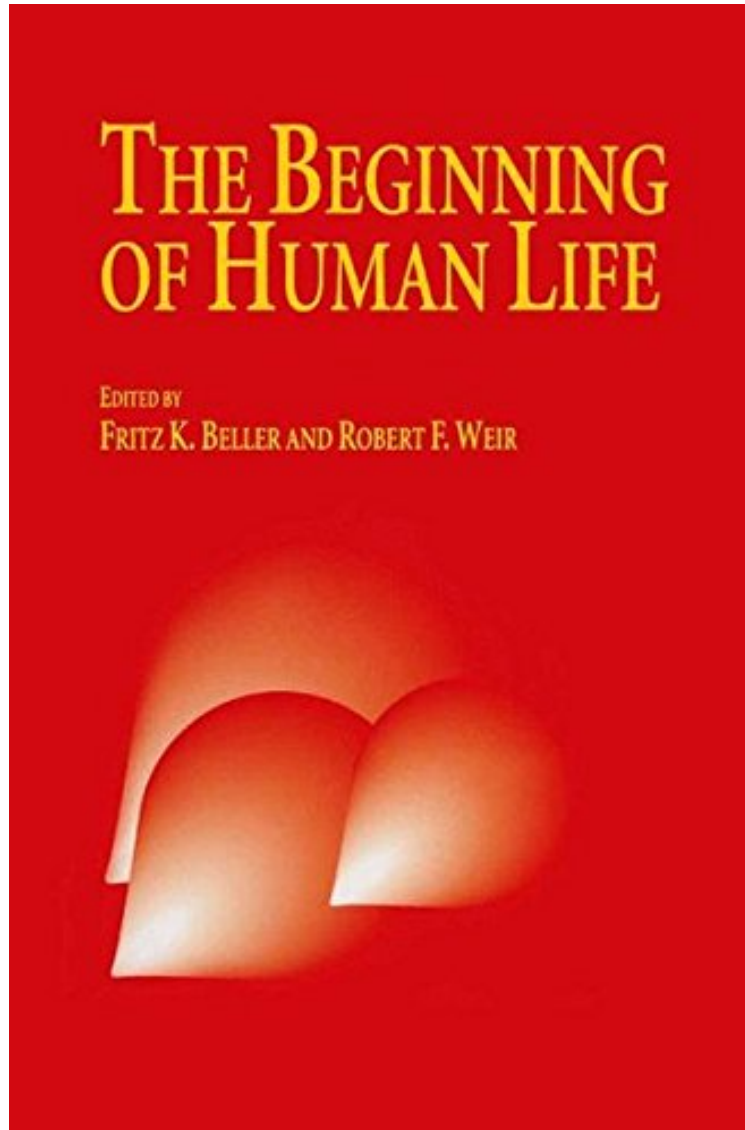


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## The Beginning of Human Life

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**From Brand: Springer : The Beginning of Human Life** before purchasing it in order to gauge whether or not it would be worth my time, and all praised The Beginning of Human Life:

1 of 3 people found the following review helpful. WHEN DOES A FETUS BECOME A PERSON? By James L. Park Fritz K. Beller Robert F. Weir, editors The Beginning of Human Life (Dordrecht, NL: Kluwer Academic Publishers, 1994) 404 pages (ISBN: 0-7823-2165-0; hardcover) (Library of Congress call number: RG133.5.B44 1993) Papers from a conference in 1990 on the beginning of human life. Major divisions: (1) fetal development. (2) assisted

reproduction technology.(3) contraception abortion.(4) fetal research fetal tissue.(5) maternal/fetal relationship-- medical, ethical, legal aspects.(6) defective fetuses newborns. The editors of this collection are well aware of the religious reasons for raising the question of the beginning of human life. But they present scientific data as presently known rather than metaphysical speculations about the beginning of each human being. Fertilization creates a unique strand of DNA in the human egg: An unrepeatable human genome has come into being. About half of these will not implant in the lining of the uterus. Some implanted fertilized eggs will not develop. Some embryos will divide--forming twins. Some twins embryos will re-combine after a few weeks and proceed to create just one individual. The concept of a human person is much more elaborate than the scientific description of an embryo. Usually personhood includes such capacities as thinking and communicating. We take our idea of personhood from our experiences as adult persons and with other adult persons. Hence our moral and metaphysical concepts of personhood may not correlate well with the scientific description of the development of an embryo, a fetus, later a baby. As medical science and technology progresses, we are able to save smaller and smaller babies. The courts and legislatures have attempted to define when a fetus will be viable in terms of weeks of gestation or the size of the fetus. But there will never be a definite, bright line everyone can agree upon. At any given weight or length of gestation, a few premature babies will survive. And as the weight and size at birth increases, more will survive--especially with neo-natal intensive care. Medical science and technology will continue to develop the capacity to 'save' more abnormal fetuses than ever before. If everything that can be done is done--which is often the default 'scientific' decision--the human population will have more and more abnormal individuals. If we want to prevent this from happening, we need to make the moral and political decisions about which fetuses to 'save' and which to allow to die. People who are not part of the medical team need to help establish and implement guidelines for when to end life-supports for defective fetuses and newborns. In each individual case, the parents must always be consulted. Setting rigid standards by law will do more harm than good. "Assisted reproduction" advances every year. We human beings have more and more influence on the genetic make-up of the babies conceived and born. This capacity to influence the genetic make-up of the next generation could be used for good or bad purposes, to achieve trivial or meaningful changes. Who--if anyone--should control such future genetic powers? Fetuses brought into the world without any brains can be used for organ-donation to other infants who have brains but are missing some other important parts. Should we define fetuses born without brains as born dead? Should permanent lack of consciousness be a sufficient criterion of death? How shall we decide these extreme cases--as well as the cases of fetuses born with less severe limitations? The uses of fetal tissue has in the past been deeply entangled with the emotional debate about abortion. Opponents believe that allowing the use of tissue from abortions will encourage more abortions to be performed. The answer to this worry is to make absolutely certain that the decision for an abortion is completely separate from any later decision about the use of the fetal tissue. However, even though these are completely separate decisions--made by different people for different reasons--there should also be some coordination of timing, so that maximum benefit can be achieved from the donated organs and tissues. This reviewer observes that people are especially emotional--and often irrational--when it comes to fetuses and newborns. It is especially difficult for a prospective mother--who may have invested tremendous emotional hope in her fetus--to decide to donate 'her baby' so that someone else might live. She does not want any (additional) 'harm' to come to her baby--even if it was doomed from before birth. Better public education about fetuses who cannot live and the need for their organs and tissues would better prepare disappointed would-be parents for donating the organs and tissues of their defective fetuses so that other babies--and sometimes adults--might live. Sometimes the interests of the fetus conflict with the wishes of the pregnant woman. When--if ever--does the state have the right to step in and protect a fetus? And if a fetus has rights that can be asserted against the rights of the pregnant woman, does this not make the right to abortion meaningless? Sometimes health authorities have put pregnant women in jail to prevent them from using drugs and/or alcohol, which would harm the developing fetus. Since the state will end up paying for the care of a damaged fetus, this could be the basis of any claim of right to intervene. But in most cases, the state does not attempt to intervene. The pregnant woman has a right to abort her pregnancy. But usually the state has no power to intervene to protect the fetus. Reviewer's observations again: A more rational society would license most adults to be parents. Then, in the most extreme cases such as an alcoholic pregnant woman, the woman would probably not have a license to become a parent. If the health authorities are going to take the baby from the unlicensed mother at birth in any case, then the state has a right to protect this fetus from further harm by the alcoholic pregnant woman. If the state has a proprietary interest in the fetus, this might be compared to the interest of a father who knows that the child will become entirely his responsibility after birth. He will then do everything possible to prevent harm to the fetus, including putting the pregnant woman into some confined situation to prevent further harm from alcohol and/or drugs. The liberty interests of the pregnant woman should also be taken into account. But if the fetus has already been declared a ward of the state,--even if the fetus is not a person with any legal rights--then the pregnant woman could be forced to choose between going to some confined situation until the fetus is born (for the protection of the fetus) or having an abortion now. Another conflict between parents and the fetus concerns the failure of the doctor to detect malformation in the fetus. All would-be parents want perfect babies. And when their baby is born with a defect, they feel the urge to sue someone--usually the doctor. If the doctor could have discovered the defect before birth, the parents would have selected

abortion rather than having a defective baby to care for. This leads to 'wrongful birth' lawsuits, even sometimes by the persons born with burdensome defects. Modern doctors now have a duty to detect fetal abnormalities. At least, they have the duty to offer to do tests that could detect such abnormalities. If the parents refuse these tests, then they give up their right to sue if the fetus is defective. A specific example: We now know a great deal about the brain development of fetuses. If the neural tube does not fuse by an early date in gestation, the fetus will never be a person who can think and feel. It will be a vegetable. Given such a prognosis, most prospective parents would terminate the pregnancy. The other option is caring for an organism that will never be able to think or respond, perhaps like keeping a large fish in an aquarium at home. To help them consider their options, the prospective parents should be shown videotapes of such 'children'. Then they can ask themselves whether they want to devote a significant part of their lives to caring for such a creature. [The preceding summary and responses emerged by the first chapter of *The Beginning of Human Life*, which was written by the editors.] The concept of "person" has also been subject to legal definition. For example, a slave was not a person in the early United States. Only after slavery was abolished in 1863 did former slaves become legal persons. Likewise women were not recognized as persons who could vote until 1920. On the other hand, the law has long defined corporations as "persons" for many purposes. Just when a fetus becomes a person is a question much debated in academic, legal, religious contexts. Does a person born alive have a right to sue for something that happened to it several months (or years) earlier, while it was still in its mother's womb? What is the personhood-status of a fetus that is temporarily removed from its mother's womb (but still attached by its umbilical cord) in order to permit surgery, and then is returned to the womb? At what size or weight will personhood be declared for fetuses that are raised in 'test-tubes'? Gestation is not yet possible in artificial wombs, but someday this is likely to be possible. When would such fetuses gain various rights? Opponents of all forms of abortion want to define a fetus as a person from the moment of conception. Some would like to amend various Constitutions to enshrine this view. And one court even decided to define a fetus as a person, even though this went against hundreds of years of court usage. If brain-death is defined at the end of brain-stem activity, perhaps 'brain-life' could be defined as the beginning of human life. This would mean that once the neural tube has closed to form the tissues that will later develop into the brain-stem of the fetus, this organism should be declared a person. Others suggest that the emergence of detectable brain-waves should be defined as the beginning of a human person. But since brain-waves exist even during sleep, we know that brain-waves alone do not indicate the presence of consciousness. If we believe that a person must have a brain, then clearly personhood does not begin at conception, since a single cell does not have a brain. Which defective infants should we attempt to save? A common standard used in the United States (but not in other advanced countries) is a 5% survival rate: If 5 out of 100 fetuses in this condition will survive with treatment, it should be done, even though the other 95 fetuses will die no matter how well the treatment is applied. Reviewer's comment: If the costs of the treatment is \$100,000 per infant, the total cost of treating all 100 infants is \$10 million. If this cost were assigned only to the 5 surviving infants, it would come to \$2 million each. Does anyone believe this is too much to pay for a baby? And even many of the surviving babies will have life-long problems, which will have to be borne by the parents and the individuals themselves. And what about the effect on the parents whose infants die? 95 sets of such parents will suffer through many weeks of treatments--only to be completely disappointed in the end, because those 95 fetuses will die no matter what is done for them. If these families had to bear the medical costs themselves, most would 'pull-the-plug' much sooner. There would be little point in putting all the family's money into one defective newborn, who will probably have a poor quality of life even if it does survive. Parents and doctors should decide about defective newborns--not lawyers and judges. The parents will consult people they know and trust--such as family, friends, clergy-people. Doctors will have a closer look at this particular baby, perhaps consulting the medical literature to see what has happened in similar cases to other babies with similar problems. But lawyers and judges will spend their time looking at legal definitions and the particular wording of laws, rather than looking at the baby. The law necessarily deals with abstractions. But a defective newborn is not an abstraction. When lawmakers are asked to write new laws about the care of defective infants, they will always 'choose' to affirm 'life', no matter how painful and limited that life might be. They too are governed by abstractions rather than by compassion for the actual individuals involved in this very difficult decision. This review has discussed only some of the issues raised in this book. If the beginning of human life is a live issue for you, this is one book that will set your mind thinking in many different directions. If you are interested in similar attempt to define personhood, search the Internet for the following phrase: "Personhood Bibliography". James Leonard Park, medical ethicist

Progress in biomedical science has called for an international discussion of the medical, ethical, and legal problems that confront physicians, medical researchers, infertile couples, pregnant women, and parents of premature or disabled infants. In addition, the unprecedented technological developments in obstetrical, perinatal, and neonatal medicine in recent years have indicated a need for an international forum for interdisciplinary dialogue regarding the definition of early human life, the neurological development of early human life, the value of early human life, the obligations for

its protection and prolongation, and the limits to these obligations.