SNI SURGICAL NEUROLOGY INTERNATIONAL

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Commentary

Bioethics – Part 2: Is it compassion, personal autonomy, or ulterior utilitarian motives at heart?

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Received: 01 February 16 Accepted: 15 February 16 Published: 07 April 16

Following the publication of the first part of this article, "Bioethics – Should they encourage the killing of unwanted newborn infants?" dealing with bioethics and infanticide,[6] I received correspondence from a former colleague, Dr. Richard L. Elliot, Director of Medical Ethics at Mercer University, contending there is little difference among medical and biomedical ethicists; that my characterization of bioethicists as utilitarian moralists (useful agents of the state) may not be accurate; and that autonomy (and personal choice) is given "high priority" by bioethicists.[2] I beg to differ on all counts.

I have served as medical editor in four publications, the *Journal of the Medical Association of Georgia* (1993–1995), the *Medical Sentinel* (1996–2003), *Surgical Neurology* (2004–2010), and *Surgical Neurology International* (*SNI*; 2010-present). In all four of these journals, there were considerable discussions about ethics and the nuances of tenets between traditional medical ethicists, who follow Hippocratic teachings, and biomedical ethicists, who follow largely utilitarian precepts. Articles addressing those differences were published in them, as well as in the *Journal of the American Medical Association* (*JAMA*). At least four articles and/or letters on the subject were published in the last 2 years in *SNI* alone. Elsewhere I have affirmed there are areas in bioethics – addressing, for example, biomedical research, care of laboratory animals, etc., – that are not directly addressed in traditional medical ethics. There is a place for bioethics in those areas, but in dealing with clinical medicine and human patients, traditional medical ethics have served the profession well and should be the gold standard by which clinicians should be guided.[5]

As far as disagreeing with my characterization of bioethicists and their alleged prioritizing for autonomy, below are telling remarks, not by death-obsessed crackpots but by leading lights of the bioethics movement:

- Dr. Daniel Callahan, Professor of Bioethics and former Director, now President Emeritus, of the Hastings Center: "Denial of nutrition, may, in the long run, become the only effective way to make certain that a large number of biologically tenacious patients actually die."[1]
- Dr. Peter Singer, Professor of Bioethics at Princeton University: "Fetuses like newborns lack the essential characteristics of personhood – 'rationality, autonomy, and self-consciousness' and, therefore, killing a newborn baby is never equivalent to killing a person, that is, a being who wants to go on living."[10,11]
- Dr. John Hardwig, Professor of Ethics at the University of Tennessee has repeatedly affirmed that elderly patients, who have lived a full life as well as those citizens whose lives have become not worth living because of chronic disease, have a "duty to die" for the good of society and the proper utilization of societal health resources. Moreover, he has gone farther than most pointedly admitting denial of individual autonomy by asserting there is

Access this article online	
Quick Response Code:	Website: www.surgicalneurologyint.com
	DOI: 10.4103/2152-7806.179856

How to cite this article: Faria MA. Bioethics - Part 2: Is it compassion, personal autonomy, or ulterior utilitarian motives at heart?. Surg Neurol Int 2016;7:34. http://surgicalneurologyint.com/Bioethics-–-Part-2:-Is-it-compassion,-personal-autonomy,-or-ulterior-utilitarian-motives-at-heart?/

a "responsibility to end one's life in the absence of any terminal illness… a duty to die when one would prefer to live… even those who want to live can face a duty to die.[9]

- Dr. Ezekiel Emanuel, Director of the Clinical Bioethics Department at the US National Institute of Health and one of the architects of Obamacare, has proposed that we should all die by age 75 because "we are no longer remembered as vibrant and engaged but as feeble, ineffectual, even pathetic." Dr. Emanuel claims he is not advocating euthanasia at age 75 "to save resources, ration health care, or address public-policy issues," but that is exactly what he is inferring and in fact later he makes utilitarian proposals to redistribute health resources from the old and infirm to the younger generation.[3] I responded to Dr. Emanuel's proposals with a long article published in *Surgical Neurology International*.[4]

In reference to my previous article in which I referred to the bioethicists call for newborn infanticide,[6] I received inquiries as to why not adopt, instead of killing, these babies. But the bioethicists had already responded to that question:

"On this perspective, the interests of the actual people involved matter, and among these interests, we also need to consider the interests of the mother who might suffer psychological distress from giving her child up for adoption. Birthmothers are often reported to experience serious psychological problems due to the inability to elaborate their loss and to cope with their grief…those who grieve a death must accept the irreversibility of the loss, but natural mothers often dream that their child will return to them. This makes it difficult to accept the reality of the loss because they can never be quite sure whether or not it is irreversible."[8]

Thus, according to these bioethicists, ostensibly adoption would be too traumatic to parents, more so than the outright disposing (killing) of the newborn infant.[8] At this juncture, we must pause and ponder about the given explanation and ascertain whether we have here a pathologic inversion of priorities due to some sort of convoluted compassion, or plain, deliberate and deceitful casuistry!

It is no wonder, then that with all this obsession to push society towards "a duty to die" mindset, more palatably and euphemistically propounded as "the right to die" and euthanasia for the most vulnerable members of our society[7] – not necessarily respecting individual autonomy as it is claimed by some as "the right to die," but more pragmatically for utilitarian reasons, the conservation and redistribution of resources – moral philosopher Wesley Smith has pointedly called the bioethics movement a "culture of death."[12]

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