**BIOETHICS**

Bioethics is a part of practical ethics. It is defined as the critical examination of the moral

dimensions in decision-making in health related contexts and in contexts involving the

biological sciences.

Bioethics arises and develops in response to the moral crisis created by scientific and

technological advances. Advances observed in medicine include the development of antibiotic,

the introduction to birth control pills, the discovery of powerful psychotropic drugs, new

resuscitative and life supportive techniques such as artificial respiration and dialysis; organ

transplantation, novel reproductive procedures, cloning and human genome. These

technological advances have created situations of choice in the face of which traditional values

and principles are inadequate. We are faced with new ethical issue of how to make distinction

between quality of life and biological life. The medical professionals confront with situation to

choose between the principles of sanctity of life and quality of life. For example, withdrawal of

life support was certainly not an issue before cardio respiratory function could be supported

technologically almost indefinitely. Now the health care professionals are in a dilemma to

choose between sanctity of life and the quality of life. Bioethics has to deal with such situations

by offering ethical reasoning consistent to the context.

It is certain that new medicines and new technologies in health care field have always

been concerned about doing good for patients and avoiding infliction of harm. It is also certain

that it has become much more difficult to draw the line between what constitutes doing good

and what constitutes doing harm. Keeping this in mind bioethics attempts to focus on ethical

studies. What makes ethics important in health care professionals is, from a practical point of

view, not so much that it informs us about a moral truth or rule, but prepares us for right

action in difficult situations. The focus on “right action” is relevant for decision-making.

**Principles of bioethics**

Bioethical theory comprises three main principles − autonomy, beneficence and justice. Other

subsidiary principles are − informed consent, truth-telling and confidentiality.

**Research Ethics**

Research ethics is based on the premise that it is ethical to experiment on humans in carefully

controlled conditions. Ethical considerations governing human experiments is based on the

belief that it is ethical under carefully controlled conditions to study on human being’s

mechanisms of health and disease and to test new drugs, biological products, procedures,

methods and instruments that give promise of improving the health of human beings, of

preventing or treating their diseases or postponing their untimely deaths.

**Areas of Bioethics**

Bioethics is a fundamental ethical model of moral reasoning oriented to the field of medicine.

As such bioethics pervades many aspects of medical field within its scope, for example,

abortion issue, issues related to the use of anencephalic babies as organ donors in regard to

the therapeutic transfer of fetal tissue, in respect of research with embryos and their use in

some of the new reproductive technologies, and in the treatment of the most severely

impaired infants and adults. Thus different aspects of research bioethics are in the purview of

bioethics. The areas of bioethics also include law and legal issues, environmental and gender

issues.

**EUTHANASIA**

• ‘Euthanasia’ is originally a Greek word which means ‘a good or happy death’. At present

euthanasia is used to mean ‘mercy killing’, i.e., killing legally; it also means allowing

someone to die.

• There are differences between an act of murder or killing and what is medically allowing

to die or killing legally for the sake of releasing a life from severe pain or suffering.

• In this way the term euthanasia is used to mean mercy death or mercy killing.

**Allowing Someone to Die**

• The phrase ‘allowing someone to die’ is applicable in the case of a terminally ill person

when further treatment to cure is unnecessary, a patient in such a situation should be

allowed to die a natural death in comfort, peace and dignity.

• This phrase refers to the situation of refusal of giving any further treatment to the

terminally ill patient since the treatment can no longer help a dying patient.

• The phrase ‘allowing someone to die’ is applicable in the case of a terminally ill person

when further treatment to cure is unnecessary, a patient in such a situation should be

allowed to die a natural death in comfort, peace and dignity.

• This phrase refers to the situation of refusal of giving any further treatment to the

terminally ill patient since the treatment can no longer help a dying patient.

**Arguments against Allowing Someone to Die**

• The possibility of finding cures

— We should not deny the patients the opportunity to be cured of their illness. Cure by new

medicines are constantly being discovered and there are so called ‘miracle cures’, that is, cures

which happen even when medical knowledge apparently does not work. It is believed that a

miracle cure might happen or a scientific cure might be discovered which will lengthen

patient’s life or cure him completely.

• The impossibility of opting for death

— It is argued that medicine is for curing disease, we must always choose life. Medicine exists

to save lives, not end them. Choosing death as an alternative to life is to nullify the very basis

for medicine. This will result discouraging the doctors and also patients’ distrust in doctors.

• Interference with God’s divine plan

—The final argument against allowing someone to die states that God can create and take

away life and that human beings should not be permitted to allow people to die. According to

this argument, we must use all our ability and every method at our command to save, protect,

preserve and extend human life until the creator has decided that it is time for a terminally ill

patient to die.

**Mercy Death (Assisted Suicide)**

• Terminally ill patients belong to a situation unable to take away his own life. In such a

situation, the terminally ill person asks or appoints someone to help the person to

release from the misery. This is voluntarily giving permission to end his life.

• Mercy death means request or demand from the side of the patient to terminate his

life. Therefore, mercy death means taking a direct action to terminate a patient’s life

because the patient has requested for it.

**Arguments against Mercy Death**

• Irrationality of mercy death — It is argued that people who request mercy death

though are not in imminent danger of dying, their lives may now be so radically

different that they would rather not desire to live anymore. For example, a physically

active person who will be paralyzed permanently from neck down the body because of

a serious accident, for this person life will be meaningless in the paralyzed situation.

• It is also argued that people who are suffering from such pain in such a state of fear and

depression cannot simply make rational decision. If such people will patiently wait to

see what therapy and medical science can do for them, may be they will adjust to their

situation and change their minds about dying.

• The religious argument —The religious argument maintains that killing is bad

regardless of the motive and states. From religious standpoint no one has the right to

take innocent people’s lives, even at their request.

**Mercy Killing**

The phrase ‘mercy killing’ refers to someone’s taking a direct action to terminate a patient’s life

without the patient’s permission. Mercy killing is involuntary where patient’s permission or

request is unnecessary but killing is done since the terminally ill patient’s life is no longer

meaningful. Mercy killing is done in a situation when if the patient is able to give permission or

request, he would express a desire to die.

**Arguments against Mercy Killing**

**• Direct violation of the principle of value of life**

— Mercy killing is a direct violation of the principle of value of life, since it is usually involved in

taking the life of an innocent person. It is argued that murder is unethical regardless of the

motive; therefore, mercy killing is nothing less than pre-planned murder. In the case of mercy

killing people, either have not given or cannot give their consent to the termination of their

lives.

**• The domino argument**

— It is believed that since the consent of patients cannot be obtained, an external decision

about the worth or meaning of their lives has to be made, but this sets a dangerous precedent.

— In the first place, who has the right to decide whether any person’s life has value or is

meaningful?

—Secondly, what standards are to be used in making such a decision?

—Thirdly, won’t the sanctioning of such an action set a dangerous precedent for eliminating

old, senile people as they may be considered ‘useless’ to a ‘youth oriented’ society? Can we

allow such decisions to be made? If so, by whom are they to be made?