

Morality part 7

Medical Ethics

With the advances in medical technology coupled with the rise of the abilities of the medical community to care for its patients, so too does the rise in medically ethical issues. As a segue into the topics for this session, let us compare the modern medical world to the not-so-distant past. If we reverse to 100 years ago, issues of end-of-life care, abortion, and health care were virtually non-existent. If someone was going to die, doctors had little they could do to prolong life. In modern society we can almost keep a person alive indefinitely using a combination of feeding tubes, ventilators, and heart monitoring machines. The ability to keep a person alive almost indefinitely caused a set of ethical issues regarding end-of-life care and ending medically necessary procedures for keeping a person alive. Similarly, 100 years ago medicines were limited to mostly herbal or basic chemicals found in normal grocery stores. The ability to treat common illnesses like pneumonia, infections, and water borne pathogens were non-existent. Today all of these illness have such common treatments that we don't even wonder about whether the illness is serious or could be fatal. A hundred years ago no one thought twice about calling a doctor and the money toll of a medical professional. Today the rising cost of medical care is one of the most significant losses of income a household can face with insurance companies hiring insurance companies to pay the cost of even basic medical care. The world of medical care has changed dramatically in the last 100 years and we expect it to continue to change. Yet the same basic ethical issues remain regardless of the progress of medical technology.

Vaccines

The issue of the Covid vaccine is only a touch stone for understanding a larger medical and ethical issue. Before we dive into the larger political-social issue of the Covid vaccine, I want to explain and compare the response of the Covid vaccine to the Rubella vaccine produced at the beginning of the 21st century. When the vaccine for Rubella came out, the Catholic Church addressed the same issue of the vaccine being prepared using aborted fetal cell lines. The Congregation for the Doctrine of the Faith as well as the Congregation for the Promotion of Life wrote a joint medical document outlining the medical and ethical concerns of the Church. The citation for the summary document and the link are at the end of this section. The basic similarities and differences are the following. Similarities: vaccine associated with aborted fetal cells, issue of complicity with abortion, significant health risks can be avoided with the vaccine, issues of moral complicity by using vaccine. Differences: Rubella was prepared using aborted fetal cells whereas Covid was tested on aborted fetal cells, the significant health risks were localized with Rubella and global with Covid.

The ethics: the main question is, can we take a vaccine associated with abortion? The answer is complicated. Since neither vaccine was the immediate cause of the abortion, i.e. an abortion was necessary to produce the vaccine or test them, then we cannot declare absolutely that taking the vaccine directly causes an abortion. In all of these vaccines the abortions occurred in the 1970's and the cells from the aborted fetus were cultivated throughout the decades without additional

abortions. Since the original immoral act took place in the 1970's, then the current cells are far removed from the original act of the abortion. In both the Rubella case and the Covid case, the amount of medical changes in the cells from the abortion as well as the amount of time that has passed indicates that we are not morally culpable for the act of abortion since we are remotely materially cooperating with the original abortion.

Further controversy. The document on the Rubella vaccine has a different conclusion than the Church's stance on Covid. Although the final declaration is that a person is not morally responsible for the act of abortion should the person choose to be vaccinated, the Church recommends against the vaccine for the sake of putting pressure on local authorities to produce vaccines independent of aborted fetal cell use. The response to Covid was similar in that Church declared the Covid vaccine morally permissible but didn't add a part about complicity through promoting the use of vaccines prepared through aborted fetal cell lines. Instead, the Church encouraged the faithful to focus on vaccines only *tested* on aborted fetal lines and avoid the ones *prepared* through fetal cell lines.

<https://www.immunize.org/talking-about-vaccines/vaticandocument.htm>

Euthanasia

The issue of euthanasia is hidden amongst layers of similar sounding language: death with dignity, rite to live well, end of suffering, not prolonging suffering, respecting a person's wishes, population control, disease prevention, genocide. Even though these phrases range from sounding merciful to cruel, they all surround the same issue: Do we have the right to kill people? More specifically, do we have the right to kill people due to medical issues?

Euthanasia for terminal cases. Let's start with the simpler issue and the one that is most controversial. An elderly woman is dying in the hospital. She is currently hooked up to a series of machines that are keeping her alive. She has no hope of recovering and the medical equipment is not only prolonging her life but increasing her suffering. Can we stop using the medical equipment and let her die? The answer is yes. Without the medical equipment she would die naturally and is no longer assisted by the medical equipment. Can we give her morphine to ease the pain? Yes, the morphine helps keep the person comfortable until nature takes its course. Can we give her extra morphine to assist the process? No, we cannot be the cause of her death. This last question is the challenge and the reason for the debate regarding euthanasia. When someone reaches the end of her life and there is no hope of recovery, the temptation is to end the life early: to do something that hastens the speed of death. Any procedure that hastens the natural process of death for the sake of hastening the death is considered immoral and an act of murder. Some claim that watching someone suffer is more cruel than ending the life early. We are not required to cause or even promote the suffering of people, but we cannot choose procedures that would intentionally cause the death, this is euthanasia. In summary, those at the end of their lives have the right to die peacefully and well but that doesn't mean that we can hasten or cause their death. We must preserve their dignity as much as morally possible and ease their sufferings as much as morally possible.

The issue of euthanasia is advancing beyond end-of-life care. Some people see euthanasia as a way of dealing with people with chronic conditions, mental disorders, or physical ailments. We cultivate language such as non-productive members of society, end of their suffering, not becoming a drain on society, the common good. In all of these phrases we have the same central issue: life only has meaning if we have no limitations. Any limitation on the quality of our life makes life not worth living. In a more sinister way, any limitation on the quality of life of another is a problem for society.

The most pernicious side of euthanasia, which is becoming increasingly more common globally, are the issues of population control and genocide. Over the last 20 years the topic of over population has risen and fallen with the sentiments of the time. Many scientists have been adamant that the level of population growth will tax our planet and we need measures to control the population of humans. Most of the scientific research on population control is based on assumptions about our global capacity: the ability of the ecosystem to produce food, technology will not increase the quality of life and the quality of the planet, the current status quo for living must be maintained, and environmental hazards. Although some of the findings are useful, all of them are mere predictions based on unknown assumptions. The second side is genocide. Iceland began aborting all fetus who tested positive for Down Syndrome nearly eliminating Down Syndrome from the population. The United Kingdom followed suit a few years later. This new form of euthanasia attempts to restrict the population to only those genetic disorders or traits that we favor. The idea of genocide and genetic euthanasia is a common sci-fi premise. Every sci-fi book written about a society that controls the genetics of its population fails. The answer is simple: when you devalue life to the point of creating your own utopia, it will always collapse into a dystopia because life becomes meaningless.

Health Care

Since this series focuses on the ethicality of issues, I will not speak of health care in term of the socialization or privatization of health care. Instead, the focus of this part is to emphasize the ethical issues related to health care and the relation of those ethical issues to a proper form of health care.

Everyone agrees that health care is important. Some claim that health care is a universal need others claim economic reasons for privatizing health care. The Catholic Church teaches that health care is a universal good for all peoples. The basic foundation for the universality of health care is the dignity of the human person. Every person, given dignity by God the creator, has a right to basic health care as the source through which the human person flourishes. Without the ability and resources to maintain one's health, the person cannot thrive, and in some cases, survive. Therefore health care is a basic right to all people. How do we provide ethical access to health care for all people?

Universalization of health care. Many people suggest that the best way to provide the basic right of health care to all peoples is by giving everyone equal access to health care. This system suggests that the good of society is dependent on each person being healthy and living well. The better each person can live well, the better the society will be. Although this philosophy has truth

to it, the current system of health care presupposes that medical development leads to healthier living through medical advances: the funding for new procedures, the cost of development of medical technology and new drugs, the proper training of medical staff, the economic equality of pay for training and expertise. All of these issues compound and complicate the issue of a universalized health care.

Economic challenges of health care. Everyone is keenly aware of the immense cost of health care. When insurance companies are insured by other insurance companies in order to provide their services, something seems to be wrong. The immense cost of health care is the main driving force keeping people away from their basic needs and rights. The issue is compounded by developing world countries where health care is extremely limited and most basic diseases and health issues result in death whereas in wealthier countries would be easily cured. How do we deal with these economic problems? How do we deal with the economic fallout of a system with such a high price tag? How do we ensure basic medical care and yet advance the causes of medical care? Do the poor and the developing world countries get to receive services?

The ends of medical care. Another major issue plaguing the medical field is the basic goal of medical care. Is the goal of medical care to treat an illness, cure a patient, improve health, or achieve a certain quality of life? These ends are being challenged and confused in a depersonalized medical world. Many doctors focus on issues they can diagnose and treat due to the fear of lawsuits and the immense time constraints of the medical practices. By focusing on treatment of diseases, the life issues of the person are largely ignored. Thus we repeat a system where we treat symptoms while attempting to achieve a specific quality of life and ignoring the life issues that led to that state in life. Rarely are doctors concerned about the quality of a person's life unless they are dying or terminally ill. The focus on treating symptoms and diagnosing illnesses based on specific symptoms treats the individual as a machine through which the doctor treats a specific issue. Rarely in the medical field does the patient get to determine their goals in treatment, their desired outcomes, or the focus of treatment. The lack of personal care divorces the person from their issues and denies them the dignity they deserve.

Quality of life. This issue is similar to the last point I made. What are we striving for in medical advancements? Do we want all people to become immortal? Do we want to irradicate disease? Do we strive for a specific standard of living? Many of the assumptions of the medical field are based on a "normative." A normal human acts and feels in a very specific way. Therefore medical procedures are designed to help a person achieve "normality." What is normality? Should all people feel the same? The answer is invariably, no. Each person has a quality of life and a way of living specific to that person. In order to properly treat a person and understand the quality of life sought, the person must decide normal for themselves. The medical world would do a great service to people by changing some of its practices to a personalized medical approach that centers on the quality of life for that individual.

Summary: health care is a universal right that all people share. People have a right to access treatment for diseases and to work towards a quality of life that leads to their fulfillment. Governments should work to ensure the basic rights of people are met and medical staff should strive to meet the need of the individual person thus respecting their inherent dignity.