

Some Bioethical Issues in Indian Ethical Guidelines for Biomedical Research on Human Subjects

İNSAN DENEKLER ÜZERİNDEKİ BİYOMEDİKAL ARAŞTIRMA İLE İLGİLİ HİNT ETİK TÜZÜĞÜNDEKİ BAZI BİYOETİK KONULAR

Jayapaul AZARIAH^a

^aAll India Bioethics Association New No. 4, 8th Lane, Indiranagar, Chennai 600 020, INDIA

Abstract

India biomedical history is very ancient and has a rich dose of bioethical basis. Such a history is very rarely remembered. However, due to the current rapid stride in modern science and technology, India is seeking fresh ethical guidelines to steer through the bioethical problems of the 21st century. These bioethical issues are contentious, controversial and complex. Some of the existing legal frameworks provide the ethical guidelines for biomedical research on human subjects. A code of Medical Ethics was framed under the section 33 of the Indian Medical Council Act of 1956. Some of the bioethical issues in the Medical Termination of Pregnancy Act (MTP Act), 1971 and the Ethical Guidelines for Biomedical Research on Human Subjects (EGBRHS) are considered in this paper.

The paper while outlining some of the contradictory nature of issues covered in these two ethical documents, it also traces the early legal environment that covered abortions. Introduction of the MTP Act the criminality of abortion seems to have been covered. However, EGBRHS considerations outlined in EGBRHS seem to contract the sanction of abortion on request by the MTP Act. The question of personhood of the foetus has been dealt with in order to avoid any moral and legal difficulties.

Key Words: Bioethical issues, biomedical research, India biomedical history, human subjects

Özet

Hindistan biyomedikal tarihi çok eskidir ve biyoetik temeline zengin bir geçmişi vardır. Böyle bir tarih çok nadir hatırlanır. Ancak, modern ilimde ve teknolojiye bağlı olarak Hindistan, 21. yüzyılın biyoetik problemlerini ortaya çıkarmak için yeni etik tüzüğünü hazırlıyor. Bu biyoetik konular, kapsamlı ve kompleksdir. Mevcut hukuki çerçevelerin bazıları insan denekler üzerindeki biyomedikal araştırmaya ait etik tüzüğü oluştururlar. Yeni bir tıp etiği yasası 1956 Hint Tıp Konseyi Yasası'nın 13. bölümüne göre çerçevelendi. 1971 Hamilelik Yasası'na ait tıbbi sonlandırmada biyoetik konuların bazıları ve insan denekler üzerindeki biyomedikal araştırmaya ait etik tüzüğü bu bildiride açıklanır.

Anahtar Kelimeler: Biyoetik konular, biyomedikal araştırma, Hindistan biyomedikal tarihi, insan denekler

Türkiye Klinikleri J Med Ethics 2005, 13:165-173

Ancient Indians, especially the Vedic people (2500-800 BC) recognized health as a major component of social and community life. In the ancient Vedic Scriptures *Bṛhadavanyaka Upaniṣd* 1.3.27 expresses such an emphasis very clearly. It states "Lead me from unreal to the real, lead me from darkness to light, lead me from death to immortality".¹ They exhibited

extraordinary professionalism in their medical practices. "A good physician must be a person of strict veracity and of the greatest sobriety and decorum, holding intercourse with no women but his own, He ought to be well versed in all commentaries of Ayul Vedham or the Science of life and he otherwise be a man of sense and benevolence, His hear must be charitable, his temper calm and his constant study must be to do good to the people, He must be mild and courageous, frank, communicative, impartial and liberal, yet ever rigid in exacting an adherence to regimen or rules".²

Human life is considered in Tamil Culture as comprising of two distinct aspects. The word "Woo-ir" denotes life as an entity. While the word "Va-ek-kai" denotes a person's lifestyle. Human life can be divided into two divisions-The structural component and non-structural

Geliş Tarihi/Received: 01.12.2005 Kabul Tarihi/Accepted: 22.12.2005

Yazışma Adresi/Correspondence: Jayapaul AZARIAH
All India Bioethics Association
New No. 4, 8th Lane, Indiranagar,
Chennai 600 020, INDIA
jazariah@yahoo.com

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components like mind, emotions, awareness, intelligence, In essence biologist accept that (i) it is not possible to define life (ii) Life is not a substance or a force (iii) Life can not die (iv) it can be meaningless if life is not understood and seen in the correct and right perspective and (v) we are dealing with an entity of which we know nothing.

I have attempted to paraphrase the meaning of bioethics:³ “Bioethics deals with a development of a structured thought process that provides a systematic framework of thought and analysis that deals with questions of right and wrong and the nature of good and proper life and with the process of decision making in grey areas of life” Many questions raised in the context of prolonging life in foetuses and the newborn are in grey areas of life – the issues are complex and controversial.

Controversial and Contentious and Complex Issues

We need to consider the following three questions to develop suitable guidelines to safeguard the interest of human life in all its stages of development.

- (i) When is the beginning of the beginning of human life?
- (ii) When exactly a human is a human in the continuum of development?
- (iii) And at what stage in the early development of a human being a human is a person.

Indian Context and Acts and Guidelines

In the Indian Context the following are the legal instruments relating to pregnancy and foetus.

1. The Medical Termination of Pregnancy Act 1971 (MTP Act 1971) and
 - 1.a. The Medical Termination of Pregnancy Rules of 1975
2. Ethical Guidelines for Biomedical Research on human subjects.⁴

MPT Act 1971

This Act deals with three issues (i) The condition under which a pregnancy can be terminated (ii) The person or persons who can perform such termination and (iii) The place where such termination can be performed. It identified five conditions for termination. They are (i) Medical – a pregnancy can endanger the mother’s life or endanger and cause grave injury to her health - physical or mental. (ii) Eugenic:- If there is a substantial risk of the child being born with serious handicaps due to physical or mental abnormalities. (iii) Humanitarian:- Where

pregnancy is the result of rape (iv) Socio- Economic:- Where actual or reasonably foreseeable environments (whether social or economic) could lead to risk of injury to the health of the mother. And (v) Failure of contraceptive devices-The anguish caused by an unwanted pregnancy resulting from a failure of any contraceptive device or method can be presumed to constitute a grave mental injury to the health of the mother.

This condition is a unique feature of the Indian Law and it virtually allows abortion on request, in view of the difficulty of proving that a pregnancy was not caused by failure of contraception.⁵

Legal Limits of Abortion

A Medical Practitioner who has performed about 25 cases of medical termination of pregnancy in an approved Medical Institution can perform medical Termination when the length of pregnancy does not exceed 12 weeks. In exceptional cases where the pregnancy exceeds 12 weeks and is not more than 20 weeks, the opinion of two Registered Medical Practitioners must be required to terminate the pregnancy.

It may be noted that the legal limit for abortion in UK, which is currently 24 weeks of gestation (in the absence of evidence of substantial risk to the life or health of the mother or that if the child were born it would be ‘seriously handicapped (p. 11).⁶

Comments:

Although the Indian legal limit is half of the legal limits of the British Law, due to the liberal nature of Indian Law with qualifying other easy conditions that apply, it appears to permit abortion on the request of the patient. Failure to prove the inefficiency of a contraceptive itself becomes a base for the presumption that pregnancy has caused the mother grave mental injury.

The South African Termination of Pregnancy Act 92 of 1996 has given women the right to voluntary abortion. Abortion has increased steadily from 29, 236 in 1996 to 44,558 in 1999. However, termination of pregnancy is not easily accessible to all groups of women.⁷ An increase in the incidence of abortion may indicate a concomitant increase in the sexual activity/laxity of the population.

In India with a population of one billion people, the number of legal abortions amounts to only 600, 000 per year. Before the MTP Act of 1971 was enacted, the common saying was ‘for every one reported abortion there are about 10 unreported abortions’. According to Park (2005) legal abortion contribute hardly 10 per cent of the abortions done in the country, a condition that reflects the days of pre MTP Act. It appears that there is no sufficient

documentation to reflect the exact current status. A survey is needed.

World Abortion Scenario and Ethical Consideration

Approximately 28 million legal abortions and 20 million illegal abortions were performed in the world in 1995^(8,9). Whether these aborted foetuses are alive or not is a ground for bioethical debate with regard to prolonging the life of an 'unwanted child'. Therefore, it may be logical to assume that the question of prolonging life in foetuses and newborn need to be addressed only in the case of foetuses and newborns that are wanted and loved by their parents.

Ethical Issues Arising Out of the ICMR Ethical Guidelines of 2000

ICMR ethical guidelines of 2000 recognize three stages in human development within the womb of the mother. (i) Pre-embryo (unformed foetus) stage covers the period between conception and 15 days (ii) Embryonic stage covers the period between 15 days and 8 weeks and (iii) Foetal State the stage subsequent period between 8 weeks and the time the baby is born, at approximately 38 weeks post-conception (40 weeks post last menstrual period). It also states that the "pre-embryo is not isomorphic with the later developmental stages" for the reasons of (i) cells cannot yet be defined as contributing to the embryo or to the extra embryonic tissue and (ii) complete implantation has not yet been accomplished.

Under the section "Foetal Stage" it distinguishes between; 'live aborted foetus' and 'dead foetus' with the following explanation.

(a) Live aborted foetus: If an aborted foetus is alive, it is a person, no matter how short the period of gestation and using it for an experiment would, in law be considered an assault upon it.

(b) Dead foetus: An expelled or delivered foetus that exhibits no heart beat or spontaneous breathing. Some organs, tissues and cells remain alive for varying periods after the moment of death of the foetus.

(c) "Respect for embryo can be shown by (1) accepting limits on what can be done in embryo research, (2) committing to an interdisciplinary process of peer group review of planned research, and (3) carrying out an informed consent process for gamete and embryo donors. Further, respect for embryo's moral status can be shown by careful regulation of conditions or research, safeguards against commercial exploitation of embryo research and limiting the time within which research can be done to 14 days i.e. when the primitive streak appears. This restriction is in keeping with the policy in several nations that permit

research with embryos. At this time, the development of nervous system begins and the embryo begins to become a distinct individual"

Comments:

Three statements are relevant for the present consideration.

(i) "If an aborted foetus is alive, it is a person"

(ii) in law be considered an (criminal) assault upon it (foetus) and

(iii) with the development of nervous system the embryo begins to become a distinct individual (person?)

It remains to be seen as to what will be the impact of considering an aborted live foetus as a person among medical and legal fraternity of India and what will be the moral and legal implications of considering a live foetus as a person

Point number 1

If a live foetus is used for an experiment then it is a criminal assault then by logical inference causing pain and discomfort to a foetus would also amount to criminal assault; more so, if death is caused to a live foetus. Therefore, causing death to a foetus be naturally considered as "murder".

Point Number 2

The qualifying clause "no matter how short the period of gestation" would naturally cover the pre-embryo period also, if we take the definition of NBC (6) seriously that gestation is the time period from conception to birth. Therefore, the punishment for criminal assault can be imputed to the entire continuum of human development.

Point Number 3

An aborted foetus if it is alive, then it is a person is an interesting dictum but a thorny issue in bioethical debate on the personhood. The Indian "Central Ethical Committee" convened under the chairmanship of Hon. Justice M.N. Venkatachaliah to formulate the "Ethical Guidelines for Biomedical Research on human subjects", it appears, had no philosophers on its panel of experts. Moreover, many Indian philosophers have taken little interest on the subject of personhood of human beings. After a nine long years of 'seed sowing in Bioethics' by the All India Bioethics Association, only a hand few of Philosophy Departments has taken keen interest in the discipline of bioethics, in general. They are the University of Pune, University of Kerala, Madras Christian College, Chennai and Assam University, Silchar. There is a great need to generate Indian human resources in such critical areas of bioethics. How many UK philosophers will agree with the doctrine of personhood from conception to birth is

an interesting subject for further study. It appears that Indian quality of respect for life and thus conferring personhood by one single sweeping statement is deep seated in the Indian mindset.

Point Number 4

The statement that with the development of nervous system the embryo begins to become a distinct individual may be taken to mean that embryo is a separate person from that of the mother. Within the medical fraternity objection has been raised regarding the implication that an embryo becomes an "individual" on day 14 is absolutely arbitrary.⁹

Point Number 5

There are many implications of conferring Personhood to foetus. A full discussion of the different concepts of personhood and the question whether a foetus is a person has been dealt with in "AIBA Newslink Vol 4: 26-28".¹⁰ While pointing out three different views on personhood, states that if we identify personhood from the moment of conception then that such persons are entitled to the same natural rights and moral considerations of any other person.

Three different views on Personhood¹⁰

Any consideration of providing life saving treatment/surgery / therapeutic medication would depend upon one's personal conviction whether or not a foetus is a person, If yes, then, the question is raised - from what stage of human development?

To identify the personhood in a human being from the moment of conception and argue that these persons are entitled to the same natural rights and moral consideration; of any other person has many serious implications. Then it would brand abortion, without regard to the gestational months, as murder. It would impose an obligation on a physician to prolong the life of foetuses/neonates who are born too early or too small. If we have the technology and the means then it is obligatory on our part to extend the life. This provision naturally depends upon the facilities available in a hospital.

It is necessary that the conditions of self-consciousness, reasoning ability, self-motivated activity or the capacity to communicate are the basis of recognizing humans as persons. On this basis, foetuses lack those characteristics, they lack the moral standing of persons and therewith the rights and moral consideration due to persons. Abortion is not murder because it is not the killing of a person. In the same token, withholding life saving treatment to foetus/neonates born too early or too small will be admissible.

The third view is that the potential for consciousness is a minimal, necessary condition for persons, and that therefore, individuals, who lack such a potential, are not persons and accordingly, can be treated as such.

In this context Azariah¹¹ raised the question "does the foetus lose its "personhood" just because it is sick and nonviable"? This question was asked so that the readers of AIBA Newslink newsletter could respond! But it still remains an unanswered question.

Point Number 6

Application of basic ethical principles in personhood concept. In this context The Belmont Report⁽¹²⁾ may be taken for consideration, which outlines (i) Respect of persons, (ii) Beneficence and (iii) Justice as the basic ethical principles. Can these principles be applied to foetus?

The principle of Respect of Persons: This principle recognizes that individuals should be treated as autonomous person. And persons with diminished autonomy are entitled for protection. If we consider the foetus, as a person with diminished autonomy then protection in the form of life prolonging treatment should be given, even when they are born premature or with illness. An autonomous person is an individual capable of deliberations about personal goals and of acting under the direction of such deliberations. A foetus comes nowhere near to this dictum.

Ethical Guidelines of ICMR stipulates⁴ "physicians may provide anencephalic neonates with ventilator assistance and other medical therapies that are necessary to sustain organs till such time as the diagnosis of death is made on the basis of cessation of cardiac function Retrieval and transplantation of organs of anencephalic foetus are ethically permissible only after such diagnosis of death is made" (p. 74). If an anencephalic foetus can be provided with ventilator assistance and other medical therapies that are necessary to prolong life then it follows logically that similar life prolonging treatment can be given to "foetuses in poor health, very premature babies and the newborn who have experienced problems at birth" till death. Secondly, prolonging life of an anencephalic foetus for the sake of its tissues and organs seems to follow the dictum "end justifies the means". This issue has to be debated in detail.

Point Number 7

Equality among Foetus, Newborns and Adult persons in terms of personhood:

Conferring personhood to foetus automatically ensures the legal and moral standing of the foetus as that of the adult person. Among the equals only, the question of rights arises! All of the human rights issues apply to the foetus also. Consequently, is there an obligation on the part

of the physician to treat foetus-patient? As per the human rights principle, yes, there is an obligation.

While discussing the obligation of a physician to treat a HIV patient, Gaitonde¹³ points out the “legal position in Indian on a doctor’s obligation to treat is that a doctor in the public sector can’t refuse to treat a patient. A doctor in a private sector can so refuse, except in the case of an emergency”. Whether such a disparity is found among physician who treat foetal patients and neonates is not known.

A pre-embryo is not isomorphic with any of the later stages of human development. In fact no stage in the continuum of human development can be taken as typical of humanness i.e. it can be used to answer the question: What is human?

In India laws may be good but sometimes what is on paper may not be the ground reality.

Point Number 8

If foetus is a person and has equal rights with an adult person then there is a question that is to be answered. What if the foetus is abnormal, unhealthy, and sickly? Under these circumstances the following ethical principle namely “Ordering” can be applied. Ordering is ‘ethical principles must be prioritised even though they may be conflicting’⁽¹⁴⁾. Further course of action depends upon ones own personal beliefs and conviction. If a person believes that a foetus is a person and killing a person is murder then one is obliged to provide life saving treatment, including surgery and blood transfusion. If another believes that foetus is a person only after birth then lengthening of the life of a foetus is doubtful. (vide infra)

Foetus and the process of living – quality of life

In the continuum of human development, no stage is a typical stage of humanness. However, the entire spectrum can be divided into two major parts: (i) the life within the womb and (ii) the life outside the womb – as a newborn child, breathing fresh air of the biosphere. Quality of life judgment depends on external indices of socio – economic and psychological conditions in the society and higher emotions characterized by virtues and values. These parameters formulated to assess the level of quality of life of an adult human cannot be applied to the life condition of the foetus in the womb. Therefore, there is a necessity to develop different attributes of quality of life judgment with special reference to fetus.

What are the Religious Beliefs that Affect The Issue?

A case in reference can be cited from Christian and Hindu scriptures where references to the foetal quality of life can be found. In the Bible, the meeting between Mary,

the mother of Jesus and Elizabeth, the mother of John the Baptist can be taken for the present consideration. In the Gospel according to Luke Chapter 1 verses 35 to 44 the above meeting is recorded. Relevant verses are cited below.

v. 35 And the angel answered and said to her, “The Holy Spirit will come upon you, and the power of the Highest will overshadow you; therefore, also, that Holy One who is to be born will be called the Son of God.

v. 36 Now indeed, Elizabeth your relative has also conceived a son in her old age; and this is now the sixth month for her who was called barren

v. 39 Now Mary arose in those days...

v. 40 and entered the house of Zacharias and greeted Elizabeth

v. 41 And it happened when Elizabeth heard the greeting of Mary, that the babe leaped in her womb and Elizabeth was filled with the Holy Spirit

v. 44 “ For indeed, as soon as the voice of your greeting sounded in my ears, the babe leaped in my womb for joy.

It is to be noted that the Luke, the author of the Gospel account is a trained and qualified medical doctor of that age. Since he has found it satisfactory to include both the qualifying statements about the foetal movements in his account is an endorsement that it is an authentic statement from a medical perspective.

This passage indicates (i) the close organic relationship between the mother and the foetus (ii) both behave like ‘twins’ i.e. one is able to communicate with the other without words (iii) the foetus is able to ‘hear’ the greetings and understand and respond i.e. the foetus was conscious of the events going around him and respond accordingly (iv) the mother is able to assess the differences in the response of the growing foetus in her womb (v) there are differences in the response of the fetus – it is not just ‘movement of the foetus’ which is the natural behaviour of the foetus at 6th month of gestation but it ‘leaped’ – a quantitative difference which the mother can sense and (vi) the foetus has an enjoyable experience The phrase ‘leaped in my womb for joy’ can be taken to mean that John the Baptist, in the foetal stage of his life itself was able to see the mission fulfilling continued life of Jesus, and may be also his own.

It is interesting that these two statements v. 41 & 44 differ in their quantitative assessment of the behaviour of the foetus. The mother is able to sense the difference and distinguishes the second (leap) statement with her own assessment – the leap was accompanied by joy. Hence, in the quality of life judgment, in the first place, it is the mother who is the best judge. Whether all women would be

able to evaluate and make qualitative distinction in the fetal moment is to be seen.

In cases where the foetus/neonate is ill and he/she in fetal stage needs medical treatment, including surgery, the decision should be a collective one based on a common interest i.e. in the child's best interest. In making the collective and common decision, the expertise of the mother, family members and the doctors could be taken into consideration.

Singer^{15,16} has characterized ethically relevant characteristics of human person. Consciousness is a chief ethical parameter, which is the capacity for physical, social and mental interaction with other beings, having conscious preferences for continued life; and having enjoyable experiences. The Utilitarian concept of human life stands on the premise of 'human consciousness'. On this basis John the Baptist may be categorized as having a good quality of life and a good value of life at the six month of gestation period itself.

The Hindu Scriptures goes much ahead of the John the Baptist incident. It records the story of Abhimanyu in his mother's womb. Lord Krishna's sister Subhadra, was carrying in her womb, a child-Abhimanyu. Krishna narrates to her the military significance of the complex military strategy of "Chackra-uha" and how to break it and get into it. Abhimanyu who was in Subhadra's womb was also responding to statements of Lord Krishna. At one stage, Lord Krishna, resented the response of the fetus (Abhimanyu) and did not complete the account of Chackra-uha as to how to get out of it. When Abhimanyu was a very young man of 16 years old, he did utilize the knowledge gained by him as a fetus in his mother's womb i.e. what he 'heard' about the technique of breaking the Chackra-uha formation. Since he has not heard as to how to break the military formation, he failed to come out of it and was killed since Krishna's account was abruptly terminated in the middle while he was in the womb. This episode also reiterates the ability of fetus to hear the outside world, comprehend it, understand it, imbibe the message and retain it in the memory and utilize it long after birth.¹

For this reason, the south Indian tradition and custom is that of keeping the pregnant mother always happy and smiling. It is a common practice to buy Jasmine flowers and deck the pleat of hair and hear good and pleasant words and music.

Use of embryos in Embryonic Stem Cell (ESC) Research

There are many ethical issues in using embryos in Embryonic Stem Cell research. As on May 2003 there are

about 60 embryo stem cell lines, where a life-and-death decision has already been made. The embryos of these lines have already been destroyed. With the consideration of Stem Cell Research Enhancement Act (H.R. 810) a possibility exists for the creation of about 275 new cell lines for research using the eleven thousand embryos in cryopreservation.¹⁷ There is a need to adopt uniform policy in the use of ESC in research.

Can a Foetus Have 'A Quality Of Life'?

Yes! These two cases strongly vouchsafe the view that foetus is a person-even at the sixth month of pregnancy (approximately 24 weeks).

Therefore, "Are embryo (unformed foetus) and foetus a person"? It is a question, which is very difficult to answer. What type of quality of life judgment can be made of human life before 6 months of pregnancy? We do not have any clue! In the absence of such parameters that will enable us to make quality of life judgments the following biophysical profile and foetal evaluation factors may be taken into consideration:

- (i) Foetal movements
- (ii) Opening and closing of hand
- (iii) Foetal breathing rate
- (iv) Foetal heart beat rate

The difficulty would be about the frequency of monitoring the biophysical profile in a given case and the impossibility of carrying out the evaluation in all the pregnant mothers. Moreover, it is only the mother who can make the assessment on the foetal movement due to an external emotive episode.

Christian Ethical Consideration and Dilemma

Under this aspect two questions need to be considered. (i) When does life start in the continuum of human development (ii) When does the personhood start?

The above episodes may indicate that definitely a foetus in the Second Trimester, which includes weeks thirteen through twenty-seven after the last menstrual period, can be considered as a person.

Era of foetal treatment-surgery and therapy

An instance of blood transfusion to a neonate is found in bioethical literature. Tharien¹⁸ is of the opinion that "suffering can sometimes be redemptive and purposeful" and sites experiences of two of his colleagues in support of his inner convictions, which is: "According to religious concept, Almighty God has created man in his image. He is the giver and sustainer of life. He alone has the right to withdraw life, Life is not a right but a gift of God

belonging to God and at all times in His hand. So we have no right to take away deliberately a human life, even one's own". He cites the experiences of his 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 chose to have the exchange transfusion. 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 realized 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 mental handicap and special needs. An apparent traumatic experience became the rallying point for a new mission for compassion". p.34.

Dr. Tharien is the Founder Director of the Christian Fellowship Hospital at Oddanchatram, in Tamil Nadu. Naturally, every attempt will be made to prolong the life of the foetus and the newborn. He points out "There is an 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 deserve to get the needed care?" If we recognize the foetus as a person entitled for all rights then it is right on our part to carry out surgery in the fetal stage itself, if that procedure could save life. I understand that any surgery carried out in fetal patient may not leave a scare on the neonate – when the child is born.

Therefore, in reviewing the religious beliefs in this area, the need to develop health care ethics and health care economic is emphasized. It will be good to collate the religious beliefs of all major religions

I know three other cases of Christians who have lived with children with disability showing compassion. Such people are a microscopic minority. Would the majority of the community "sought out and eliminated before birth" for the 'good' of the child? We have no information. Therefore documentation is necessary in this area.

View of Roman Catholic Church

A case in point is the words of Jesus Christ. While affirming the Ten Commandments, He said, " You have heard that it was said to those of old, "You Shall not murder" and whosoever murders will be in danger of the judgment Mathew 5:21). The Roman Catholic Church Doctrine is very clear about the subject under

consideration. Austriaco ⁽¹⁹⁾ in his article on "Immediate Hominization...", states " In contrast, today, the Catholic Church, pointing to advances in the biological sciences for justification, teaches that procured abortion extending from conception to birth is murder". His statement is based on the elocution of Pope John Paul II "Procured abortion is the deliberate and direct killing, by whatever means it is carried out, of a human being in the initial phase of his or her existence, extending from conception to birth. The moral gravity of procured abortion is apparent in all its truth if we recognize that we are dealing with murder". (John Paul II, *Evangelium vitae*, n.58 http://www.Vatican.va/holy_father/john-paul-ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html). It is possible to develop a global bioethics in Catholic Church due to its hierarchal structure, the message and the command descends from "top to bottom".

A Protestant View

It will be of interest to gather the teaching of the Protestant Church in this regard. Ward ⁽²⁰⁾ of the Billy Graham Association (BGA) in their layman's guide for soul winning and Personal counselling provided some guidelines on abortion. (pp 15-17) BGA opined "Most evangelical Christians feel that no medical doctor or practitioner has the right to play God in terminating human life through abortion. No woman has the 'right over her own body to the extent that she has the freedom to destroy arbitrarily unborn child. The embryo growing inside her body is more than just another part of her. It has separate existence. It is another life".

The inclusion of the phrase "most evangelical Christians feel" would mean that all Christians do not share the pro-life position. A quality of life judgment based on mere "feelings" is flimsy. It is equated to the "cat on the wall" position. It is not an easy preposition to put the blame on God by saying "no medical doctor or practitioner has the right to play God in terminating human life through abortion" And it is only the prerogative of God to take a life. There is a human decision part to this aspect of decision. Someone has to decide for or against it. If God decides as to who should die the time of one's death, then one's responsibility for a moral action is transferred to God and God has to take the blame for the decision made. The situation is not that easy as that! Even in the case when a mother or the doctor or the health care provider allows the unborn child to live or prolong life then there is a decision made.

Secondly, BGA shares the view "every foetus has the potential of becoming a fully developed person, ultimately accountable before God". Whether BGA has assessed the practical and legal and moral implication of the statement

is not clear. When will the foetus 'become a fully developed person?' - at birth, at 10 years of age, at 20, at 30 or 60 or 100 years of age? By recognizing the foetus as not a person then the foetus loses all the rights and privileges of a person. There are many doctors/scientists who are nice and pleasant people but are bad and unethical persons. It also provides a loophole in that a person can abort a human being in his/her pre-embryo or embryo stage. Since opinions of various protestant denominations differ in this issue it will be good to document various religious views of Christians. If we believe in developing a global bioethics then we need a sweeping statement like that of the Roman Catholic Church "procured abortion extending from conception to birth is murder" since from conception to birth a human is a person.

The Roman Catholic Church is clear about its stand. There are two convictions that form the bioethical heart of Christian Faith: (i) Life begins at conception and (ii) Foetus is a person. A conviction is that belief which one is convinced to be true. As a result a person is committed to these principles and lives by it

At Attempt to Understand the Christian Mind

During the year 2003, the Bishop in Madras Rt. Rev. Dr. V. Devasahayam, Madras Diocese, Church of South India, sponsored an International Conference, on "Nature, Science, Technology and Religion: Our Common Bioethical Issues", Nov, 25-29, 2003, which is the first of its kind in India. He also took initiative to form a Study Circle for the Clergy and the Laity to meet once in a month and discuss current bioethical questions and issues that are raised by the rapid advancement of Science and Technology. The conference was a success with 17 international participants and a total of 150 participants and with an assortment of various religious people. It tried to provide a wake up call to the local Churches but it was not loud enough to disturb the sleep of a sleeping church!

In a recent meeting of the Study Circle (07.06.05), I presented the issue of "Prolonging life in fetuses and newborn" Only a few questions were considered, as the time was short. A summary of the discussions is given below:

There is no policy statement on the issue of 'when a human is a person?' The very Question No. 1, i.e. "to override the wishes of the pregnant woman?", was new to them and the group would rather discuss about the case of Ms. Terri Schiavo than the issues at the beginning of life,

The group felt that "Let the mother decide" and the opinion of the mother would be dominant always. (Question No. 5)

There is no policy statement from the Church of South India (CSI) on issues like

(i) When do life, personhood and humanness start in the continuum of human development? (ii) Procured abortion extending from conception to birth is murder" (iii) on the provision of life support system to premature babies (iv) There are about 22 dioceses in CSI with their own Bishops. The group felt that it would be difficult to arrive at a consensus on any issue among them.

4. On many of the sub questions in Boxes 1, 2, 3, 5 the group said that the decision will be dependent on one's own commitment.

5. Generally as Christians we would like to prolong the life of foetuses and newborn with technology

6. The question of quality of life judgment is a complex issue encumbered with social economic and religious perspective. The group felt that if any policy is to be effective in South India (in particular) then a major thrust on religious views has to be given.

7. It is a moral duty to prolong life. Whether such conviction is true of other religious sections of the society (Hindu, Muslim) remains to be studied.

8. If a newborn is ill and if the baby belongs to poor parents who cannot afford hospital charges, then parents simply leave the child in the hospital itself and leave. Then it becomes the responsibility of the hospital to care for the baby's health.

The Study Circle members cited two case studies of members in their churches. (i) A child was born to Christian parents but did not grow beyond a height of about one and a half feet to two feet in height and was bed ridden. Parents spoon-fed the child for 17 long years. The second case is related to a sister of a member of the Study Circle. A beautiful male child was born fully healthy in all respects. Since the mother has to go for work, the infant child was left under the care of a 'baby sitter' (local servants); who dropped the child from the cradle (A cradle of Indian traditional one is a long stretch of cloth, which is hung from the roof of a room both ends tied to the two ends of the rope, which forms a cosy cradle) and the servant did not inform the mother. The neighbours informed the mother, 'your child was crying all day'. There may have been some internal brain/head injury, which was not diagnosed early and left unattended due to the lack of information from the servant. The child grew as a defective child. He can speak two or three words. The parents gave the best possible Indian and American treatment. But the child grew up as a retarded child. The child has no control of his calls of nature. And the mother after coming from work usually spends two hours in cleaning the house of urine and fecal matter. This she did, for 27 long years. The child died of natural cause last year (2004, May). It appears that the policy of the Christian population - based on these two cases - is to provide medical care and treatments to a

foetus/neonate with ill health till the fetus/neonate dies of natural causes.

These incidents and those reported by Tharien¹⁸ may indicate that at least some South Indian Christians are committed to prolong life of foetuses even though they have some defects. I think it is hard for people to record the negative side of their decision to terminate or withhold life support system in such cases.

Christians are more concentrated in South India than in North India. Hindus in South India are generally more religious than their counterparts in North. Therefore, it may not be possible to arrive at a general pattern of behaviour or a policy on these matters, if one is committed to develop a global bioethics. My feeling is that the general public is not aware of these issues and is more bogged down by their daily mundane problems. There is a need to bring awareness at the first place.

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