Free bioethics essay sample

Science, Genetics

(Name of Student)

“ One person’s abnormality is another person’s life.”-Alice Dreger

The extent to which one person’s abnormality is another person’s life is relative to the scope of anatomical normality or abnormality. Genetic abnormalities that relate to gender, otherwise known as anatomical sexual variation, are part of human intersexuality. Intersex is defined as the anatomical variation from the standard male or female gender, and is a pathological variable that require medical treatment. This means that an intersex child has the sexual anatomy of both genders.

Intersex genitals may therefore be a sign of an underlying medical condition, but they are not a medical problem. The notion that normalizing intersex genitalia is the corrective treatment path is biased and not justified for individual anatomy. It violates the right and autonomy of self-determination for the intersex person. Intersex persons are entitled to the same ethical principles that apply to everyone else; autonomy, self-determination and respect for their sexual orientation. These persons and their families should receive or have access to sound information and personalized psychological treatment to help them cope with the social difficulties they may encounter. Medical and psychological support is vital for intersex persons to guide them towards making sound health choices such as if and or when cosmetic surgery and other treatments are necessary or advisable. Consultations, genetic tests and counselling are recommend before giving ones consent, in the event of a surgery, for purposes of accountability due to the risk factors involved.

Gender assignment should not be rushed since it is not reversible and it carries risks such as; loss of fertility, scarring, pain, continence and rejection of the assigned gender if it was not a consensual surgery. For the above stated reasons, all gender assignment by parents and doctors is assumed to be preliminary. The gender assigned will be based on the results of genetic testing, as well as the gender that is most likely to be accepted by the child and parents.

In the past, the concealment-centred treatment model assigned gender without giving parents and intersex persons all available information or alternate treatments. However, the idealistic future for intersex persons advocates for social acceptance, where these individuals get to enjoy autonomy despite their sexuality. This would involve recognizing that sexual categories are sexist and socially constructed to exclude those with ambiguous genitalia. Bioethics dictates against being judgemental to such patients from a both a professional and a social point. Such only serve to add more strain to the already existing threats to autonomy by an individual who faces such a condition. Medical experts therefore are required to offer counselling to these patients for them to be more accepting of their condition. This is what the patient-centred treatment model is all about.

The irony of the matter is that society is slowly but surely becoming more accepting of the fact that there exist several sexual orientations, yet has become increasingly critical and disapproving of intersexuality in individuals, which is a natural phenomenon. This has placed a lot of limitations to autonomy of people who are intersexual by nature. Most are inclined to go for surgery to change their conditions and become ‘ normal’ members of the

society.

Enhancing quality of genes in humans remains subject to research. People are mostly split between the advantages and disadvantages of such action. Although it would be amazing to have perfect humans among the population, concern has been raised about the fate of the natural human species. This has been a debate in the public domain since the technology came into place.

Autonomy versus Beneficence in Issues of Refusal of Treatment and Maternal Conflict

The principle of autonomy gives people the freedom to reproduce without assessing their level of risk to bear or competence to rear children especially with the consent of, or in consultation with their partner. Medicine has given the section of the society that cannot bear their own children a chance to do so through Assisted Reproductive Technologies (ARTs). ARTs have been as controversial as expected, with people initially not supportive of the fact that individuals could use an unnatural way of having children, yet have healthy children. Matters were further complicated by the question of ownership of the embryo and its status after the child had been born. It is matters such as these that have brought about grave ethical concerns.

It is imperative to note that this development in technology and medicine has greatly changed the composition of the family that have traditionally been in place. At the moment, same sex couples can have their children and have a family as normal as the conventional family. This could involve numerous medical procedures like implantation of a fertilised egg into a partner who has the capability to sustain the pregnancy. This is mostly a

fully voluntary exercise. However, an issue may arise where maternal foetal conflicts begin to come about.

Mothers to-be have every right to respond to maternal issues affecting them. The final decision as to what happens to their foetuses rests entirely in their hands. Bio-ethically the doctor is only meant to advice and give recommendations on procedures that could help alleviate a bad condition or avoid one of such from occurring. The patient decides the way to go and the outcome. However, the autonomy of the patient to make some of these decisions is affected by their lack of professional knowledge and experience. This autonomy has led to more fatalities during pregnancies and child births because a patient may insist upon delivering a child with a condition which could put the mother at risk. Development in science has also granted potential parents the ability to know the genomes carried by their unborn children, raising a lot of concern about eugenic alteration and selection, which naturally should be an autonomous preference of the parent but ethically does not support or promise a positive ending.

Despite the medical profession putting safety at the top of the list, safety concerns on the issue of ARTs have been raised. There is a constant probability that the children born out of this exercise may be born with less weight or some other forms of malformations. It has therefore become reason for posing this question: Should all persons seeking ARTs be given the service without due regard to their age, sexual orientation, ability to rear a child, health status among other factors? Ethically, it is not right to allow an individual to bear a child at the expense of the welfare of the child, whatever might be the reason for the threat on the child.

The Principle of Beneficence gives doctors the power to do what they think is best for the general wellbeing of their patients. At the point where the patient may not be in a position to make sound, drastic decisions, the doctor is expected to make those decisions on their behalf. Ensuring a patient is safe is the paramount objective of every medical procedure. This principle is what ought to guide medical professionals when they are selecting lines of action.

With doctors and surgeons given the ability to make these decisions, serious ethical issues arise. For instance, a patient may not prefer the procedure selected by the doctor. This could be due to a number of factors important to the patient. Such a patient has a right to refuse treatment. However, the power vested upon a doctor to decide for a patent could be abused. This concern has been validated from the numerous cases of doctors prescribing the wrong medication to patients, sometimes giving an overdose, which may lead to fatalities.

The Kantian point of view

Kantian ethics are founded on the principle of morality. Immanuel Kant claimed that the Categorical Imperative can be stated differently, although all these ways were equivalent; The Universal Law Formula, Kant’s Principle of Humanity and the Principle of Autonomy.

The Universal Law Formula assumes that the universal law applies to all except for oneself. This means that despite an individual breaking the law, he or she expects everyone else to abide by the law. Principle of Autonomy dictates that all individuals have the right to live their lives on their own terms as long as they do not infringe on other peoples’ liberties and rights.

Therefore, Kantian ethics assume a person to be any being that can make and uphold moral decisions.

In as much as individuals enjoy freedoms as stipulated above, the issue of organ donation is a risky venture. There are numerous medical procedures to determine issues like compatibility. If a potential recipient is aware that another person's organ is compatible to their system then they would go to great lengths to ensure they get the organ. This could involve unethical practices like bribery and theft of organs, therefore denying the process some credibility. It is such situations that gave credence to the establishment of both state and federal laws that govern donation of organs.

The Principle of Humanity states that with the exception of human beings, all other beings are considered a means to an ends, they can be owned and are rightfully considered to be one's resource (they have use value). Persons on the other hand are ends. As such, they must be treated with dignity and respect. Another implication of this principle is that telling a lie is wrong. The Kantian alternative to lying is saying nothing. This principle is seen to incline towards supporting the Principle of Autonomy. This creates a thin line between ethical and unethical methods of organ acquisition.

On the matter of organ donation, the Kantian position is that it is wrong and inappropriate. This is because the human body has an intrinsic value; organ donation, especially in the presence of financial incentives implies an instrumental value imposed on parts of the body. In addition, the question of exploitation as of when it should be morally approved or otherwise arises. Another moral point of concern is that by commercializing the sale of organs, greed will eventually come into play thereby making organ sale intrinsically

evil, the issue being procurement procedures and methods.

Kant does not support assisted reproduction. This is from the position that he took on donation of body organs. Kant's view is that being able to instigate pregnancies scientifically goes against the basic role of nature to provide life. He believes that assisted reproduction gives rise to a generation of human beings of inferior quality that could radically change the quality of human beings and the ability of the human race to actively produce viable offspring over time.

The utilitarian approach states that an action that is morally right, or one that we are morally obliged to will be the most beneficial to everyone. It would maximise utility thus have more benefits than any other task at hand. This however raises the question of consequences. An action that will produce the most utility may not necessarily the most morally upright. Therefore, individual rights outweigh social utility maximization. The benefits are such as the donated organs will provide resources for advancing research. Legalizing organ sale will cater to the organ shortages through providing due process in matters concerning the sale and purchase of organs, thereby eliminating the need for the black-market, which does not guarantee the quality of the organ. In this regard, many life threatening situations can be mitigated. It is in light of this that strict guidelines that balance all the above approaches come into play. It is essential to ensure that the entire process of organ donation is above board to avert crises caused by human ambition.

The slippery slope argument

The Principle of Autonomy or self-determination is at the core of the debate to legalize euthanasia. To be forced by law to live an intolerable life, when one would prefer to choose death, or when doctors are willing to assist one end his or her own life, violates individual autonomy. Opponents of assisted suicide appeal to the ‘ slippery slope’ argument which are involved in an ethical context, to claim that should a specific action be allowed, society will inevitably be led down the ‘ slippery slope’ to permit other actions that are also morally wrong.

For the purpose of euthanasia, it is important to note that advocates of autonomy recognize that autonomy is the responsibility to choose how to plan one’s life independent of religious or moral persuasions. It is the ability to choose whether or not these personal values remain the same while making the bold decision of whether to live or die. The ‘ slippery slope’ theory is thus based on rhetoric and squarely difficult to assert or quantify its effects.

Clarity in distinguishing legal circumstances is based on whether the right to self-determination is negative or positive. In the positive right, the duty to euthanize is imposed on someone while the negative right does not give one any entitlement to demand euthanasia. Legalization thus implies that it is legal to perform euthanasia on a person who meets the qualification criteria, but it is not obligatory to comply with the said request. To a great extent, euthanasia also involves the doctor’s responsibility for his or her actions with regard to the patient.

It is crucial to note that a doctor’s actions cannot be undone; therefore, the

personal choice to refuse or interfere with treatment will lead to death. For this reason, euthanasia is an option confined for the dying, but not those who are suffering without the risk of dying. The slippery slope gives medical professionals a chance to gamble, with hope of positive returns. The patient or his guardians, though, have to be consulted because if a doctor acts on his own volition and performs euthanasia it becomes a crime.

The idea of taking another person's life is a moral dilemma since the sanctity of human life is subjective; it depends on the value or dignity associated with the said life. People who advocate for euthanasia assert that people have the right to a dignified death, making it an ethical solution to preventing unbearable suffering, as a measure of last resort.

Eugenics is referred to as the practise and belief of improving the quality of genetics in humans while genetic enhancement is the process of transferring genetic material with the intent to change non pathological human traits. Genetic enhancement s aims to improve performance by optimizing ones capabilities. Genetic revolution allows researcher to identify and map out the exact location genes or chromosomes, this gives the researchers tools to trace the disease gene and identify its potential cure. Gene insertion or therapy may be used to supplement and enhance individual cells or gametes to engineer and manufacture DNA.

The major concerns on genetic enhancement are twofold; the question of unfair advantage that is enjoyed by enhanced persons and that of undermining social equality. The genetic ' slippery slope' thus addresses philosophical and religious questions on its effect on human evolution and intrinsic biological processes. These concerns are based on the modification

of functions that would otherwise be considered normal. Interventions that might be intended to alleviate deficiencies or reduce the risk to disease could end up being enhancement efforts. In a deliberate effort to regulate genetic enhancement technology, it is essential to clarify when genetic manipulation is considered enhancement from when enhancement is genetic. This will regulate the safety, risk and benefits of genetic enhancement.

Technological imperative

Technological imperative gives humans the upper hand in correcting deformities and other issues that may arise from the development of the human life form. There have been massive gains in biotechnology, with particular focus on the improvement of human life span and health. Technology has given humans the power to actualise dreams of a blemish free life. On the other hand it has elicited concerns over too much power in the hands of man that could alter the process of human evolution, eventually changing the destiny of the human race. These concerns have been heightened by concerns that science is unanimously controlled by the technological imperative.

Xenotransplantation is the process of transferring organs, tissue and animal cells into human beings. In this age of human organ shortages, xenotransplantation, stem cell technology and human cloning are technological imperatives in a society that has no clear agreements on the modalities of consent. Ethics has taken a back seat in a period where science is seen to have solutions to human problems. With cloning and other forms of xenotransplantation in place, there is a feeling that science will implement

anything as long as it can be done without regarding the survival of the human species; that the possible is not inevitable.

Pluralistic societies observe that the principle of autonomy should apply where actions can be justified and intentions accounted for. Technological imperative gives scientists the incentive to continue researching further into biotechnology. The intention for such development remains a point of concern, as a lay person may not understand the reason for research into fields like cloning, seeing no particular threat to human existence. Laws have been formed to guide the potential application of the results of such research.

This is guided by the principle that closely observing the direction in which these advancements in biotechnology are headed is better than reacting to the effects after a move has been made. Case in point is the reaction of the public towards Dolly, the cloned sheep. This prompts biotechnologists to give more credence to ethical issues and educate the public on the ramifications of these processes. It is upon scientists to inform and educate the public on scientific procedures and results of research to avoid unfair judgement.

Technological imperative has made it possible to try and correct or mitigate the effects of severe abnormalities in infants. This offers them a chance at normal growth and development. Surgeons are, however, constantly faced with a decision whether to operate on new born infants when the parents do not consent to surgery. A dilemma arises where the surgeon or a medical practitioner is divided between the rights and responsibilities of the parent and state child neglect laws. A child with severe deformation requires urgent medical intervention, but these procedures have to be sanctioned by the

legal guardian.

It is important to note that there has been a shift from all emphasis being placed on the medical outcome of treatment decisions towards legal, economic and ethical issues. The society has become more involved in decisions regarding biotechnological procedures. Science has proven that the life of a child with severe abnormalities can be prolonged, even though the infant may not heal completely. This will however imply that the family of the child will have to deal with the condition of the child throughout its life, as is the case with the infant.

The public reserves the right to refuse treatment. This shows a consensus by the public that life cannot be sustained by artificial means in case of a terminal condition. The dignity of the terminally ill individuals is defended by law, thus physicians cannot use technology on a patient just because it is available. Patients or their guardians have to view an offer made by a doctor and choose between alternative methods of treatment.

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