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IS MODERN MEDICAL TECHNOLOGY
A CHALLENGE
TO CHRISTIAN ETHICS ?

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In recent years Medical Science and Technology have made great strides of progress. The growth of technological medicine raises some moral and ethical problems. Our understanding of ethical principles should lead us to find a rational basis for our medical practice.

CHRISTIAN MEDICAL ETHICS

Christian medical ethics deals with human behaviour, relationships, biological issues of health, religious ideals, culture, decisions regarding when to treat and when to withhold treatment, dying and death. Christian medical ethics has now become complex, as it has medical, legal, theological, moral, social and

personal aspects. Medical and biological advances in knowledge and technique further pose new dilemmas in decision making. Many time honoured principles are being openly questioned or flouted. New legislative measures are under consideration, if not already in existence, particularly in areas like organ transplant, management of human fertility and infertility, use of drugs to alter brain function, genetic engineering to change human genetic stock, euthanasia, amniocentesis, termination of pregnancy etc.

THREE DIMENSIONS OF A PERSON

A person may be viewed, biologically, socially and spiritually.

a) Biological

We have a physical form to our body and keeping the body healthy is a biological activity. Health is therefore our right and we need to safe-guard it. A doctor's duty is to preserve and promote health in all its aspects, physical, mental and spiritual.

b) Social

Man is a social being. He lives in relationship with another. The most important relationship is between husband and

wife, each being incomplete without the other. Out of this partnership, come the children; then there is the extended family of relatives, friends and the larger community. Mal-adjustment in relationships or breakdown of relationships will affect healthy living.

c) Spiritual

Man as a whole person, is responsible to God, as, life is a gift of God. We are conscious of the sanctity of human life, because of this relationship with a living God. Human being created in the image of God has a worth and is unique. Unless we maintain this right relationship with our Creator, we are likely to wonder about our purpose of existence and lack a sense of direction in our life. Not being clear about this may lead to frustration in life and all the consequences of conflict and confusion in one's life resulting in ill-health.

If we have a biological, social and spiritual dimension for our life, our conduct and behaviour would emerge from this network of relationships. How we think and behave are largely the reflections of our convictions. As people with convictions, we are constantly faced with the Biblical understanding of issues at stake. Let us look at some of them.

I. THE DILEMMA OF ABORTION

The debate on abortion is an open ended issue for most of us. It is a highly emotional subject as it touches the mysteries of human sexuality and reproduction. Pro-abortionists emphasize the rights of the mother, especially her right to choose. Whereas the Pro-life advocates, emphasize the right of the unborn child and his or her right to live. What is not usually considered in the abortion issue is the sovereignty of God and sanctity of human life.

“When we debate the rights and wrongs of induced abortion”, wrote Dr. Garett Jones, “We are debating a problem of human relationship much broader and more significant than that of a woman with an unwanted foetus. Life starts at conception and it is a continuous process. This developing human being requires protection from society throughout his life”.

The liberalised law of medical termination of pregnancy Act of 1971, permits termination of pregnancy on the grounds of danger to the physical or mental health of the mother or in the event of failure of a family planning

measure. This means that almost any one can demand abortion legally and get it done before twenty weeks of gestation. Then there are others who on humanitarian grounds justify an abortion because of an unplanned pregnancy, extreme financial or social stress due to pregnancy, the stigma of a pregnancy out of wedlock, (unmarried girl, adultery, incest, rape) and if, the unborn baby is diagnosed as physically or mentally defective.

As Christians, our convictions are to be based on Biblical guidelines. Our view of the status of the fertilised ovum will largely determine our attitude to abortion. Pro-abortion campaigners plead that medically and legally the embryo and foetus are parts of the mother's body, so she has the right to decide its destiny. There are others like the late Dr. Francis Schaeffer and Dr. Everett Koop (Surgeon General of U.S.A.) who argue that though the embryo is carried within the mother's body, the foetus is a person in the making with all potentials to grow and develop. The growing body has a genotypic distinction from the mother and is "already a human life, not merely a potential human" (Pope Pius XII). The Psalmist in the Bible

says "You knit me together in my mothers womb" (Psalm 139:13) obviously referring to God as the originator of every life. Archbishop Ramsay of Canterbury considers the unborn baby to be revered as the embryo of a life capable of coming to reflect the Glory of God.

One may want to argue for freedom of decision or exception to this general rule, But every exception has to be rigorously and specifically examined (eg. a serious threat to the life of the mother or a completely malformed child as to be incapable of independent survival). In no case should termination of pregnancy be resorted to as an easy method of family planning.

II. RECENT GENETIC DISCOVERIES AND EMBRYO EXPERIMENTS

Recently new knowledge has been acquired about genetic science, like D. N. A. genetic engineering, invitro fertilisation (I.V.F.), Embryo transfer (E.T), amniocentesis. I.V.F. has found a revolutionary solution to the human dilemma of infertility by non-human technological means.

a) Genetic Engineering

In 1954 Watson and Crick published, the now famous discovery on the structure of "deoxy ribo nucleic acid". This has paved the way for invitro fertilisation and manipulation of the genes.

The fertilised ovum is grown in culture. The cells thus formed are then separated into individual cells which with further culture can form new individuals, identical genetically to all others. This can be stored frozen for further development. Thus a women could give birth to her twin sister if these cells are used at a later period.

By the selection of genes and it's manipulation one can choose sex, complexion, height and other such features of the foetus. Corrective gene therapy can also be done.

It is also possible to produce allophenes between species like men and monkey hybrids. Thus it is reasonable to speculate that, it should be possible to create novel mutants or entirely new species. If man, with his scientific curiosity and weak human nature, is given the knowledge and power of a creator, can one predict where it will lead him to. He may

tresspass into regions outside the laws of God. So it will be necessary to guard against potential abuses and avoid human vivisection

b) Invitro Fertilization

The procedure of invitro fertilization (I.V.F.) raises the question of the status of the fertilized ovum before God, whether in the womb or in the test tube. The fertilization of an ovum outside the uterus is a great break-through in medical science and an alternate means of conception for many infertile woman. But some argue that laboratory production of human beings is no longer human procreation as it amounts to degradation of parenthood and deprives procreation of its human involvement and love. I.V.F. might undermine values which biological parenthood give to marriage. But it is argued by scientists that I.V.F. is a dramatic extension of the sort of interference found in delivery, by ceaserean section or in hormonal induction of labour.

In these experiments there are a few surplus fertilised embryos which are kept frozen for future use or are used for further experiments for researchers to study genetic

and developmental abnormalities, intricacies of tissue and cell differentiation etc., or to be ultimately destroyed. Can we treat the fertilised ovum as a lump of jelly or blob of tissue which can be destroyed, like a tumour or tonsil? Is it right to use human materials for experiments and if so how far? At present the proposed law in the U. K., does not permit embryo experiments beyond 14 days (which is the implantation stage). Then the question is raised, do human embryos have any right at all? If they have rights, at what stage? Can such embryos be the material possession of the donors when they do not intend becoming the parents. The fundamental issue is whether or not respect should be shown to human embryo in view of the potential for full humanness. If embryos are produced with the expressed purpose of providing scientific information, that information has already taken precedence over the significance of human existence.

In the West, ovum is fertilised from sperm of unknown parents and children are born without identity of biological parents. (This is now changing, as donors have to record their identity). A child conceived in a test

tube can have as many as five parents; the egg donor, the sperm donor, the surrogate mother, (who bears the child,) and the couple who raise the child. The potential emotional and psychological ramifications of this could be deep and disturbing.

The Anglican Church of Australia disapproved experiments like cloning, genetic engineering, artificial placenta, surrogate motherhood, human-animal hybrids and embryo freezing. Organisations like the Order of Christian unity (London) are seeking to outlaw 'womb leasing' and 'Ovum donation, to, eliminate legal problems, human tragedies and to uphold the sanctity of human life. It is now accepted that no human being is to be treated as property, as in the days of slavery. Every one has an inviolable status as regards life and liberty. It is recognised that every human being has the right not to be used as a means to the needs and interests of others.

c) Amniocentesis

The study of amniotic fluid gives a lot of information including the sex of the foetus and of possible malformations of the unborn baby. A study of abortions conducted in Bombay

after amniocentesis, revealed that the vast majority of the babies aborted were females. This is a small pointer to the way this procedure is being used. It is used for determination of sex giving a chance for the parents to choose which baby they should keep. This attitude to females can have devastating effects on our social structure.

The real indications for amniocentesis when ethically used may be for providing therapeutic support for the unborn baby (eg. hydrops foetlis) or for diagnostic purpose to anticipate the special measures needed to assist the baby at birth. (Respiratory Distress Syndrome) The decision to resort to amniocentesis must not be with the bias to resort to abortion if needed.

III. ORGAN TRANSPLANTATION

Organ transplantation is another breakthrough in medical technology, overcoming many technical barriers like vascular anastomosis, immunological rejection problems and so forth. The process is one of high cost, prolonged hospitalisation intensive medical care and follow-up.

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a) Organ Procurement

A major obstacle yet to be overcome is the inadequate supply of donor organs, and the supply and demand imbalance is increasingly widening. Till artificial organs are designed, an ethical problem will be; establishing a fair and effective policy of allocation so that the available organs are used as justly as possible.

b) Determination of Death

The viability and suitability of certain organs depend on the time lapsed after death, and, hence the tendency is to remove the organ from the donor as early as possible. This leads to the question of the criteria for death. The traditional legal view of determining death used to be the absence of heart beat and spontaneous respiration. With the advent of recent life supporting systems, neurological death is now considered to be the criteria for death. It would be advisable that brain death should be certified by a physician who is not a participant in any phase of the transplant procedure.

c) Consent for organ donation

Organs may be donated after death by 'living wills' or consent of next of kin. When an organ is required from a living donor, the age of the donor and his ability to understand the nature of the procedure, its complications and risks are crucial issues. There have been many instances in countries like India, where organ selling was done for monetary gain, organs procured by using coercive methods, or by giving false or inadequate information. The recipient should also be given information about the risks involved, especially, if the procedure is a high risk one or of an experimental nature.

d) Resources

The question should be raised in situations where there are limited resources, whether it is justifiable to spend enormous amount of money, time and energy for prolonging the life span of a few, temporarily, while thousands are denied even the elementary and basic health needs which might cost very little. Offering a patient extended life without reasonable quality of life seems to be cruel.

IV. EUTHANASIA

True meaning of euthanasia, is, the deliberate bringing about of gentle and easy death, making the patient's last days as comfortable as possible to ensure a calm and peaceful death, within context of relieving incurable suffering in terminal illness or disability. It is voluntary when requested by the patient; involuntary when resorted to by those attending on the person. It may be passive when death is hastened by the deliberate withdrawal of effective therapy or nourishment.

Euthanasia request may come out of depression and confusion, or out of a feeling of worthlessness or due to persuasion of interested parties with ulterior motives. Though one may not prolong the act of dying in a case of irreversal death and thereby increase suffering, respect for the person of the patient and concern for the family should lead us to use our resources as best as we can to promote life. We should oppose all attempts for the elimination of human life or the manipulation of it to suit personal con-

venience. The essence of a christian approach to a dying patient is to give ourselves in loving care to meet his need. A Christian doctor sees his patients not merely as a biological unit but as a person before God with family and social connections.

One of the great achievements of recent medical technology is the use of artificial life support systems which can keep a patient alive by special means, like artificial feeding, dialysis, controlled respiration, pump circulation etc. But in some cases it may be so dehumanising, painful, hazardous or costly that other consideration outweigh the aim to conserve life.

The question arises, how long to sustain life artificially? A patient might say "I do not want a vegetative existence by drips, drugs and machines. I want to die with dignity and I have a right to die when I choose". Some time ago, there was a judgement in the Bombay High Court in which two judges acquitted a man accused of attempted suicide. They said that according to Indian constitution any citizen has the right to life. Corollary

of this is that every citizen has also a right to lay down his own life. When I showed this news item to Dr. John Wilkinson, a British medical doctor and a theologian, he reminded me that according to Christian concept, Almighty God is the giver and sustainer of life and He alone has the right to withdraw breath from life. Life is not a right, but a gift of God and so we have no right to take away a human life, even one's own, as it is a divine prerogative. The famous Arthur's trial of 1981, where Dr. Arthur had prescribed an overdose of codeine to a baby born with Downs syndrome with the object of hastening his death, can be considered here. Dr. Arthur was charged with murder. Many eminent witnesses were tried. Most of them justified the procedure. Finally the court acquitted Dr. Arthur as his motive was compassion. There is a strong argument that if a foetus is found to be abnormal and severely handicapped it should be sought out and eliminated before birth, as such children are socially valueless. Do not the physically handicapped and mentally retarded have as much right to life like others, and get the needed care and treatment?

Let me share with you the experience of two of my friends who faced the issue of caring for children with disability. One was a hospital Chaplain. When a child with disability was born to him, he asked God why this happened to him, but he could not get an immediate answer. He loved that child but the child could not adequately respond to his love in the normal way. This helped the pastor to realise how God loves us inspite of us not being responsive to His love. The other was a colleague of mine and a highly qualified Paediatrician. When a child with disability was born to him and his doctor wife, they did their very best to sustain her life. The child became critically ill immediately after birth, needing exchange blood transfusions. Though their colleagues questioned the wisdom of taking such an extreme step for such a child, they choose to have the exchange transfusions. The child recovered and subsequently brought a new purpose to their life before she finally died at 4 months of age. Through this the parents realised that God had a purpose in bringing her to their home. This experience was an act of God to make them aware of the need of caring for many neglected, children with disability in our

society. So they resigned from their busy clinical work and offered their lives to start a centre for children with special needs. An apparent traumatic experience became the rallying point for a new mission and for christian compassion.

OUR GUIDING PRINCIPLE

Ever since the time of Hipocrates in the fifth century BC the medical profession has been guided by the concept of the worth of each individual human life, which was recently reaffirmed by the Geneva code in 1948, which states, "I will show the utmost respect for human life from the time of conception". Suffering is evil, and we should take every step to mitigate or relieve it, but suffering has also meaning and purpose.

Hitler had a utilitarian philosophy of life. Any person who had a utilitarian value, he preserved, and others he eliminated. But as Christians we respect the unique value of human life. Man is made in the image of God (Gen 1:27) This gives human life a unique dignity and value (Gen 9:6), (Ps 8:4-8). The death of Christ on the cross demonstrates the depth of God's love for mankind, His creation. Life should be cherished, supported and cared.

LET ME SHARE SOME PRACTICAL STEPS :

1. Doctors should serve and care for their patients in love based on Christian motivation.
2. Deliberate attempt to end or shorten life, whether by omission or commission is wrong and should not be done.
3. The church should proclaim the way of righteousness and truth, against taking innocent lives, and provide compassionate care.
4. Education of medical personnel and people with moral and spiritual values should be done, which may lead to sound legislation.
5. Bring in Christ's principle of love as the motive and mainspring.

CONCLUSION

Views and ideas and even concepts of ethics are fast changing in the context of the progress of science and technology. The traditional institutions in our society, which protect human life and spiritual

values are gradually being pushed aside or getting eliminated. Love is the foundation of christian ethics. Loving our God with all our heart, soul and mind and loving our neighbour as ourselves, are the two foundations for our ethical practice. Only a code of ethics based on the Bible and sound Christian principles, can lead our society to lasting happiness, harmony and peace.

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SOME ISSUES RAISED

- * Has a patient the right to be delivered from incurable suffering?
- * If a person has a right to life has he not also a right to take away his own life?
- * Abortion, though once considered to be a criminal act is now often considered to be a benevolent and obligatory act. Should we not go along with the times?
- * Is it wrong to find out and eliminate a retarded foetus?
- * If test tube baby is a breakthrough in medical technology, why impose restrictions?
- * Is it wrong to attempt to create super-humans through genetic engineering?
- * Is it ethical to sell or buy organs?
- * What is our priority - to prolong life of a few or improve the quality of life of the masses?