

Two parents stand beside the deadbody of a beloved child. They feel in common the 'same' sorrow, the 'same' anguish. A first feels sorrow by himself and is then joined by B in a common feeling.

(2) Fellow feeling :

All fellow-feeling involves intentional reference of the feeling of joy or sorrow to the other person's experience. But here A's suffering is first presented as A's in an act of understanding or 'vicarious' feeling experienced as such, and it is to this material that B's primary commiseration is directed. That is, my commiseration and his suffering are phenomenologically

two different facts, not one fact.

(3) Emotional Infection :

We all know how the cheerful atmosphere in a 'pub' or at a party may 'infect' the newcomers, who may even have been depressed before hand. It is the same when laughter proves 'catching' as can happen especially with children and to a still greater extent among girls, who have less sensitivity, but react more readily. The same thing occurs when a group is infected by the mournful tone of one of its members, as so often happens among old women, where one recounts her woes, while the others grow more and more tearful. Here there is neither a directing of feeling towards the other's joy or suffering, nor any participation in her experience. On the contrary it is characteristic of emotional infection that it occurs only as a transference of the state of feeling and does not presuppose any sort of knowledge of the joy which others feel.

The sole significance of fellow feeling as a datum for metaphysics can therefore lie only in its disposing us to realize, that independently existing persons in mutual relation: to one another are by nature predisposed for a communal mode of life and are teleologically adapted to one another. It is this natural predisposition which is intuitively grasped in fellow-feeling as a harmonious fulfilment of human worth and there attains conscious

In acts of love and hate there is certainly an element of valuation present, but fellow-feeling is in principle blind to value. Fellow feeling can itself have a value, independent of the value content which gives rise to joy or suffering in others, but then its value cannot be derived from the latter.

P A R T II

Chapter VI

IDEAS OF LIFE, SUFFERING AND DEATH

In this part of the project we shall be concerned with the ideas of life, suffering and death. These notions varied in conotation in different cultural and religious context.

After having noted these diversities we shall pass on to a considering (a) the concept of death and then (b) the meaning of life.

Humanity is reflected by the society and the societal values it adopts. However much there by pressures on these values, the basic concepts remain beyond change. Quality of life which is infinite and beyond measures, is portrayed through humility, care, concern, compassion and cure to problems associated with life, suffering and death.

The message of enduring human behaviour and human response is all pervasive in our culture and lives to accept, adopt and practice ethics and to value human relationship to preserve sanctity of life and its quality on a universal basis.

The rapid pace of scientific and technological developments including the new developments in biology and

medicine are exerting a profound influence on social, ethical and moral value systems of societies. These in turn extend into major way on Health Policy issues such as, optimising the social uses of medical knowledge and technology, how human values influence goals, priorities and strategies and how ethics serves as a bridge between policies and values.

Life, suffering and death is a long marathon - a never ending journey. It is only the quality of life that determines the guiding principle to bear pain, to alleviate pain, but never to inflict pain. Care, concern, compassion and cure are the keystone of truthful ethics and human values. Such values have to be cultivated since they impinge in every walk of life, at every stage and in every action.

There is a stress on developing a deeper understanding of human values themselves based on cultural, social and religious traditions which yielded ethical value systems. Ethics is the bridge between policy and human values. The economic and social history of a country, its cultural and intellectual heritage, its political system are reflected in the formulation and execution of health policy. The mechanistic technological intrusions into medical care should be carefully balanced by the moral values of medicine. The ethical institutions have to keep pace with rapidly advancing fields in science and technology.

The relief of suffering is one of the primary ends of medicine. Such a concept acquires the rejection of the historical dualism of mind and body. In some theologies, suffering has been seen as bringing one closer to God as ennobling. Suffering also has a temporal element in that it influences the person's perception of future events. Suffering threatens the intactness of the person as a complex social and psychological entity. The relief of suffering and the cure of disease must be seen as twin obligations of the medical profession that is truly dedicated to the care of the sick. Physician's failures to understand the nature of suffering case result in medical interventions that, though technically adequate, not only fail to relieve suffering but become a source of suffering.

The Meaning Given to Life, Suffering and Death

Mankind's most fundamental beliefs are those that concern life, suffering and death - what different societies hold and teach about the origin of man, the purpose of life, the significance of death and life after death.

Death means different things to different societies and cultures and at different times of life. For some it is the end of all life, for others the entrance to another life. In some societies the death of young children is commonplace,

in others it is tragic. Whether death should be delayed at all costs is an ethical issue in today's technological societies. Obviously the religious significance of death, for individuals and societies, must play a large part in policy decisions about allocating resources for technological means of avoiding death.

In modern times of course religious world views have given way to secular humanism. Secular humanism is a view point that places human welfare at the centre of the moral universe, and looks empirically to the way the world works in order to determine what is right and what is wrong. It is a doctrine of reason, compassion, respect, charity, and tolerance, not because these values are divinely inspired, but because these are the values that work best. In advocating them, it keeps company with much of what is central in many of the world's religious traditions, which, while they are not secular, are often humane.

The Concept of Death

Although most of the great philosophers have touched on the problem of death, few have dealt with it systematically or in detail. Frequently, as in the case of Spinoza, an author's views on the subject are known to us from a single sentence and almost all stages in Western history we are likely to discover more about the topic in the writings of men of letters than in

those of technical philosophers. Schopenhauer, who was the first of the major philosophers to deal extensively with the subject, declared that death is the muse of philosophy. And the existentialist philosophers from Kierkegaard to the present have more or less consistently endorsed Schopenhauer's contention.

The primary concern of most philosophers who have dealt with the question of death has been to discover ways in which men may mitigate or overcome the fear it tends to inspire.

The clearest and simplest answer to the first of these questions was given by Voltaire, who stated, "The human species is the only one which knows it will die, and it knows this through experience" (Dictionnaire philosophique). The interesting question is how man knows he will die. The view that experience alone gives knowledge of death derives support from the ignorance of death displayed by many children and from anthropological data indicating that many primitive peoples refuse even as adults to regard death as necessary or universal. However, a number of twentieth century philosophers have contested this view, especially Max Scheler and Heidegger, who argue that the awareness of death is an immanent, a priori structure of human consciousness.

It is not easily refuted, the knowledge of death

depends not only upon experience but also upon a level of mental culture that makes it possible to interpret experience accurately.

Freud has thereby rendered credible the idea that knowledge of death may exist despite apparent ignorance, stated that the consciousness, not the apparent ignorance of death is merely superficial, the unconscious being firmly convinced of its immortality.

Is death a natural phenomenon? It should also be observed that if by a 'natural' phenomenon one means a fact that can be fully understood and explained by empirical inquiry, death is not a natural phenomenon for Heidegger or Scheler. This reluctance to explain death in terms of natural causes has an interesting parallel in the reluctance to explain life itself naturalistically, and the religious or metaphysical perspectives which give rise to nonnaturalistic interpretations of death.

Are there great variations in the awareness or fear of death from person to person, from epoch to epoch, from culture to culture? If so, how are these variations to be explained? Surprisingly, very little attention has been given to these questions.

For Schopenhauer the finite, empirical self is a manifestation of a cosmic will that has destined man to live out his life in suffering or painful striving. The only remedy is to achieve a state of indifference or pure willlessness - a state best known in moments of pure aesthetic contemplation but to which the awareness of death substantially contributes.

According to Nietzsche, the superior man will live constantly in the awareness of death, joyfully and proudly assuming death as the natural and proper terminus of life.

Heidegger and Sartre, like most existentialists, urge us to cultivate the awareness of death chiefly as a means of heightening our sense of life. The knowledge of death gives to life a sense of urgency that it would otherwise lack. The same point has been made by Freud, who compared life without the consciousness of death to a Platonic romance or to a game played without stakes.

Heidegger says, dying is the one thing no one can do for you, each of us must die alone. To shut out the consciousness of death is therefore to refuse one's individuality and to live inauthentically.

Let us now turn to the question whether life can nevertheless have any 'meaning' or 'significance'. Sometimes

when a person asks whether life has any meaning, what he wants to know is whether there is superhuman intelligence that fashioned human beings along with other objects in the world to serve some end - whether their role is perhaps analogous to the part of an instrument (or its player) in a symphony. When Macbeth explained that "life is a tale/Told by an idiot, full of sound and fury/signifying nothing". His point evidently was not that human life is part of any design.

(b) The Concept of the "meaning" of Life :

On the other hand, when we ask whether a particular person's life has or had any meaning, we are usually concerned not with cosmic issues but with the question whether certain purposes are to be found in his life. Thus, most of us would say without hesitation that a person's life had meaning if we knew that he devoted himself to a cause or we would at least be ready to say that it acquired meaning once he became sufficiently attached to his cause. Whether we approve of what they did or not, most of us would be ready to admit. We seem to mean two things in characterizing such lives as meaningful, we assert, first, that the life in question had some dominant, over-all goal or goals which gave direction to a great many of the individual's actions and, second, that these actions and possibly others not immediately related to the overriding goal were performed with a special zest that was not present before

the person became attached to his goal or that would not have been present if there had been no such goal in his life. It is not necessary, however, that a person should be devoted to a cause, in the sense just indicated, before we call his life meaningful. It is sufficient that he should have some attachments that are not too shallow.

Let us now turn to the question of whether life is ever worth living. It is easy to show that in at least two senses which seem to be of importance to many people, human lives frequently are worth living.

We seem to be making two assertions, first, that the person has some goals (other than merely to be dead or to have his pains eased) which do not seem to him to be trivial and second that there is some genuine possibility that he will attain these goals. These observations are confirmed by various systematic studies of people who contemplated suicide of others who unsuccessfully attempted suicide, and of situations in which people did commit suicide. When the subjects of these studies declared that their lives were no longer worth living they generally meant either that there was nothing left in their lives about which they seriously cared or that there was no real likelihood of attaining any of the goals that mattered to them. It should be noted that in this sense

an individual may well be mistaken in his assertion that his life is or is not worthwhile any longer : he may, for example, mistake a temporary indisposition for a more permanent loss of interest, or, more likely, he may falsely estimate his chances of achieving the ends he wishes to attain.

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.

Chapter VIII

CONCEPTS OF HEALTH AND DILEMMAS OF MEDICAL CARE

The Basic Concepts of Health

We shall open this chapter by noting the various concepts of Health and then pass on to the problems of ethics in a pluralistic society, and finally we shall consider some of the moral dilemmas in medical care.

There can be various concepts of health. Some of them may be noted as under.

(a) Biomedical concept : Health has been traditionally defined as 'absence of disease' and disease as deviation from a biochemical norm. This is to how the clinician understands health. This concept of physical health is based on the germ theory of disease. But this alone is found inadequate in solving some of the major health problems of mankind such as, the population problem, accidents, mental illness, drug abuse, etc.

(b) Ecological Concept : Ecologists have viewed the health as a state of balance between man and his environment and is a pre-requisite of self-fulfilment. This state is not static, but must be re-established continuously as man interacts with his environment. Along with this goes a continuous mutual adaptation.

(c) Biosocial and Biocultural concept : As the social sciences are developing it is revealed that disease is both a biological and a social phenomenon. There are social, cultural and psychological factors which must be taken into consideration in defining health.

Mental and Social Health

Often a distinction is made between mental and social health.

Mental and physical health are closely related since one affects the other and in condition like hypertension, peptic ulcer, psychological factors play a significant role.

(d) Holistic concept : This is a synthesis of all the above concepts and corresponds to the view held by the ancients that 'health implies a sound mind, in a sound body in a sound family in sound environment'. It is the intangible, something that transcends physiology and psychology. This is the error of our day that physicians separate the body from the soul.

Nowadays a fourth dimension has been suggested viz. spiritual health along with three components of health viz. physical, mental and social.

The enjoyment of the highest attainable standard of

health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

Problems of Ethics in a Pluralistic Society

India is a pluralistic society in the sense that various cultural groups and a host of religious communities and beliefs contribute to the richness of her population. Hence the question could be asked about the problems of ethics in a pluralistic society.

Ethics govern human behaviour and human relationships, with rights, responsibilities and duties. Obviously this will be inextricably bound with morality.

The basis for ethical codes derive from and are conditioned by philosophical ideas on values, sets of professional norms, the laws of the land, and of course the religion of individuals, groups and society.

Ethical problems arise in a pluralistic societies and cultures, when there is a conflict of overriding ethics. Thus laws may be formulated wherein some acts may be permitted or encouraged, but the same act is not permitted by a particular group.

In a pluralistic society one must pay attention to all religious beliefs and permit their acceptance particularly in humanitarian matters, especially life and death. In so doing one should show respect to all citizens of diverse religious beliefs and cultures.

All these codes are directed towards protecting all citizens who are brothers and sisters and therefore bound by a wide social ethic. Believers indicate that the social ethic where all members are brothers, derives from the fact that they are all children of God.

Some Moral dilemmas in medical care

Is there an ethical imperative to preserve all patients in life including those who are unable to communicate with others, for whom existence seems only a fiction? Our training is to preserve life and functions whenever possible. We are not trained to decide who 'is better off dead'. The patient who is alive has an overriding right to life and deserves the maximal possible therapy.

Western ethical traditions have reached some general agreement that it is necessary to use 'ordinary' but not 'extraordinary' means to support and comfort patients in such cases. By 'ordinary' means is meant 'all medications, treatment and operations which offer a reasonable hope of benefit for the

patient and which can be obtained and used without excessive expenses, pain or other inconvenience'. 'Extraordinary means are those who do not offer such hope or cannot be obtained or use without those kinds of liabilities'. There is a professional and moral relationship entered into with each patient admitted for intensive care in which it is understood that the patient will receive appropriate care. Such care cannot be terminated later on the grounds that another patient with a higher potential for survival needs intensive care without violating the original obligation to the admitted patient and without violating the ethical principle that we cannot aid some by harming other.

The Baha's writings state that the prophets of God should be regarded as physicians whose task is to foster the well-being of the world and its peoples, that through the spirit of oneness, they may heal the sickness of a divided humanity. We have already noted that Pali Buddhist texts refer to the Buddha as the physician who only can cure or heal men struck by the sickness of mundane existence.

Chapter IX

SOME RELATED CONCEPTS : HEALTH AS HUMAN RIGHT, EUTHANASIA, ARTIFICIAL INSEMINATION AND ABORTION

In this concluding chapter we propose to round off our discussion by touching upon some related concepts such as health as a human right, euthanasia, abortion, artificial insemination etc. Our discussion of these topics shall be briefed. But we open these issues only with a view to highlighting the immense potentialities of new thinking. Euthanasia is respectably an ancient concept, but it is only of late, it has come to be widely debated upon. The practice of abortion has been a secretive deal and some religions of the world prohibited it strictly. But new grounds are being broken when in secular societies abortion is being legalised. In spite of it the ethical and legal issues have not yet been settled over, and the practice of abortion requires a cooperation of philosophers, sociologists, legal experts and religious leaders. Abortion is not mere a matter of biotechnology. Both artificial insemination and abortion are matters of concerns for the human psyche.

Human Values and Quality of Life

While asserting that the essence of life's quality is rooted in the mind and spirit of man, the formulation of a

general statement on human values for our time could help the shaping of appropriate attitudes, common beliefs and suitable criteria and content of education for contemporary man. Such a statement can be based on the following nine aspects of man, common to all civilizations and culture ; Man and his own self, Man and his fellow-man, Man and his habitat, Man and his work, Man and art, Man and his technology, Man and his Ideology, Man and Time, Man and his cosmos.

Man's relationship to society should be governed by principles of humanistic morality acceptable to all and reflecting the quality and sensitivity of human relations, based upon compassionate love, mutual understanding and appreciation and respect for justice and solidarity of mankind.

Technological advance should be for human welfare and for the enrichment of man's humanity. Uncontrolled mechanisation for sheer power and de-humanisation needs to be checked.

Ideology should be valued for its ennobling influence, its strength and integrity, its dedication to peace and harmony and its commitment to man's humanity.

The consciousness in time and the experience of the life-cycles contemplated the mysteries of life and death and the concept of eternity. Cosmic dimension of life brings us closer

to each other and gives a proper perspective to temporal existence.

Health as a Human Right

If we are to bring about a rapid improvement in our health status for the impoverished masses of our society, the concept of health as a human right has to be actively transmitted and pursued. This is possible through a health movement which has to be directed to all segment of the community. Such movements may be able to achieve a certain extent of self-reliance in the efforts towards "Health for All". Simultaneous thrusts are necessary in the areas of agriculture, income generation, education which will directly benefit the impoverished masses living in the rural, tribal and urban areas of our vast country.

Protection of the public and rendering adequate and human services are the first responsibility of all of us. The sense of responsibility is as basic as honesty, integrity and clear conscience in the character of man.

The tradition of the medicine is to cure, to heal and to relieve suffering. With the sound background of training, thinking trends and the outlook, medical men must reach out to those who need them and not to convert the patient care into trade. Everyone must owe a sense of responsibility towards the ailing patient.

The Right to Live and The Right to Die

Recently the right to die is being argued as much as the right to live. We shall briefly touch upon the notion of euthanasia, as the idea of the right to die is called.

Euthanasia

Euthanasia has its origins from a Greek word, the term 'Eu' means 'Well' and 'Thanatos' means death and it literally means an easy death.

When life become a punishment and dying comes as a pleasure to a patient, he pleads to a doctor to relieve his suffering soul from bodily cage. The conflict is often stated to be between the doctor's duty to treat to the best of his ability and patient's right to be allowed to die quietly and in peace, when further medical measures appear meddlesome and only prolong suffering. Even Gandhi, who shunned all violence, recommended that the life of a sick cow should be terminated when keeping it medically alive would mean to prolong its pain.

Euthanasia and the Law

The right to life is universal and is the source for the right to health. This has been the guiding principle for members of the medical profession. The right to life is a

fundamental right which is obtained by virtue of one's very existence as a human being. If, however, one accepts a 'right to die', then there will be an obligation for society to promote the right to kill. This should never be acceptable and would certainly be against all ethical principles of the medical or legal profession.

It is clear that euthanasia is morally unacceptable. Moreover it is against the social and cultural traditions of the peoples of India who have a variety of religious backgrounds.

Terminal Care - Ethics and Cultural Aspects

Mankind is subject to the experience of physical death. Terminally ill (dying) means that the patient has an illness which has been accurately diagnosed, and which seems certain to bring about his death within a relatively short period of time, since the illness is beyond cure. Caring for dying patients and giving sympathetic support to bereaved families are profoundly important parts of the work of doctors nurses and other members of the caring professions.

The care of the terminally ill patient do not stop when the patient died. A special, unhurried visit following soon after the patients death to take and discuss is greatly appreciated

by the family and these visits to the bereaved family should continue for a further period of time, until there is an amelioration of their grief and loneliness.

Ethical Issues in Abortions

Ethics and human values for any given situation undergo changes from time to time as these are influenced by many changing environmental factors. Rapid scientific advancement, spread of education, expansion of health services, economic growth, social behaviour and attitudes and political situation depend upon ethics and human values. Ethics and human values are subjected to immense pressure. Ethics imply morality and moral obligations. It has to be further realised that what is morally right is not the same as what is legally right or permissible, this is so true for abortions.

Induced abortions are generally considered immoral, but it is stated that pressures of (a) economic hardships, (b) cramped housing problems, (c) education of children, (d) women's changing role in society (e) harmful effect of clandestine abortions and (f) growing population compel us to accept abortions.

Moral and Ethical Aspects of Artificial Insemination

Human mind is conditioned by a large number of

factors. What is legal or illegal, what is ethical or unethical, what is good or bad, what is moral or immoral, what is sinful or otherwise are all determined by an individual's upbringing, his immediate social and cultural environment, his religious background and a host of such other factors.

Many newer health techniques are being discovered with the advancement of sciences. Among those techniques AID (Artificial Insemination by donor semen) is one type of technique. But most of the country do not morally recognize this kind of development. An AID child is still illegitimate in many civilized countries of the world.

The Moral Status of Abortion

The moral status of abortion, we may define as the act which a woman performs in voluntarily terminating, or allowing another person to terminate, her pregnancy, while it is not possible to produce a satisfactory defense of a woman's right to obtain an abortion without showing that a fetus is not a human being, in the morally relevant sense of that term, we ought not to conclude that the difficulties involved in determining whether or not a fetus is human make it impossible to produce any satisfactory solution to the problem of the moral status of abortion.

Of course, while some philosophers would deny the

possibility of any such proof, others will deny that there is any need for it, since the moral permissibility of abortion appears to them to be too obvious to require proof. But the inadequacy of this attitude should be evident from the fact that both the friends and the foes of abortion consider their position to be morally self-evident.

These arguments are typically of one of two sorts. Either they point to the terrible side effects of the restrictive laws, e.g. the deaths due to illegal abortions, and the fact that it is poor women who suffer the most as a result of these laws, or else they state that to deny a woman access to abortion is to deprive her of her right to control her own body. The appeal to the right to control one's body which is generally construed as a property right, is at best a rather feeble argument for the permissibility of abortion. Mere ownership does not give me the right to kill innocent people whom I find on my property, and indeed I am apt to be held responsible if such people injure themselves while on my property. It is equally unclear that I have any moral right to expel an innocent person from my property when I know that doing so will result in his death.

It is probably inappropriate to describe a woman's body as her property, since it seems natural to hold that a

person is something distinct from her property, but not from her body. Even those who would object to the identification of a person with his body, or with the conjunction of his body and his mind, must admit that it would be very odd to describe, say, breaking a leg, as damaging one's property, and much more appropriate to describe it as injuring oneself. Thus it is probably a mistake to argue that the right to obtain an abortion is in any way derived from the right to own and regulate property.

But however we wish to construe the right to abortion, we can not hope to convince those who consider abortion a form of murder of the existence of any such right unless we are able to produce a clear and convincing refutation of the traditional antiabortion argument, and this has not, to my knowledge, been done. With respect to the two most vital issues which that argument involves, i.e., the humanity of the fetus and its implication for the moral status of abortion, confusion has prevailed on both sides of the dispute.

If a fetus is a human being, then of course abortion is morally wrong, and that an attack on this assumption is more promising, as a way of reconciling the humanity of the fetus with the claim that laws prohibiting abortion are unjustified, than is an attack on the assumption that if abortion is the

wrongful killing of innocent human beings then it ought to be prohibited.

The argument a fetus may have a right to life and abortion still be morally permissible, in that the right of a woman to terminate an unwanted pregnancy might override the right of the fetus to be kept alive. The immortality of abortion is no more demonstrated by the humanity of the fetus, in itself, than the immortality of killing in self-defense is demonstrated by the fact that the assailant is a human being. Neither is it demonstrated by the innocence of the fetus, since there may be situations in which the killing of innocent human beings is justified.

The assumption that if a fetus is human then abortion is wrong for exactly the same reason that murder is wrong, is seldom questioned.

But one may question this assumption, even if we grant the antiabortionist his claim that a fetus is a human being with the same right to life as any other human being, we can still demonstrate that, in at least some and perhaps most cases, a woman is under no moral obligation to complete an unwanted pregnancy. This argument is worth examining, since if it holds up it may enable us to establish the moral permissibility of abortion

without becoming involved in problems about what entitles an entity to be considered human, and accorded full moral rights. To be able to do this would be a great gain in the power and simplicity of the proabortion position.

But the argument that if fetuses are human then abortion is properly classified as murder, is an extremely valuable one.

We will consider whether or not it is possible to establish that abortion is morally permissible even on the assumption that a fetus is an entity with a full-fledged right to life.

An answer to this question would be that a fetus cannot be considered a member of the moral community, the set of beings with full and equal moral rights, for the simple reason that it is not a person, and that it is personhood, and not genetic humanity.

It may be argued that a fetus, whatever its stage of development, satisfies none of the basic criteria of personhood, and is not even enough like a person to be accorded even some of the same rights on the basis of this resemblance.

The traits which are most central to the concept of

personhood, or humanity in the moral sense, are, very roughly, the following :

- (1) consciousness (of objects and events external and/or internal to the being) and in particular the capacity to feel pain;
- (2) reasoning (the developed capacity to solve new and relatively complex problems);
- (3) self-motivated activity (activity which is relatively independent of either genetic or direct external control);
- (4) the capacity to communicate, by whatever means, messages of an indefinite variety of types, that is, not just with an indefinite number of possible contents, but on indefinitely many possible topics;
- (5) the presence of self-concepts, and self-awareness, either individual or racial or both.

I will assume that we all know approximately what (1)-(5) mean.

All we need to claim, to demonstrate that a fetus is not a person, is that any being which satisfied none of (1)-(5) is certainly not a person.

The concept of a person is one which is very nearly universal (to people) and that it is common to both proabortionists and antiabortionists. It is a part of this concept that

all and only people have full moral rights. The concept of a person is in part a moral concept, once we have admitted that X is a person we have recognized, even if we have not agreed to respect, X's right to be treated as a member of the moral community.

If (1)-(5) are indeed the primary criteria of personhood, then it is clear that genetic humanity is neither necessary nor sufficient for establishing that an entity is a person. Some human beings are not people, and there may well be people who are not human beings.

To ascribe full moral right to an entity which is not a person is as absurd as to ascribe moral obligations and responsibilities to such an entity.

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.

There may, of course, be other arguments in favour of placing legal limits upon the stage of pregnancy in which an abortion may be performed.

Consequently, a woman's right to protect her health, happiness, freedom, and even her life, by terminating an unwanted

pregnancy will always override whatever right to life it may be appropriate to ascribe to a fetus. In the absence of any overwhelming social need for every possible child, the laws which restrict the right to obtain an abortion, or limit the periods of pregnancy during which an abortion may be performed, are a wholly unjustified violation of a woman's most basic moral and constitutional rights.

A p p e n d i x I

The research was motivated by the statement of Health Policy issued by the Government of India. The project did not touch all the points made in the Policy statement, but concentrated only on the points of moral and ethical relevance. However, it may be of interest that the Policy statement be known. With this end in view we reproduce below a part of the Health Policy.

National Health Policy
Govt. of India
Ministry of Health & Family Welfare
New Delhi
1983

The Constitution of India envisages the establishment of a new social order based on equality, freedom, justice and the dignity of the individual. It aims at the elimination of poverty, ignorance and ill-health and directs the State to regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties, securing the health and strength of workers, men and women, specially ensuring that children are given opportunities and facilities to develop in a healthy manner. It is in this context that the need has been felt to evolve a National Health Policy.

India has a rich, centuries-old heritage of medical and health sciences. The philosophy of Ayurveda and the surgical skills enunciated by Charaka and Shusharuta bear testimony to our ancient tradition in the scientific health care of our people. The community would require to be related to definitive action plans for the translation of medical and health knowledge into practical action, involving the use of simple and inexpensive interventions which can be readily implemented by persons who have undergone short periods of training. The quality of training of these health guides/workers would be of crucial importance to the success of this approach.

To be effective, the establishment of the primary health care approach would involve large scale transfer of knowledge, simple skills and technologies to Health Volunteers, selected by the communities and enjoying their confidence. The functioning of the front line workers, selected by the approach of our ancient medical systems was of a holistic nature, which took into account all aspects of human health and disease. Over the centuries, with the intrusion of foreign influences and mingling of cultures, various systems of medicine evolved and have continued to be practised widely. However, the allopathic system of medicine has, in a relatively short period of time,

made a major impact on the entire approach to health care and pattern of development of the health services infrastructure in the country.

The existing situation has been largely engendered by the almost wholesale adoption of health manpower development policies and the establishment of curative centres based on the Western models, which are inappropriate and irrelevant to the real needs of our people and the socio-economic conditions obtaining in the country. The hospital-based disease, and cure-oriented approach towards the establishment of medical services has provided benefits to the upper crusts of society, specially those residing in the urban areas. The proliferation of this approach has been at the cost of providing comprehensive primary health care services to the entire population, whether residing in the urban or the rural areas. Furthermore, the continued high emphasis on the curative approach has led to the neglect of the preventive, promotive, public health and rehabilitative aspects of health care. The existing approach, instead of improving awareness and building up self-reliance, has tended to enhance dependency and weaken the community's capacity to cope with its problems. The prevailing policies in regard to the education and training of medical and health personnel, at various levels, has resulted in the development of a cultural gap between the people and the personnel providing

care. The various health programmes have, by and large, failed to involve individuals and families in establishing a self-reliant community. Also, over the years, the planning process has become largely oblivious of the fact that the ultimate goal of achieving a satisfactory health status for all our people cannot be secured without involving the community in the identification of their health needs and priorities as well as in the implementation and management of the various health and related programmes.

The frontiers of the medical sciences are expanding at a phenomenal pace. To maintain the country's lead in this field as well as to ensure self-sufficiency and generation of the requisite competence in the future, it is necessary to have an organised programme for the building up and extension of fundamental and basic research in the field of bio-medical and allied sciences. Priority attention would require to be devoted to the resolution of problems relating to the containment and eradication of the existing, widely prevalent diseases as well as to deal with emerging health problems. The basic objective of medical research and the ultimate test of its utility would involve the translation of available know-how into simple, low-cost, easily applicable appropriate technologies, devices and interventions suiting local conditions, thus placing the latest technological achievements, within the reach of

health personnel, and to the front line health workers, in the remotest corners of the country. Therefore, besides devotion to basic, fundamental research, high priority should be accorded to applied, operational research including action research for continuously improving the cost effective delivery of health services. Priorities would require to be identified and laid down in collaboration with social scientists, planners and decision makers and the public. Basic research efforts should devote high priority to the discovery and development of more effective treatment and preventive procedures in regard to communicable and tropical diseases - Blindness, Leprosy, T.B., etc. Very high priority would also have to be devoted to contraception research, to urgently improve the effectiveness and acceptability of existing methods as well as to discover more effective and acceptable devices. Equally high attention would require to be devoted to nutrition research, to improve the health status of the community. The overall effort should aim at the balanced development of basic, clinical and problem-oriented operational research.

All health and human development must ultimately constitute an integral component of the overall socio-economic developmental process in the country. It is thus of vital importance to ensure effective coordination between the health and its more intimately related sectors. It is, therefore,

necessary to set up standing mechanisms, at the Centre and in the States, for securing inter-sectoral coordination of the various efforts in the fields of health and family planning, medical education and research, drugs and pharmaceuticals, agriculture and food, water supply and drainage, housing, education and social welfare and rural development. The coordination and review committees, to be set up, should review progress, resolve bottlenecks and bring about such shifts in the contents and priorities of programmes as may appear necessary, to achieve the overall objectives. At the community level, it would be desirable to devise arrangements for health and all other developmental activities being coordinated under an integrated programme of rural development.

B i b l i o g r a p h y

- Bedekar, V.M., History of Indian Philosophy, Vol.I,
Motilal Banarasidass, Delhi, 1973.
- Bhattacharya, Krishna Chandra, Studies in Philosophy, Vol.I,
Progressive Publishers, 37, College Street, Calcutta, 1956.
- Cambell, A.V., Moral Dilemmas in Medicine, Churchill
Livingstone, Edinburgh, London and New York, 1975.
- Chakravarti, Pulinbihari, Origin and Development of the
Sāmkhya System of Thought. Metropolitan Printing and
Publishing House Ltd., Calcutta-14, 1951.
- (Ed) Chattopadhyaya Debiprasad, Studies in the History of
Science in India, Editorial Enterprises, New Delhi, 1982.
- Copleston, Frederick, A History of Philosophy Vol.VI,
Image Books, Garden City, New York, 1964.
- Dasgupta, Surendranath, A History of Indian Philosophy Vol. I,
The syndics of Cambridge University Press, 1963.
- Dasgupta, Surendranath, A History of Indian Philosophy, Vol.II,
The Syndics of the Cambridge University Press, 1965.
- Dampier, W.C., A History of Science, The Syndics of the
Cambridge University Press, 1968.
- (Ed) Edwards, Paul, The Encyclopaedia of Philosophy, Vols. II, IV,
Coller Macmillon Ltd., London, 1967.

(Ed) Frank N. Magill., Masterpieces of World Philosophy in Summary form, Harper and Row, Publishers, New York, Evanston and London, 1961.

Frauwainlea, Erich, History of Indian Philosophy, Vol.I, Tr. by V.M.Bedekar, Motilal Banarasidass, Delhi, Patna, Varanasi, 1973.

Frazer, J.G., The Golden Bough - A Study in Magic and Religion (Abridged Edition), Macmillan and Co.Ltd., London, 1963.

Griffith, Ralph, T.H., The Hymns of RgVeda, Motilal Banarasidass, Delhi, 1973.

Hastings, James, Encyclopaedia of Religion and Ethics Vol.IV,V, Edinburgh : T & T Clark, 38 George Street, New York, Charles Scribner's Sons, 597 Fifth Ave. 1921.

Hiriyana, M., Outlines of Indian Philosophy, London, George Allen & Unwin Ltd., 1970.

Hume, David, A Treatise of Human Nature, Oxford. At the Clarendon Press, 1888.

Jaggi, O.P., A Concise history of science, Atma Ram and Sons, Delhi, 1974.

Jaggi, O.P., Scientists of Ancient India, Atma Ram and Sons,
Delhi-6, 1966.

Jevons, Frank Byron, An Introduction of the History of Religion,
Methven and Co. 36 Essex Street, W.C. London, 1896.

Kant Immanuel, Translated by Paton, H.J. Groundwork of the
Metaphysic of Morals, Harper and Row, New York 10016, 1964.

Macquarrie John, Existentialism, World publishing Co.
New York, 1976.

Mercer Philip, Sympathy and Ethics, Oxford University Press,
1972.

Murty, K. Satchidananda, Far Eastern Philosophies, Prasārāga,
Manasagangotri Mysore, 1976.

Maxmüller, Friedrich, The six system of Indian Philosophy,
Associated Publishing House, New Delhi 110056, 1973.

Max Scheler, tr. Health and Stark, The Nature of Sympathy,
Routledge and Kegan Paul Ltd., London, 1954.

Radhakrishnan, Indian Philosophy, Vol.I, George Allen and
Unwin Ltd., London, 1966.

Radhakrishnan, Indian Philosophy Vol.II, George Allen and
Unwin Ltd., London, 1962.

Sponsored by the Ministry of Education, Govt. of India
Editorial Board, Sarvepalli Radhakrishnan, History of Philosophy
Eastern and Western, Vol. I, George Allen and Unwin Ltd.,
London, 1967.

Raju, P.T., Structural Depths of Indian Thought, South Asian
Publishers Pvt.Ltd., New Delhi, 1985.

Sharma, Chandradhar, A Critical Survey of Indian Philosophy,
Motilal Banarasidass, Delhi, 1964.

Smith, Norman Kemp, The Philosophy of David Hume, Macmillan
& Co.Ltd., 1960.

Van Der Leeuw, G., Tr. by Turner, J.E. Religion in Essence
and Manifestation, Vol. I, Harper and Row, New York and
Evanston, 1963.

JOURNALS

Brandt, R.B., "The Morality of Abortion" The Monist
Jan 1972, Vol. 56, No.1.

Clouser, K.Danner, "Biomedical Ethics : Some Reflections and
Exhortations", The Monist, Jan. 1977, Vol.60, No.1.

Engallhardt, H., Tristram, Jr., "The Ontology of Abortion"
Ethics October 1973 Vol. 84, No.1.

Goodrich, T., "The Morality of Killing" The Journal of
Philosophy, April 1964, Vol.XLIV No.168.

Parsons Kathryn Pyne and Ozar David T., "Sample Course in
Morality and Medicine", The Monist Jan 1977, Vol.60, No.1

Thomas, V.C. "Death and the Meaning of Human Existence".
A Phenomenological existentialist Inquiry". Indian
Philosophical Quarterly, April 1989, Vol.XVI, No.2.

Warren, Mary Anne, "On The Moral and Legal Status of
Abortion", The Monist, Jan 1973, Vol. 57, No.1

Young, Emle W.D., "An Approach to the Teaching of Biomedical
Ethics", The Monist Jan.77, Vol.60, No.1.

UNIVERSITY LIBRARY
300A UNIVERSITY AVENUE
ANN ARBOR, MICHIGAN 48106