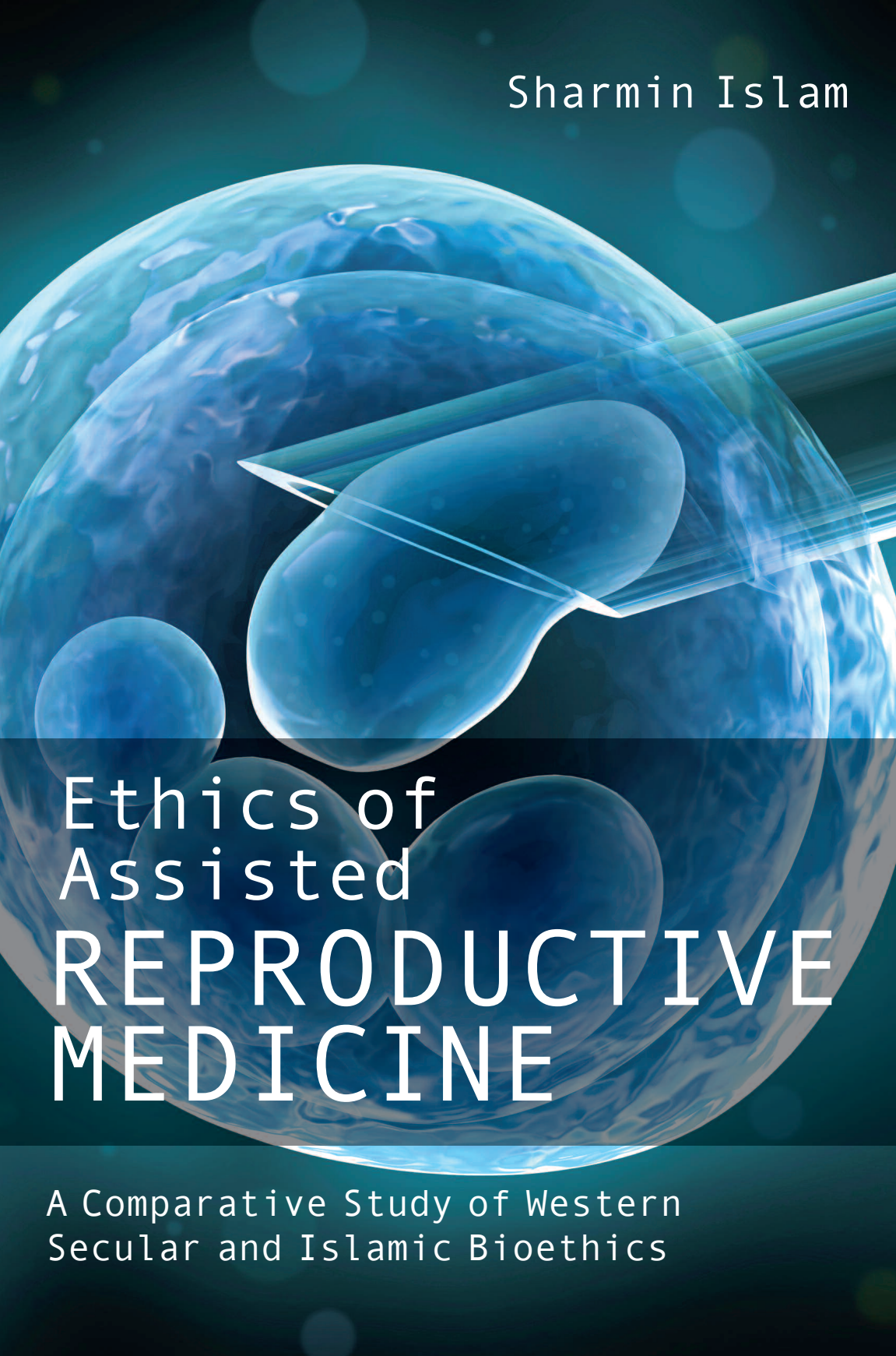
Sharmin Islam
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REPRODUCTIVE MEDICINE
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# Ethics of Assisted Reproductive Medicine

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*A Comparative Study of*
Western Secular and Islamic Bioethics

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*the Creator, Sustainer and the Protector of the universe*

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Sharmin Islam

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*(SWT) – *Subḥānahu wa Taʿālā*: May He be praised and may His transcendance be affirmed. Said when referring to God.

*List of Abbreviations*

| | |
|---|---|
| AI | Artificial Insemination |
| AID | Artificial Insemination Donor |
| AIH | Artificial Insemination Husband |
| ART | Assisted Reproductive Technology |
| CM | Commercial Motherhood |
| HESC | Human Embryonic Stem Cell |
| IOL | Islam Online |
| IVF | In Vitro Fertilization |
| NBAC | National Bioethics Advisory Commission |
| OIC | Organization of Islamic Conference |
| SCNT | Somatic Cell Nuclear Transfer |
| Q | Qur'an |

# Contents

# Foreword

**Bioethics** is a little understood but hugely important field in the world of genetics, advanced medicine, and medical ethics. As medical ethics informs both medical practice and health care policy, it is vital that the various perspectives of bioethicists (those who examine the ethical and moral issues of health care) are understood and debated. This is particularly important as developments in modern medicine (controversially stem-cell research, human cloning, and the right to end life) can lead to potentially harmful practices being legitimized through health care policies into practice, with the general public largely unaware that some powerful lobbying is taking place behind the scenes. What is ethical, and what is not? Who decides and on what basis?

*Ethics of Assisted Reproductive Medicine* compares and contrasts Western and Islamic models of bioethics to argue that the Islamic perspective provides a viable and clear alternative that goes beyond the dominance of the secular perspective and its utilitarian, consensus and various other philosophical bases, to give Revelation and spiritual understanding precedence. The latter essential because it is bioethics that is largely defining what constitutes human life and it is bioethics that is spearheading and influencing policy on matters which frankly concern us all and which are likely to have huge societal impact. These include highly controversial matters such as the right to rent out wombs under various surrogacy agreements, the right to experiment on embryos, and the right to die as opposed to being hooked up to life support machines.

Ethics has many meanings and the whole debate is intrinsically a moral one with secular philosophical ideas of human rights and the quality of life slowly replacing those of the sanctity of life and sexual reproduction. Human cloning, surrogacy, and IVF, are some of the more hotly contested topics. The author analyzes these rigorously and

objectively, addressing the perspectives of both the secular Western and Islamic models, and fundamentally how each has chosen to framework its own understanding of the issues at hand. Where they converge and where they diverge. Human cloning is a case in point and the subject of chapter eight – a hugely debated issue, the possibilities of which took the world by storm with the birth of Dolly the sheep. The moral and human implications of what many perceive as an almost Frankenstein science are not only astonishing, but bizarre, and also speak volumes of where developments in advanced medicine, if left unfettered, could lead humanity, and why bioethics has such a critical role to play in this regard.

Western bioethics has tried to make sense of the many complex problems it is challenged with but solving them without a real sense of direction is proving to be an almost impossible task. Is it right for a woman to act as surrogate for her sister or for a woman to artificially impregnate herself with sperm purchased from an anonymous sperm bank donor? What if any are the psychological implications for the mother or resultant offspring? Does the right of an infertile couple to conceive using whatever method is available override the rights of the donor child? As the author points out, if anything a shared sense of understanding and direction is missing in Western secular analysis. And direction is precisely what the Islamic model has proven capable of. Its intrinsic strength, and straightforward statement of principles with regards to addressing some of the most complex problems whilst safeguarding the Qur'anic and Shari$^{c}$ah position, is worthy of note. In contrast, often burdened by the paradox of choice with so many opinions fighting for attention, the Western secular model can appear confused, unsure as to which position to firmly adopt.

The author analyzes all these and many other issues exploring the philosophical underpinnings of Western secular bioethics (deontology versus consequentialism), from Hippocrates' principle of "do no harm" to modern concepts of autonomy and human rights. What we are left with is a deeper understanding of what it is to be human and how important human identity actually is, as well as the more chilling prospect of bioethicists determining public health care policies and sanctioning medical procedures according to what is regarded in

their world view as relevant – in other words a secular understanding which sees the human body as little more than tissue, organ, and brain, not soul, consciousness and mind.

This study is being published to widen discourse, invite scholars to respond, and hopefully pave the way for further research. Since it deals with some critical and difficult issues, doubtless readers may agree with some of the issues raised, and disagree with others, but it is hoped that for the most part both general and specialist readers will benefit from the perspective offered and the overall issues examined.

Where dates are cited according to the Islamic calendar (hijrah) they are labelled AH. Otherwise they follow the Gregorian calendar and labelled CE where necessary. Arabic words are italicized except for those which have entered common usage. Diacritical marks have been added only to those Arabic names and terms not considered modern.

The IIIT, established in 1981, has served as a major center to facilitate serious scholarly efforts based on Islamic vision, values and principles. The Institute's programs of research, seminars and conferences during the last thirty years have resulted in the publication of more than four hundred titles in English and Arabic, many of which have been translated into other major languages.

We express our thanks and gratitude to the author for her cooperation throughout the various stages of production. We would also like to thank the editorial and production team at the IIIT London Office and all those who were directly or indirectly involved in the completion of this book including Shiraz Khan, Sara Mirza, and Dr. Maryam Mahmood. May God reward them all for their efforts.

IIIT London Office
*Dhu al-Hijjah, 1434 AH/October 2013 CE*

# Preface

Infertility today is a major medical problem, in fact one of the most common faced by couples wishing to start a family. Although advances in medicine, through IVF and various forms of assisted reproductive technology (ART), have made it possible for infertile couples to conceive, their use in addition to the many other techniques employed to overcome childlessness, have raised their own ethical-religious as well as legal problems. From medical professionals simply trying to help patients we move into the realm of ethics and the issues raised by such practices. The bioethics approach, in the guise of its various traditions, differs in solving these problems. This work compares and contrasts the Western secular approach with that of the Islamic bioethical perspective, with reference to their epistemological and ontological dimensions, in order to judge the moral worth of these new forms of reproductive intervention. A phenomenological method is employed consisting of logical reasoning and critical reflection to indicate points of agreement, disagreement and interdependence (if any). In view of the extensive nature and scope of ART, discussion has been limited to artificial insemination (AI), in vitro fertilization, surrogacy and human cloning.

Key findings of the study are that Western secular bioethics in relation to ART has a consequential stance, while Islamic bioethics has both a deontological and consequential tone. Although it would thus appear that broadly speaking, both systems of bioethics hold an incommensurable relation to each other, and are moreover different in their foundational principles, the relationship is nevertheless not one of absolute confrontation. As such no watertight compartment should be drawn between them. On the contrary, what should be noted, and as the study reveals after detailed discussion and analysis, is the fact that there also exist many points on which both agree. In other words comparative analysis reveals a relational difference between them rather than a state of absolute contrast.

# 1

# Introduction

The desire to have children is a natural and very strong human instinct. If a heterosexual couple decides to start a family, they can proceed to conceive a child by means of sexual intercourse. However, some couples fail to conceive due to medical reasons. Infertility can be defined as the failure to produce a viable pregnancy within a year of regular sexual intercourse without the use of contraception.[1] The problem of infertility is an emotionally difficult one and as old as recorded history. Irrespective of religion, place, community, culture and time, people facing this problem have tried hard to overcome it.

In order to comprehend the causes of infertility, it is important to understand the process of normal pregnancy. Let us assume that on the evening of the 13$^{th}$ day of the wife's menstrual cycle, the husband has sexual intercourse with her. After penetration, the front and back walls of the vagina come together and thereby it takes only a small amount of semen to fill the vagina and cover the cervix. Within 20 to 30 minutes, enzymes from the prostate liquefy the semen. Some of the semen will now flow out of the vagina. The first wave of sperm rushes rapidly upwards, swimming against the downward current of the uterine contractions. Within 5 minutes after ejaculation, they will be swarming the fallopian tubes. The second major wave of sperm enters into the cervix crypts residing there over the next few days. From here, a constant stream travels up the uterus and the fallopian tubes. During

their stay in the female genital tract, the surface charges on their heads are altered by the female genital fluids, a process known as capacitation; it is only after capacitation that the sperm can fertilize the egg. Around the 14$^{th}$ day of the menstrual cycle, ovulation takes place in a woman whose menstrual cycle is 28 days. As the egg is released, rhythmic contractions of the tube and its microscopic brush border draw the egg into its open-ended funnel. There, the egg is immediately surrounded by sperm. It is in this funnel that fertilization takes place.[2] Thus, the developmental process of a baby starts with the process of fertilization. It is the union of two special cells or gametes: an egg and a sperm to form a zygote or fusion cell. Strictly speaking, the zygote is a fertilizing egg causing union of the genetic material from the mother and father.[3]

In fact, infertility is a pathological condition that affects only heterosexual couples. A homosexual couple cannot be said to be infertile in any meaningful sense. It is the achievement of biomedical scientists that has made it possible to detect the causes of infertility. According to their opinion, infertility may be caused by certain 'defects' in the wife or husband.

Male infertility takes place if the husband produces no or few sperm. Infertility also occurs if he produces sluggish, immotile or abnormal sperm. He may have an insufficient volume of seminal fluid, an excessive amount of fluid which over-dilutes the sperms, may be impotent, may not ejaculate or ejaculate prematurely. Even ejaculation may be discharged into his urine.[4]

Female infertility may occur due to anovulation in which the ovary does not produce an egg. Usually the cause is when the ovaries do not get adequate hormonal stimulation from the pituitary gland. Other causes are the absence of ovaries, hormonal disorders, tumours etc. The eggs may ripen but fail to escape because of scarring from endometriosis or infection. Infrequent ovulation also causes infertility in women. In some cases ovulation does occur but then the ovaries fail to produce pregnancy-sustaining hormones over the next 14 days. Defective fallopian tubes are also a cause of infertility. This is either due to a fault in picking up the egg or an obstruction to sperm and egg transport. Even theoretically, the tubal environment may also be

hostile to fertilization. The woman may not have any uterus. Even abnormalities present at birth or resulting from fibroids, infection or abortion prevent implantation taking place. If the cervix of the woman produces thick mucus instead of thin and clear mucus at ovulation, it may immobilize the sperm of the husband. An absence of a vagina or a thick hymen causes infertility in rare cases.[5]

Often couples that wish to have a child but are unable to conceive become frustrated and turn repeatedly to a physician for treatment. In other words, the impact of infertility upon a couple sometimes becomes a significant problem in life. But today such difficulties can be set in the context of new possibilities that are being explored in the laboratories of medical science. Many strategies have been developed to bypass infertility and enable a couple to become parents. Until recently the treatment for infertility was mainly undertaken by surgery to correct anatomical defects and was mostly uncontroversial from an ethical and religious point of view. But the dramatic and tremendous development in biomedicine in recent years has changed the situation drastically. One of the most controversial topics in reproductive ethics is the use of new technologies and new social arrangements to facilitate child bearing. This has basically transformed the process of procreation from a private personal relation between husband and wife into an artificial process, undertaken in a laboratory with, in many instances, the involvement of a third or fourth party in the process.

Different technologies that have been developed to overcome infertility include the following:

a) Artificial Insemination
b) In vitro Fertilization
c) Surrogate Motherhood
d) Human Cloning
e) Gene Replacement Therapies
f) Artificial Embryo Donation
g) Ectogenesis
h) Embryo Adoption
i) Egg Transfer etc.

During the last few decades, the world has seen tremendous development and ever-newer innovations in the fields of bio-medical research. One of the most prominent breakthroughs has been the successful sequencing of the human genome by the human genome project. This advancement has allowed us a little glimpse into the language used by God to create life. There have been many advancements in the fields of artificial organ transplantation, genetic engineering, gene therapy and assisted reproduction. The technology of cloning has added a new spectrum to this field. Although human civilization is benefitting from these innovations in many ways, many of them are also creating a number of ethical issues. In fact, as Kuhse has rightly observed, "New medicine calls all in doubt."[6] During his presidential address to the American College of Surgeons in October 2001, R. Scott Jones noted, "to function effectively in the health care system… to navigate in a trillion dollar industry, we need compass: medical ethics."[7]

Therefore, ethical inquiry is necessary when we are unsure of the direction in which we are heading. It cannot be denied that such advances in recent medicine will cure many medical dilemmas and previously incurable diseases. But such new developments must not be left to proceed along the wrong path without proper ethical guidelines. Moreover, different ethical systems of thought view these problems from different angles. These changes in the procreative processes challenge basic religious and ethical concepts. Reproduction is an especially sensitive issue because of the way it intersects with traditional views, including religious views, about the moral status of the fetus, women's social roles and the family. At one end of the spectrum are those who believe that reproduction should take place only in a traditional marriage as a result of sexual intercourse between a man and a woman. At the other end are those who condone any attempt to reproduce those results from informed choices and that only the high probability of serious harm justifies limits on such choices. In between lies a vast array of possible ethical positions, expanding in number as new options become available. We shall confine our discussion here to Western secular and Islamic bioethics to judge whether these newer inventions are blessings for human beings or a curse. We shall

also undertake a comparison between these two approaches in order to discover points of similarity, difference and interdependence (if any).

It is worth mentioning at this point that in view of the extensive nature and scope of assisted reproductive technologies, we will be restricting examination to four important and current issues: Artificial Insemination (AI), In vitro Fertilization (IVF), Surrogate Motherhood and Cloning.

## Purpose and Scope of the Study

The general purpose of this study is to examine and discuss the philosophical basis of the Islamic and Western secular viewpoints as presented on bioethical issues. The more specific purpose of the study is wholly expository and in fact a theoretical intellectual enterprise. I do not intend to recommend the establishment or otherwise of a bioethics but do attempt to demonstrate the importance of considering ethical values when dealing with medical practice. The work therefore studies the broad outlines of Islamic legal philosophy by comparing and contrasting with Western secular bioethics.

What must be clearly stated at the outset is that the present work is not, strictly speaking, a study of the legal aspects of the Western secular philosophical and Islamic ethical viewpoints of bioethics per se. Rather, it is a study of the philosophical basis of both Western secular and Islamic viewpoints with special reference to their epistemological and axiological aspects, as the problem deserves analytical study for epistemological and axiological reasons. The contention here is that in order to deal with bioethical issues, not only do legal aspects have to be considered, but the whole concept of man vis-à-vis a knowledge-based approach. Theories of value have in addition to be developed. In other words, before legal rules can be established, bioethical issues must be examined, and discussion on the basic concept of man in relation to the development of knowledge initiated. In the absence of such a philosophical comprehension, any move to establish an ethical procedure is deemed unwise and indeed unfounded, that is not based on solid grounds.

Comparative philosophy, a sub-field of philosophy, is a very recent phenomena and its exploration a very current development. It encourages and brings together rival philosophical positions to understand one another better and to set right the limitations and inconsistencies within the different positions. In other words, philosophers work on problems by intentionally setting into dialogue sources from across cultural, linguistic, and philosophical streams. "The ambition and challenge of comparative philosophy is to include all the philosophies of global humanity in its vision of what is constituted by 'philosophy.'"[8] It is challenging in the sense that its scope and subject matter is wider than other branches of philosophy. Comparing Western secular bioethics with Islamic bioethics is problematic because the former is a combination of vast philosophical outlooks such as utilitarianism, deontology, virtue ethics, communitarian ethics, feminist ethics and so on, exacerbated by tensions with other traditions and internal conflict.

We must be very clear that the aim of comparative study is not the creation of a synthesis of different traditions in philosophy, which is what world philosophy does. Rather it is a unique approach, in the sense that it helps us to learn a new way of thinking about, and a new way of approaching things, as well as a new way of interacting. Comparative study within philosophy took place in the 18th century in Western philosophy, the main focus being on Eastern philosophy and highlighting Confucianism and Buddhism. As a whole, mainstream Western philosophy has been slow to accept this new trend in philosophy. Philosophy departments rarely put elements of comparative philosophy on their curricula, and comparative philosophers often find it difficult to publish their work in mainline journals.[9]

With regards to Islam, a literature review reveals that a comparative study of philosophy with reference to Western secular and Islamic ethics is almost non-existent. It is generally said that there is a radical difference between Western secular and Islamic bioethics in the pursuit of philosophy. Western secular bioethics is generally differentiated from the Islamic approach by its exclusively rational approach to what constitutes reality and the human being, and denial of the role of faith in a supernatural being. Following on from this, we are

familiar with Islamic and Western ethics being portrayed as opposed to one another and Western bioethics as always being anti-Islamic and vice versa. In contrast to secular rationalism, the core of Islamic bioethics is divinity. Islamic bioethics is based on divine revelations, on a divine order, which is firmly based on some articles of faith, spiritual guidance from God, belief in the hereafter etc. If these articles of faith were to be removed from Islamic ethics, it would de-spiritualize the whole system. This is why we cannot speak of some aspects of Islamic bioethics without referring to or quoting divinity. Hence, the very core and main foundation of Islamic bioethics is the Divine Allah and faith in Him. Western secular bioethics, as mentioned, is based on the absoluteness of human reason. It is a way of thinking, and a system, which emerged during the Renaissance in Europe as a backlash or mutiny against the dictatorship of the Church, more specifically its stance towards scientists and scientific discoveries, as epitomized in the Galileo affair. The severe backlash from scholars contributed towards the reshaping of modern Western secular philosophy and subsequently bioethics. So these are the points of clear and distinct confrontation. Given historical tensions and rivalries between Europe and the Muslim world it was a common and even laudable exercise for scholars, and even ordinary citizens, to highlight differences between the two. Muslims, for instance, are delighted to declare that Islamic ethics is superior to Western secular bioethics. Western secular trends in bioethics on the other hand regard the philosophical mode employed by them to be non-existent in Islamic bioethics.

This is not a healthy intellectual approach. It allows Western philosophy to remain stubbornly insular regarding Islamic philosophy, and confrontation of this nature is detrimental to the acquisition of knowledge. I aim to show that even though Western secular bioethics and Islamic bioethics do hold divergent opinions with respect to their interpretation of the world, they are not however poles apart. Indeed, in the interests of dialogue and advancing knowledge, a harmonious and inter-related intimacy between them is, in my opinion, feasible.

## Research Methodology

The present study is descriptive, qualitative and non-hypothetic. It

employs the mixed-mode method. However, to a certain extent, it also makes use of the phenomenological method to explore Islamic and Western secular perspectives' core (essence) views or practices on bioethics. This is because phenomenology deals with essences of objects, or phenomena as they present themselves in human consciousness. It is hoped that this approach will allow greater understanding of the essence of the objectivities, or realities of the data under study. The phenomenological approach consists of:

a) **Accumulation of data**: This study starts with a broad review of some current ethical literature with special reference to bio-medical ethics. The key principles of the phenomenological approach are then clarified, followed by an exploration of how these might be applied in practice. The phenomenological method is applied to explore the essence of bio-medical ethics. The objective being to understand the meaning of the qualitative data gathered from the study. Accumulation of data describes what is important about matters of fact. This task will help us to choose a starting point for discussion on assisted reproductive medicine. A huge collection of data is required to obtain a clear vision of the Western secular philosophical and Islamic ethical perspectives and to compare and critically evaluate them. This great mass of data once identified and collected, must be systematized and distilled to elucidate meaning. That is to say, it should be related as meanings and not as facts.

b) **Construction of meaning:** Wholes, or the systematization of data.[10] This is in order to reach an understanding of the essence, structure or principles of the data under study.

While applying a phenomenological method, this study has also employed a comparative approach.

Approached from another angle, the methodology of this study will also be synthetic and analytic: synthetic in the sense that it will consolidate all aspects of the problem under discussion into a comprehensive view of the world. As in ethical decision-making, the study

will also follow critical reflection or logical rules and predictability of principles and theories and an analytic method.

From the very beginning, bioethics has felt the need for a coherent and explicit methodology, a specified method of study. But instead of formulating one bioethicists used the terms, approach, principles, theories and methodology in an almost synonymous way. Although bioethics is concerned with some practical issues related to life sciences, its basic foundation is rooted in philosophy. Therefore, the correct approach to bioethics must come from philosophy which is designated as "a disciplined, critical reflection following logical rules."[11] Logical reasoning followed by critical reflection is the main tool of philosophical enterprise. This study therefore adopts a mixed-mode method with critical reflection as its methodology, the latter (critical reflection) also including ontology and epistemology.

# 2

# Western Secular Bioethics

## Ethics

In this study we use the term Western secular ethics to mean a particular type of Western thought pattern concerning ethical values which developed in a unilaterally quantitative fashion from the seventeenth century onwards. This thought pattern was based upon the foundation of European Judeo-Christian tradition, but its direction and purpose was very different to that of mediaeval Christianity. Thus, at least within the stream of Western thought, the question 'what is ethics' has been debated for centuries. Ethicists could not, however, arrive at a common definition of the term, although we can without doubt say that ethics is concerned with the rightness and wrongness of human conduct. It is the systematic study of what a person's voluntary actions ought to be with regard to himself, others and the environment around him. It helps people to rationally decide in conflicting moral dilemmas.[1] Ethics is an important branch of philosophy. In short, we think it would be better to characterize ethics as a "philosophical study of morality."[2] Ethics can be divided as follows:

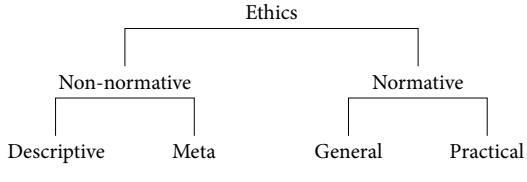



*Table 2.1: Divisions of Ethics*[3]

Two of these approaches describe and analyze morality without taking moral positions and these approaches are therefore called 'non-normative.' The remaining two approaches involve taking moral positions and are therefore 'normative.' Under the non-normative approach, first comes descriptive ethics. The goal of descriptive ethics is to obtain empirical knowledge about morality. Anthropologists, sociologists and historians who study morality employ this approach in their investigations. Meta-ethics involves analysis of the meanings of central terms in ethics, such as 'right, 'obligation,' 'good,' 'virtue,' and 'responsibility.' The function of general normative ethics is to establish an ethical theory that provides a general answer to the question 'what is morally right and what is morally wrong?' Practical normative ethics is a step further than general normative ethics. It employs tools (theories and principles) of normative ethics in order to justify positions on particular moral problems such as research involving human beings, suicide, crime and punishment, and so on. In general, the attempt to delineate practical action guides is referred to as practical ethics. Practical ethics emerged as an independent discipline in the 1960s and is now regarded as the most important branch of ethics. Like business ethics or engineering ethics, bioethics is a branch of practical normative ethics.

## Bioethics

Bioethics is a composite term derived from the Greek words *bios* meaning life and *ethike* meaning ethics. Therefore, it can be defined as the systematic study of human conduct in the area of life sciences and health care in so far as this conduct is examined in the light of moral values and principles.[4] Samuel Gorovitz defines it as "the critical examination of the moral dimensions of decision-making in health related contexts and in contexts involving the biological sciences."[5] In fact, many issues of bioethics are perennial and people involved in clinical medicine and in biological research have reflected on the moral limits of their activities as long as those activities have existed.[6] The range of bioethics is wide. Some provocative questions posed by bio-ethics are: should we have any access to new reproductive medicine? Should infertility be treated? Is surrogacy an acceptable policy?

Can we try to make ourselves more 'perfect' by adding better genes to our fertilized eggs? Would human embryonic stem cell research be permitted at any rate because it destroys human embryos? Can we clone human beings? Should we allow doctor-assisted death to hasten the deaths of the terminally ill? Should an adolescent who has struggled through painful disease treatments without success finally be allowed to refuse further treatment? Should every citizen have a right to good health care? What about the ethics of organ transplantation? And so on.

Bioethics covers a broad range of social issues such as those associated with public health, occupational health, international health and the ethics of population control. It extends beyond human life and health to embrace issues affecting animal and plant life, as for example in topics dealing with animal experimentation and competing environmental claims.[7]

Unlike other branches of philosophy, as a branch of applied normative ethics, bioethics has an interdisciplinary approach. It is interdisciplinary in the sense that other disciplines of knowledge can stimulate the discussion of bioethics. As the ethics of life sciences, it surely has an interdisciplinary feature. Law, sociology, anthropology and political study may also overlap with bioethics. A number of non-philosophers are even of the opinion that that some explication of its interdisciplinary character will be beneficent for bioethics itself.[8] This argument is right in the sense that when a bioethicist is talking about the ethics of assisted reproductive medicine, a sociologist can help him by supplying data about the infertility rate in a certain area. When a bioethicist is talking about the morality of abortion, a sociologist may make him aware of public opinion on abortion. He will never judge abortion from a moral point of view. His role is limited to the collection and presentation of facts. It is the bioethicist who will bear the burden of interpreting and analyzing the moral validity of the data in the light of ethical principles and theories.[9] But as an interdisciplinary study, we think it is more closely related to life sciences because it deals directly with ethical issues related to life sciences. In fact, in spite of several factors influencing bioethical decision-making, bioethics has its own methodology, principles and theories developed in

normative flavor, and if one moved way from these, it would be impossible to make a bioethical judgment.

## Principles of Bioethics

To generate ethical discussion on bioethics, a conceptual framework is necessary. Three general moral principles have been advanced to aid ethical discussion in bioethics. These are: autonomy, beneficence and justice.

### *Autonomy*

In bioethics autonomy stands for personal liberty where the individual is free to choose and implement his own decisions, free from deceit, duress, constraint or coercion. Autonomy must involve the following criterion: the action must be intentional. It may be guided by others, but the final decision must be taken by the person concerned in ethical decision-making. In autonomous decision-making, no external pressure or constraint should have any role. Suppose that before undergoing open heart surgery, a patient consults the doctor, members of his family friends etc. Ultimately, if the decision of the patient is not imposed by any external constraints then it is considered autonomous. If however external constraints do occur, then it is not counted as autonomous. Sometimes, internal phenomena such as intense fear, acute pain or persistent discomfort may have an effect on decision-making. We act autonomously only if we are sufficiently free from all kinds of internal constraints.

Many philosophers have spoken about autonomy. The strongest arguments in favor of the justification of autonomy have come mainly from deontologists, especially the German philosopher Immanuel Kant. According to Kant, "Autonomy of the will is the property the will has of being a law to itself."[10]

### *Beneficence*

Beneficence is a principle which ordinarily refers to acts of mercy and charity, and may indicate any action that benefits another. More

specifically, the principle of beneficence may include the following four elements:

1. One ought not to inflict evil or harm.
2. One ought to prevent evil or harm.
3. One ought to remove evil or harm.
4. One ought to do or promote good.[11]

Philosopher William Frankena arranged the elements of beneficence in order of precedence. In bioethics, beneficence usually stands for a doctor's obligation to do good to the patient. He will also abstain from doing any harm to the patient. It is best stated in the Hippocratic Oath and in the pledge of the American Nurses Association, "The nurse's primary commitment is to the health, welfare and safety of the client."

### *Justice*

The word "justice" is highly attractive, simple and instantly calls to mind concepts of fairness, just deserts and entitlement. A common and sensitive issue in health management is the struggle for the distribution of scarce resources. In the debate over the allocation of health care resources, different theoretical positions have been advanced.[12]

## Bioethical Theories up to 1990

A conceptual framework is essential to determine the rightness or wrongness of action in life sciences. Contemporary ethicists explicate ethics of action in the light of the following mutually exclusive ethical theories:

1. Teleology.
2. Deontology.

Any ethical theory that determines the rightness and wrongness of human action as exclusively a function of the goodness and badness of the consequences resulting directly or indirectly from that action is a

teleological theory. Deontological theory conversely declares that the rightness and wrongness of human action is not exclusively a function of the goodness and badness of consequences. So the ethical theory in which the rightness and wrongness is fixed as completely independent of the goodness and badness of the consequences is deontological.

### *Utilitarianism*

The most prominent teleological theory is utilitarianism. The basic idea behind utilitarianism is that an action or practice is right (when compared to an alternative action or practice) if it leads to the greatest possible balance of good consequences or to the least possible balance of bad consequences in the world as a whole. This theory is based on the principle of utility according to which we ought always to produce the maximal balance of positive value over disvalue (or the least possible disvalue, if only undesirable results can be achieved). Its classical systematic formulation is found in the philosophy of Jeremy Bentham (1748-1832) and John Stuart Mill (1806-1873). Utilitarianism is mainly based on 'the greatest happiness principle.' According to Mill, "the greatest happiness principle holds that actions are right in proportion as they tend to promote happiness; wrong as they tend to produce the reverse of happiness."[13] In the case of deciding whether to donate 10 thousand dollars to a rich man or to five needy people, the utilitarian response will favor the five poor people. Utilitarianism however, does have some flaws.[14]

There are two contemporary versions of utilitarianism – act utilitarianism and rule utilitarianism. The basic principle of act utilitarianism can be stated as follows: A person ought to act so as to produce the greatest balance of good over evil, everyone considered. But these rules in turn are justified by an appeal to the principle of utility. For example, keeping promises is regarded as a good rule in our society. Yesterday I promised to go to my friend's house in the morning, but all of a sudden, my brother passed away. I was so sad that I forgot to inform my friend that I would not be able to see him at the fixed time. I have broken a utility rule in order to maximize utility. I am not unjust and wrong here according to the utilitarian approach of morality.

Imagine a situation in the 1950s when kidney dialysis machines were scarce. A committee in charge of allocation had to decide who was to be given priority for the dialysis: a civic-minded woman of 40 with four children and a husband or an unmarried man of the same age who was known to be a drifter and an alcoholic. It seems clear that the consequences of saving the woman's life would be far superior to those of saving the man's. If the woman were to die, a lot of people would be affected in very substantial ways (her children, husband and the community in general). However, is it right to accord an individual access to a scarce medical resource on the basis of his or her social role? If a regulation like this were to be set up, would not those whose lives are less socially effective become somewhat depressed? On the other hand, perhaps the negative consequence could be balanced by a positive one, in that people may be more inclined to become socially useful.[15] When we consider an action right on the basis of a set of rules that we judge to be most likely to bring about the best consequences most of the time then this is rule utilitarianism. The basic principle of rule utilitarianism may be stated in this way: A person ought to act in accordance with the rule that if generally followed, would produce the greatest balance of good over evil, every one considered. These rules in turn are justified by an appeal to the principle of utility. Normally we prefer to live by the best rules that our society seems to approve of, such as the rules of truthfulness, honesty, trustworthiness, justice etc. Rule utilitarianism is labelled as a "direct" or "extreme" form of utilitarianism because of its straightforward approach to the principle of utility. It directly asks, "What good and evil consequences will result directly from this action in this circumstance?" and not, "what good and evil consequences will result generally from this sort of action?"

For example, suppose a woman of 35 is diagnosed with breast cancer (which is incurable) by doctors when she is 3 months pregnant. Now, what if thinking of the uncertain future of her baby, she decides to terminate the pregnancy? Normally killing is considered a very bad thing in society. But in this case, proponents of rule utilitarianism would try to justify the action with reference to at least one exception to the rule against killing.[16]

Another important teleological theory is ethical egoism. The main principle of ethical egoism runs as follows: A person ought to act so as to promote his or her own self-interest. An action is right when it generates the greatest balance of good over evil for the actor. So the rightness or wrongness here is determined on the basis of consequences produced by it. Ethical egoism is not free from some limitations.[17]

### *Deontological (Duty-Oriented) Theories*

Deontological or duty-oriented ethics states that the basic rightness or wrongness of an action depends upon its intrinsic nature rather than upon the situation or the consequences. There are several different deontological ethical systems. But the most famous deontological ethical system is Immanuel Kant's formulation. Kant based his ethical theory on the crucial fact that we are rational beings. And a central theme of this rationality is that principles derived from reason are universal. According to him, an act is right only if it is done not to satisfy our self-interest but to satisfy our reason. The ultimate basis for the validity of moral rules lies in pure reason, not in intuition, conscience or utility. Morality is, therefore, derived from rationality, not from experience and obligation, and is grounded not in the nature of man or in the circumstances of the world but in pure reason. These universal truths apply to all people, for all time, in all situations.

An action could be considered to be right when it is done because it is a duty. 'Duty for duty's sake,' as Kant famously said. That is, the person's motive for acting must be recognition of the act as resting on duty. An action has moral worth only when performed by an agent who possesses a good will, and a person has a good will only if moral duty is based on a universally valid rule, and this is the sole motive for the action.

Kant's supreme principle which is called 'the moral law' is expressed in several ways in his writings. An action could be known to be right when it is in accordance with a rule that satisfied a principle he called a 'categorical imperative.' By categorical imperative, he meant they do not admit exceptions. An 'imperative' is a command derived from a principle. A categorical imperative is categorical he argued,

because it admits of no exceptions and is absolutely binding. It is imperative because it gives instruction about how one must act. As Kant famously observed, "one must act to treat every person as an end and never as a means only."[18] Every person has a worth and dignity. Man is the Supreme Being on earth. We should never treat another being exclusively as a means to our own ends.

On the basis of Kant's maxim, every person has a perfect duty to others not to lie, we can establish a rule for physicians that they should not lie to the patient. If a patient who is diagnosed as terminally ill by a physician, inquires about his/her prognosis, the physician, motivated by a desire to protect the patient from the psychological turmoil that would accompany knowledge of his/her real condition, may be tempted to lie. But action in the name of beneficence (an imperfect duty) may never be at the expense of a perfect duty.

A very important feature of Kant's deontology is not to treat man as a means. It follows that in this case it would be morally wrong for a biomedical researcher to use human research subjects for his study if the immediate aim were the successful completion of the study, that is, the actual objectives possibly being personal recognition amongst the scientific community, a handsome remuneration, etc. If the researcher wished to avoid using research subjects merely as a means, then on the basis of Kant's theory, he ought to seek a rational decision with regard to their personal participation. Thus, respect for the persons involved would necessitate the researcher to honor the requirement of voluntary informed consent. Kant's theory overtly appears neat and attractive but the question remains as to its compatibility with the practical approaches of ordinary life.[19]

Another important formulation of deontological ethics is found in what is known as contract theory proposed by John Rawls.[20]

When somebody makes an ethically oriented decision, he consciously or unconsciously approaches the implications of the above-mentioned principles. Sometimes one favors the patient's autonomy, sometimes paternalism is preferred. This depends on one's preference of values as well as the specific situation. Ultimately, in clinical practice one's consensus plays a great role in decision-making.

## The Progress of Contemporary Theories Following the 1990s

No doubt teleological and duty-oriented (deontological) ethics have some strength, combine a variety of moral considerations into a surprisingly systematized framework, and are centered on a single major principle. Until the 1990s no decision in a medical context was taken without reference to these dominant theories. Anyone facing a contextually bioethical related moral dilemma would have to turn to either deontological or teleological theories of bioethics to resolve it. However, by the 1990s, certain philosophers and ethicists began to systematically critique these theories. It was argued that these theories were simply being applied to generate satisfactory solutions to concrete problems and in doing so were actually affirming a similar conception of moral life, oriented around universal principles and rules. It was further argued that both dominant approaches should not be given the level of attention and importance they had received in the past.

Three popular replacements to the traditional theories exist:

1. Virtue ethics (character-based).
2. The ethics of care (relationship-based).
3. Casuistry (case-based reasoning).[21]

### *Virtue Ethics*

We have already noticed that obligations and rights are the main constructs of the traditional theories. Beyond obligation and rights, there exists another aspect, and that is the person or agent who performs the act. It is the quality or character of a person with which virtue ethics is concerned. The primary focus of virtue ethics is the heart of the moral agent making the decision to a right action rather than his reasoning power.[22]

Virtue ethics is primarily concerned with personal character and moral habit rather than a particular action. A good virtuous character manifests itself in a display of traits which include honesty, truthfulness, justice, compassion, friendliness and so on. Actually no

comprehensive list of virtues exists. Beauchamp and Childress have mentioned five virtues applicable to physicians: trustworthiness, integrity, discernment, compassion and conscientiousness.[23] Gardiner has argued that virtue ethics has some priorities over the traditional principles of bioethics.[24] However, sometimes it may strike us that, like consequentialism or deontology, virtue ethics cannot supply man with a straightforward direction towards life. It is true that it argues for a noble attitude towards life, due to its emphasis on the quality of the heart. But what is meant by becoming a 'virtuous person?' One cannot be associated with so many qualities at the same time. According to deontology, the right action is the one specified by a particular rule of some sort. Again, on the basis of utilitarianism, the right action is the one that produces the best consequences. By contrast, virtue ethics wants to purify the soul of the agent who performs the act. Is it totally possible to purify the heart of a person? Man's soul is an abstract entity. Is it possible to isolate a cross section of it and verify it empirically? We should have a clear conception about virtue and vice – why virtue is different from vice, who is virtuous, who has a vice and so on? Can there be any sharp contrast between them?

Virtue ethics has the capacity to make physicians committed to patients even when this may conflict with their own self-interests. A true physician must acquire some good qualities in order to treat his patients properly. There are many cases in which an exact decision regarding the rightness or wrongness of an action cannot be determined without referring to virtue. For example, in some cases, emotional attunement and sympathetic insightfulness are more powerful than medications. So we cannot ignore the virtue ethics approach in medicine. Recently Johnson has forwarded some criticisms against the virtue ethics approach in bioethics. He explains and analyses the accounts of right actions offered by Christine Swanton and Michael Slote, neither of whom relies on the view that right actions are characteristics of virtuous persons.[25]

Virtue ethics is a good addition to the theory of bioethics. It may be an excellent start to advance ethical decision-making in bioethics or any professional ethics, because it is concerned with the basic characteristics of the decision-maker.

## *The Ethics of Care*

Like virtue ethics, the ethics of care is not opposed to the affective component of moral life, but it gives special attention to empathy and concern for the needs of others, that is, on caring. It also gives importance to interpersonal relationships, sympathy, compassion, fidelity, love, friendship and so on. But significantly, it is against any kind of a deontological or utilitarian approach.

The ethics of care is also serious about the abstract principle of obligation, because these principles may neglect affective components of moral life. Caring and responsiveness to others' needs is often morally preferable to detached, dispassionate moral evaluation. For example, the ethics of care strongly affirms a health care professional's heart felt dedication to a patient, without conditioning its value on good consequences or respect for persons. The abstract nature of recently dominant theories also tends to cover up certain morally salient experiences – such as being a woman, a minority, a relative or some other close relationship.[26] The scope of the ethics of care is very broad. It should not be based on any principles or rules. There must be good ways through which physicians will deal with their patients. But we cannot fix them in terms of rigid principles or rules, because every patient is different, and every case is different. Here we observe some similarity with virtue ethics, because in virtue ethics the space-time factor is also equally important.

## *Casuistry or Case-Based Reasoning*

The next alternative and challenge to classical theories has come from casuistry or case-based reasoning. Instead of focusing upon traditional theories and principles, this approach concentrates on narratives, paradigm cases and precedents established by previous cases. Practical wisdom is essential to determine which of various principles or rules are suitable to apply in an intricate or ambiguous case.[27] An analogy to case law is very useful in understanding case-based reasoning. In case law, the normative judgment of courts of law becomes authoritative and these judgments set a precedent for later judges who assess other cases even though the particular features of each new case

will not be the same. A case under current consideration is placed in the context of a set of cases that shows a family resemblance and the similarities and dissimilarities are assumed. The relative weight of competing values is presumably settled by the comparisons to analogous cases. Moral guidance is provided by an accumulated mass of influential cases which represent a consensus in society and in institutions reached by reflection on cases. That consensus then becomes authoritative and is extended to new cases.[28]

Casuistry appeals to many people in medical contexts because of the thoughtful and practical method it employs for making complicated choices in contexts of uncertainty. Nevertheless it is not free from criticism. Bracci for example opines that contemporary casuistry as a form of Aristotelian phronesis draws on assumptions about shared norms and experiential wisdom that provides shaky foundations for bioethical reasoning today. A new prudence exploits several narratively-informed dialogical virtues as argumentation aids in the service of bioethical deliberation. These virtues have the power to strengthen critical thinking and contribute to morally justified decisions through self-scrutiny, moral imagination and prudential listening patterns.[29] In contrast to bioethicists who think that their cases are based on "real" events and thus are not motivated by any particular ethical theory, Chambers explores how case narratives are constructed and thus the extent to which they are driven by particular theories.[30] Two other contemporary ethical theories are:

1. Communitarian ethics.
2. Feminist ethics.[31]

## *Communitarian Ethics*

The term "communitarian ethics" may have been derived on the basis of the term "community." Man is a social being, as Aristotle remarked. Our values, our conceptual schemes, our very identities are engendered, shaped and nurtured within the confines of community. So a good society will concentrate not only on individual rights but also on the good of the larger community.

Callahan pointed to the possibility of a cultural bioethics to serve as a counterpoint to the mainstream of bioethics. According to him, a communitarian bioethics would start by looking at both individual responsibility and the social dimension of the moral life. A communitarian bioethics is essential to flourish with an analysis of the way in which culture shapes personal choices by creating the context and drawbacks of those choices. There is a common but usually unmentioned assumption that has worked against the emergence of both a communitarian ethics and an ethics of personal responsibility. The assumption is that in a pluralistic society, we should not try to develop any rich, substantive view of the common good. A communitarian ethics would seek to blend cultural judgment and individual judgment. The cultural judgment requires a common effort and a public discourse as well. The personal judgment requires self-analysis and the cooperation of others, its own form of public discourse to form a judgment.[32]

According to Thomasma, a perfect world society would promote liberty within the community. His view is a mean between cultural relativism and anti-relativism, between the undeniable differences of cultures and the undeniable basis of individual human rights.[33] It is not so easy to seek the answers to all medical problems in a communitarian light because remarkable diversity exists among the different communitarians. For example, how can the question of physician-assisted suicide be resolved using communitarianism as a platform? For communitarians such as Alasdair MacIntyre, the emphasis upon history, traditional practices and virtues lead to the wholesale abandonment of liberal individualism and the embrace of a rather conservative political agenda. More moderate communitarians, conversely, tackle the situation in other ways. Some of them, who are politically quite "progres-sive," highlight the importance of social meanings and communal values and try to preserve a more modest role for individual rights.[34] So, a balanced and perfect society cannot ignore both liberty and the community. They are two sides of the same coin.

### *Feminist Ethics*

It is difficult to define 'feminism' because of its varying sub-ideologies

and subgroups which include liberal feminists, traditional Marxist feminists, radical feminists, socialist feminists and cultural feminists (among others). But a common theme that emerges from amidst these disparate groups is that each is opposed to discrimination on the basis of gender.[35]

Feminists also want to highlight gender bias in bioethics. To fully grasp how pervasive and powerful these biases are, one only needs to examine the history of the construction of the biomedical body. Western cultural history shows that the female body has been understood and valued in a drastically different fashion to that of the male. The transcendent body, the "generic" human is universalized as masculine and the female body is excluded from ethical paradigms. What is being considered here is not the real, physical body, but rather its cultural construct.[36] The sharp dichotomy between conceptions of man and woman is closely linked to the Cartesian dualism between mind and body which dates back to the 17th century. This mind-body dualism ultimately became interwoven with the male/female divide. Due to their assumed superior intellectual capabilities, men were aligned with the mind, and as a result of their reproductive capacities, women were solely associated with the body. Thus it was assumed that men could transcend their bodies to reach a stance of pure reason, uncontaminated by the senses. On the contrary, the intimate female relationship to reproduction inherently disallowed the bypass of the body.[37]

Feminist perspectives in bioethics have been neglected due to the deeper structural elements of the field. From the very beginning, bioethics has been preoccupied with abstraction, which has necessitated a top-down approach based on the four principles. In this case, the preference for generic, abstract principles has resulted in the erasure of distinguishing concrete factors, such as gender, race and class. By viewing the individual as autonomous, self-determining and apart from other relationships in the deontological view of Kant and the utilitarian view of Mill, bioethics marginalizes groups that are integral to physical and emotional subsistence, including feminists.[38]

However, feminism which aimed at providing a more inclusive account of the categories of human nature and human experience has ironically been under attack for failing to do so precisely. Women of

color in particular have alerted feminists to their racist assumptions and practices. Their main point of criticism was that the categories of women's experience and women's nature which feminism has promoted are blind to the variables of race, ethnicity and class. A long term effect has been that feminists now put less stress on questions relating to the differences between women and men and more on the differences among women.[39]

In reality, there are many points of agreement between communitarian and feminist critiques of liberalism. The individualism implied by liberal models of ethics is ignored by both communitarians and feminists. Instead, they emphasize the importance of embodiment and social location in the moral life of the person concerned. The liberal focus on impartial reasoning is similarly nullified by both communitarians and feminists. They rather advocate for an epistemology that is far more skeptical. Nevertheless, although feminism shares many perspectives with communitarianism, it does not endorse it unambiguously as a model of ethics. Rather, it is very suspicious of the social conservatism which communitarianism often implies. In the sphere of restructuring relationships, there are many unresolved debates among feminists.[40]

Perhaps the most pressing controversy, in both theory and application, is what type of model of moral truth and knowledge is appropriate for feminists to hold. In the present flow of globalization, a key concern for all is how to advance an account of value that is applicable across traditions and cultures. We cannot ignore our increasing sensitivity to the reality of cultural, ethnic, racial and gender differences and the social and the embodied character of human nature and experience in advancing such an account of value. Nevertheless, feminists should not only recognize the contextuality of knowledge, but also arbitrate between different values, principles and commitments. Otherwise, feminism will reduce the claims of its theory and praxis to personal whim.[41]

## Western Secular Bioethics and Secularism

In the study of bioethics, an acquaintance with the historical development of knowledge is an important factor for the clear understanding

of present conceptions. This is because the past supplies the key to the present and future, which provides ample justification for a review of the concepts involved in bioethics in the light of the evolutionary growth of the general philosophical concepts of the West. This section a) briefly reviews secularism to illustrate its historical and epistemological structure, and b) extends the epistemological root embedded in Western secular bioethics.

### *Meaning of Secularism*

The term 'secular' originates from the Latin *saeculum* and conveys a meaning with a marked dual connotation of time and location. Time refers to a sense of the 'now' or present sense and location to a sense of the 'world' or 'worldly.' In other words, secular means 'this age' or 'the present time' and ultimately signifies events, specifically contemporary, in this world.[42] 'This world' here naturally signifies the visible world in which we live as opposed to the world which is invisible and transcendental. Secularism consciously denounces all forms of supernaturalism and the agencies devoted to it, advocating nonreligious or antireligious principles as the basis for personal morality and social organization.[43] Therefore, secularism is the practical exclusion of God from human thinking and living. Secularists who deny the existence of God, and adherents of secular humanism, look upon religion and any divine influence on the world and man as pure superstition.[44]

Surprisingly, secularism can be seen as associated with Christianity, in that it characteristically evolved in the historical context of Christian Europe. Europe's communal experience was closely related to the institution of the Church, in terms of the relationship between the individual believer and the Church on the one hand, and between the Church and the State on the other. How much Christianity was the result of the actual teachings of Christ and how much a result of the teachings of early Church fathers and various ecumenical decisions is a question for debate. Suffice it to say that from its early history Christianity could be said to have walked the corridors of power and state. The philosophy of a supposed early historical detachment of Church and State is contradicted by the Church's link with the State under the Byzantine Greek Emperors and by the Church's link with

the Holy Roman Empire in a state of fitful collaboration.[45] The implications of this in actual practice impelled the consequent historical aggression against non-Christian communities, paralleled by an inevitable religious intolerance within the different brands of the Christian community. Then came an urge for some kind of tolerance, at least amongst the different versions of Christianity, which culminated in the demand for secularism, that is, for some kind of peaceful civic co-existence, if impossible to be realized under the protective wings of the Church, then surely desired outside the Church. Therefore, secularism can be regarded in one sense as merely Europe's escape from the dreadful experience arising as a result of the implementation of the teachings of orthodox Christianity, and as a repudiation of the irreconcilable claims of individual conscience and priestcraft on the one hand and the claims of rival churches within the same community on the other.[46]

### *Philosophical Background of Secularism*

It is sometimes claimed that secularization has its roots in biblical faith. Meaning that how much is Christianity the result of prophetic teaching and scripture and how much the result of theological debate, philosophical and metaphysical conflict and absorption of Hellenistic philosophy. In other words, secularization is the outcome of the misapplication of Greek philosophy in Western theology and metaphysics, which in the 17$^{th}$ century logically led to the scientific revolution enunciated by Descartes who opened the doors to doubt and skepticism.[47]

During the Renaissance, in the 15$^{th}$ and 16$^{th}$ centuries, the birth of modern science was a significant event which subsequently helped to shape the features of modern philosophy. Unlike medieval philosophy, modern philosophy has often thought of its discipline as little more than the handmaiden of science. The new modern spirit of the Renaissance era finally erupted in open revolt against authority and tradition. It was the revolt of nation against Church. It was a revolt for individual truth against the compulsion of ecclesiastical organization. The development of nationalism, together with opposition to the scholastic alliance of theology were the forerunners of the two great

reform movements known as the Renaissance and Reformation, whereby the authority of the Church over the conscience of people gradually weakened and man started to assert his intellectual freedom. Respect for Christianity gradually diminished supplanted by faith in rationalism and human reason which explains the rationalistic nature of modern philosophy. Human reason is regarded as the highest authority in the pursuit of knowledge. It is naturalistic because it seeks to explain man's inner and outer self without recourse to supernatural presuppositions. The father of modern philosophy, French philosopher Rene Descartes (1596-1650) aimed to establish the existence of self by his *cogito ergo sum* argument. He successfully proved the existence of the self, the existence of individual objects. But these things do not exist independent of the mind. The problem arises when trying to prove the existence of God. Since His Being in thought, His Essence, cannot be known and since His Being is identical with His Existence, it implies that His existence cannot be known. Evidently, the existence of God, and other metaphysical matters, were a matter of faith rather than philosophical truth, up until that is the German philosopher Immanuel Kant in the 18$^{th}$ century. Kant proved the existence of God for the sake of morality. In a word, the philosophical trend captured man as the measure of all things denying any reliance on supernatural reality. Modern philosophy is classified as rationalistic and empiricistic as it accepts reason or experience as the source of knowledge. Descartes, Spinoza, Leibniz and Wolff are important rationalist philosophers and Bacon, Hobbes, Locke, Berkeley and Hume are designated as prominent empiricist philosophers of the modern times of the 17the century. 18$^{th}$ century philosophy was characterized as the philosophy of the Enlightenment. It represents the culmination of the entire intellectual movement that was initiated in the 16$^{th}$ and 17$^{th}$ centuries. The respect for human reason and human rights which were the characteristic features of modern philosophy became universal in the 18$^{th}$ century philosophy of the Enlightenment. It was indeed a continuation of the Renaissance. In France, as a consequence of social, political and ecclesiastical oppression, the Enlightenment received its most radical defense. Jean Jacques Rousseau and Kant were the important representatives of this age.

Descartes opened the doors to doubt and skepticism and successively in the 18th and 19th centuries and in our own times, to atheism and agnosticism, to utilitarianism, dialectical materialism, evolutionism and historicism.

Even Existentialist philosopher Frederich Nietzsche declared God as dead. Then came the phenomenology of Edmund Husserl and the existentialism of Martin Heidegger. This was further fortified by recent advances in linguistic analysis contributed by the philosophers of language, notably those belonging to the Vienna circle. They vigorously rely simply on human reason and avoid Christian scripture in acquiring knowledge in any way.

### *Western Secular Bioethics: Logical Derivative of Secularism*

As a multidisciplinary subject, bioethics is not purely a philosophical enterprise. A large number of experts have contributed to the formulation of bioethical principles, as we have seen in the previous chapter. So we must be cautious in formulating the statement that Western bioethics is the outcome of the secularization of philosophy in the West. It is however undoubtedly true to say that in secular bioethics religious convictions are eschewed as irrelevant or unnecessary.

Bioethics is a creature of its time and history. In fact, theology dominated bioethics at its inception in the1960s and 1970s.[48] This was partly due to the prominence of Christian theologians and Jewish scholars such as Daniel Callahan, McCormick, Paul Ramsey, Joseph Fletcher, Leon Kass, Seymour Siegel, David Feldman etc. who were involved in this branch of study, and partly to the dominance of theological language and methods.[49] But now the scenario is changed.

According to Callahan, "the most striking change over the past two decades or so has been the secularization of bioethics." He also comments, "The field has moved from one dominated by religious and medical traditions to one now increasingly shaped by philosophical and legal concepts." "The consequence has been a mode of public discourse that emphasizes secular themes: universal rights, individual rights, individual self-direction, procedural justice, and a systematic denial of either a common good or a transcendent individual good."[50]

Between 1960 and 1970 a great controversy arose regarding the nature of value judgment, and whether it is absolute or relative. Paul Ramsey and others spoke in favor of the role of religion in value judgment but Francis Crick and others spoke in favor of ethical relativity. Theologian James Gustafson pushed hard for broader participation in deliberations on scientific advances. He called for a clearer formulation of values to be offered by those advances, preparing the way for one of the major methods to be used in bioethics. This is "consensus."[51] In other words, these sensitive and alarming current issues should not be left up to just doctors and scientists. Input from both philosophers and theologians must be brought to the table to provide an evaluation of the broader values involved. In order to determine the necessary role of philosophers and theologians many seminars were arranged and distinguished speakers spoke. Ultimately the obvious contribution of philosophers and theologians was confirmed but the search for a neutral ethics through the consensus was in force. As there is no neutral ethics, the goal ultimately turned in to secular ethics by assuming that secular ethics could not in any way be "normative" (take a principled stand on what is right or wrong).[52]

Engelhardt expressed the underlying factors regarding these transitions in this way: "In bioethics, the journey from the religious orthodoxies of the Middle Ages, through the rationalist hopes of modernity, to the disappointments of post-modernity, spanned less than 30 years. One has during this brief period been brought to look for theoretical and rational guidance, and then one is shown little guidance is in fact available".[53] The sociologist John H. Evans looks into this issue in such a way that when scientists were being challenged by theologians for jurisdiction in the 1960s, bioethicists and theologians had equal numbers of influential authors. But there were more theologians than bioethicists. By the mid 1980's, the scenario changed and bioethics was second only to science in producing influential authors, it had the greatest number of influential authors followed by science, philosophy, law and finally theology, which had only one.[54]

Inevitably, given the force of secular philosophy, bioethics had to undermine religious perspectives. The increasing interest in, and demand for, bioethics ultimately lead to the foundation of different

centers of study in the field, established by certain eminent scholars and thinkers of the 1970s, who wanted to move beyond mere seminars and discussion programs on the subject. The most prominent of these are the Hastings Center, the Kennedy Institute of Ethics at Georgetown University, and the Society for Health and Human Values. The Hastings Centre was founded in 1969 by William Gaylin and Daniel Callahan, and many prominent figures have worked here including Henry Beecher, Paul Ramsey, James Gustafson and Robert Veatch. Its primary focus was on issues of death and dying, behavior control, genetic engineering, genetic counseling, population control, and the conjunction of ethics and public policy. In 1971, the Hastings Center published its first Hastings Center Report considered to be the early dictionary of secular bioethics. To quote Jonsen, "The index of the Hastings Center Report over the next years defined the range of topics that were becoming bioethics and constituted a roll call of the authors who would become its proponents."[55]

So in this way in the history of bioethics religious perspectives became marginalized and the secularization of ethics took center stage, using consensus as a moral standard. Modern and contemporary American and British analytical philosophers were pioneers in this direction. A kind of normative secular bioethics emerged as a subject. Step by step, the scholars involved in these early think tanks began to sketch out the nature, subject matter and the method of the newly born field.

The question of what has played the greatest role in formulating a secular bioethics is a controversial one. What is nevertheless undeniable is that Western bioethics has now become secular. What then precisely is Western secular bioethics? The answer is found in the metaphysical and epistemological foundations of intrinsically knowledge centered paradigms. Given the details of the worldview that is constructed on this basis, bioethics seems to be premised on a medical science that sees the body as a chemical-mechanical machine functioning according to material laws, independent of the abstract concept. According to this model, everything we need to know about mankind can be obtained by studying the body's parts. Meaning that anything related to the subtle aspects of a human organism such as the

mind and soul, became relegated, forgotten, denounced or referred to as simply religious discourse. Bioethics in this fragmented order became a branch of practical ethics, which holds the view that man is capable of self-fulfillment without recourse to any source of knowledge, other than empirical findings, in other words, without recourse to the guidance of the transcendental or supernatural Supreme Being.

## Conclusion

As bioethics has today become more interdisciplinary, many individuals in the fields of law, theological ethics, political theory, the social and behavioral sciences, and the health professions carefully address mainstream issues of bioethics without finding ethical theory essential or breathtakingly attractive. Moreover, although many moral philosophers are presently actively involved in problems of biomedical ethics, such as clinical and corporate consultations, policy formulation, and committee reviews, it is an open question as to what their role as moral philosophers should actually be and whether they can successfully bring ethical theories and methods to bear on problems of practice. Three prominent interconnected areas of bioethics in the last quarter of the century are: (1) general normative moral theories (from utilitarian and Kantian theories to principlism, casuistry, virtue ethics, feminist ethics, particularism, and the like); (2) moral and conceptual analyses of basic moral concepts (informed consent, the killing/letting-die distinction, and the like); and (3) methodology (how bioethics proceeds, e.g., by use of cases, narratives, specified principles, theory-application, reflective equilibrium, legal methods, and the like). An unresolved problem in philosophical ethics is whether (2) or (3) can be successfully addressed without addressing (1). In fact, bioethics needs philosophical theory and stands to profit from it, and better conceptions of method and applied argument are needed.[56]

Bioethics is no doubt a very useful tool in philosophy and medicine. However, as a discipline it is still in its infancy, both in terms of theory, principles and methods. Furthermore, and as generally conceded, the challenges it faces are both complex and extremely difficult given the subject matter. Meaning that unlike the concrete problems of

perennial philosophy, bioethicists have to deal with the complicated and emergent practical affairs of daily life. They do not have to face reflective questions such as 'what type of life would be better?' but rather have to stand by the bedside of a patient facing the dilemma of whether to let that patient die or not, and if so why. In addition they then have to explain the reasoning behind their decision to ordinary individuals in a language they can understand without recourse to deep argumentation. Convincing laymen after all is not the same as dealing with philosophers who would easily comprehend. This double role is not easy to play; to be rational and at the same time easily approachable, is not an easy task. What is clear is that medicine needs bioethics, for without the latter's proper guidance medicine will inevitably go off-track. It is true that bioethics is today being shaken to its very core amidst questions of its actual identity and methodology, however, if bioethics needs any modification in its conceptual framework this should be done within bioethics itself, that is within its normative set up.

With the incredible advancement of biomedicine, the 21st century is facing some of the most controversial biomedical ethical issues known to man, the central concern of which is the issue of life, and more specifically human cloning, the human genome project, and stem cell research. Religious opposition has emerged as a clear voice which will not be silenced and debate rages over the sacredness of life versus the promise of cures. Bioethicists must approach matters with extreme caution. The issue is urgent but cannot be left to the unfettered decision of physicians alone, because science is concerned with 'is,' and ethics with 'ought' and this has become a moral debate if nothing else. Without proper safeguards there is little doubt that the whole edifice of medicine will court a very dangerous state of affairs in the coming years, which would be unfortunate and unwanted. But the demand of the day is that bioethics should bridge the gulf that is rapidly developing and address the issues urgently, by rectifying the rules of morality, reviewing their principles and theories and instead of avoiding typical philosophizing, debate in a simple manner in front of the scientific community. Not an easy task by any mean but vital nevertheless.

Bioethics emerged with the promise of being able to provide proper direction to medicine and biology. It started its journey as a scholarly, reflective, academic discipline. However, as medicine and biology became established as major social practices, there grew simultaneously an interest in finding a moral perspective from which to guide this practice. Today, bioethics is treated as a scholarly endeavor to guide health care policy. The interdisciplinary character of bioethics sometimes leads to problematic situations, in that without proper training or a basic degree in Ethics or Philosophy, some young people take it upon themselves to become involved in an intricate conceptual analysis of ethical issues and assessment of arguments. Core bioethicists should re-think its future prospects and direction in a new way. They should be serious about the subject's status and value in the realm of knowledge. Part of the problem lies in bioethics still being dependent on the abstract phenomenological method of philosophy. As it has not developed its own methodology of study, it is sometimes called a 'demi- discipline.'[57] It is true that no humanities subject could articulate a definite and clear-cut methodology of its own, but rather only some conventional ways of thinking. Bioethics is no exception. What must be borne in mind though is that the role of the bioethicist in society is seemingly greater than that of the hard-core philosopher by the distinguishing fact of the former having to handle immediate issues of life and death. Socrates did not have to be present at the bedside of a terminally ill patient to decide whether he had a right to live or not. Bioethicists do not have the luxury of theorizing, they deal in real world issues requiring immediate solution. In fact it is the bioethicist's business to solve this issue, not the physician's. Because the stakes are so high the discipline cannot remain fixated in time, content with whatever stage of development it has reached. Quite the reverse, bioethics needs to constantly refine and demonstrate its principles and knowledge base in light of modern developments, discourse and phenomena, and should try to interact with doctors frequently and have at least some preliminary knowledge of medicine and biology. Of course, preliminary knowledge seeking workshops for clinicians to acquaint themselves with the theoretical background of bioethics could be developed, and do serve a purpose. However, it

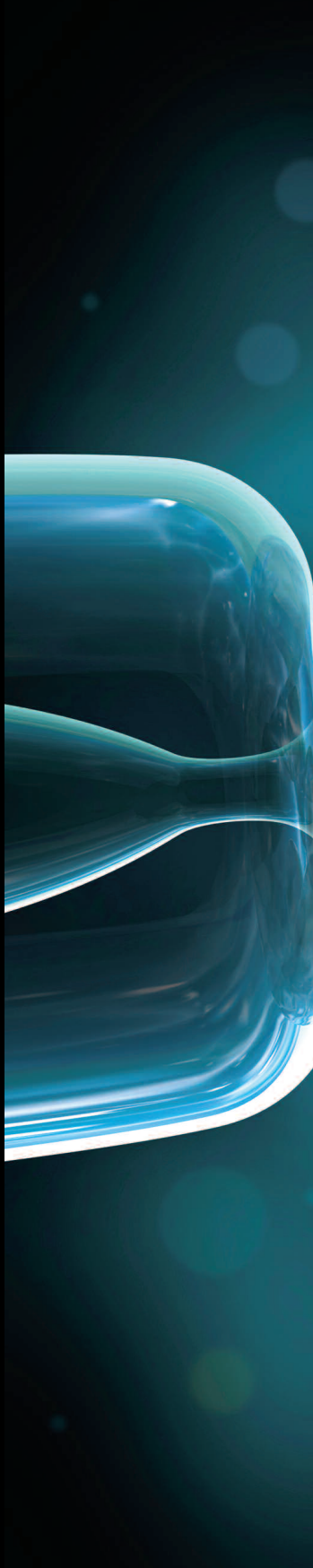
would be better if bioethicists could be trained in basic aspects of medical science in a hospital. This would allow them to detect and deduce ethical questions properly. As mentioned earlier in discussions on methodology, the approach of empirical research is an important tool to aid bioethics. Bioethicists could also frequently consult with other specialists of interdisciplinary studies. Revised theories would need to be constructed in a simple, easy to understand, and cogent manner to allow for their communication and comprehension by health related persons, patients and policy makers, to ultimately convince them. It should be remembered that the best normative theory can only, and in fact should only, be provided by the bioethicist and no one else.

Although bioethics is still a very young domain of knowledge, it has a very positive and promising future. There are already doctorate and post doctorate programs in bioethics in various universities across the world. As science is moving fast, bioethics has to keep pace. This is especially important as "the professionalization of the field has been a slowly evolving process informed by few studies and little good data regarding what has been happening 'in the trenches.'"[58] As bioethics bears direct relation with science and in particular with biotechnology, it is very likely that the near future will see it having to abandon its interdisciplinary character and move towards establishing itself as an independent discipline.

**BIOETHICS** has developed over the last few decades into a major field of inquiry. With advances in medicine progressively transforming our understanding of what constitutes life, there is need for a medical ethics to address many of the issues and challenges arising, particularly in the fields of genetics and reproduction.

**Of central significance are serious moral dilemmas confronting medical experts which require a theological perspective. Yet it is secular bioethics that is defining what constitutes human life and it is secular bioethics that is influencing policy on matters which concern us all and are likely to have grave societal impact. Is it right for a woman to act as surrogate for her sister? Or for a childless couple to resort to artificial insemination by donor? What does Islam have to say?**

**Ethics of Assisted Reproductive Medicine** compares and contrasts Western and Islamic models of bioethics to make the case that the Islamic perspective (taken from the Qur'an and the Sunnah) provides a viable and clear alternative that goes beyond the dominance of the secular and its various philosophical bases, to give Revelation and spiritual understanding precedence. In doing so, keeping to principles, it charts the way out of a confused circle of opinion that is making it very hard to decide "what is best."



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