

Opinion



As I See It...

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The American, public continues to be troubled by baffling dilemmas in the field of biomedical ethics. Whether the issue has to do with what disposition is to be made of frozen embryos when the "parents" get a divorce, as in the recent Maryville, Tennessee case; or whether it is ethically and legally permitted to withhold food and water from patients who, though not terminally ill, are in a "persistent vegetative state," thereby "allowing them to die;" or whether 15 year olds seeking an abortion must get permission of their parents or the courts (a law just declared unconstitutional by the Florida Supreme Court); or whether physicians and other medical persons are ethically obliged to care for those suffering with AIDS--whatever the issue, we are reminded frequently that "our ethics and our law have fallen behind biomedical developments." There is a sense, of course, in which this truism is correct.

But it is sharply misleading when we mean by that that if we just gave a little more attention to "medical ethics" the moral contradictions and ambiguities in medicine could be resolved or would disappear. And it is even more specious to think that legislative attention (writing more laws) and more court decisions (when

somebody gets hurt) could bring ethical clarity to the morass of competing claims and conflicting principles exhibited daily in our medical clinics and teaching hospitals. The unalterable fact of human mortality means, inevitably, that medicine is and will remain, a tragic profession; and the radical pluralism of our society, its individualism, and its commitment to the implicit notion that "technology can save us" from suffering and death, means that we will never be able to reach a moral consensus on fundamental human issues of life, procreation, and death. Nostalgic evocations of a past when we had a common national morality are useless, even if the questionable notion of such a past were historically accurate. Equally problematical is our insistence that the law bring some order out of our ethical chaos. Law that flies in the face of the conscience of significant groups of citizens is certain to provoke strife and controversy rather than equanimity and social peace. The recent and continuing abortion controversies make this clear.

I believe that we need to face the fact that we are not likely to develop any genuine national consensus on such fundamental human issues as human procreation; when human

life begins or has innate value or intrinsic rights; when human beings should be allowed to die or assisted in their dying; who should decide such questions, particularly for persons not competent to decide; who should have access to what levels of health care, and who should pay for all this. Some of these issues seem intractable to moral

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reasoning, particularly in so pluralistic a society as ours. What's to be done? Shall we simply throw up our hands in despair, or shrug it off with "each to his own opinion?"

Of course not. We must continue the national dialogue at the highest level of informed thought and moral sensitivity. This must be done in the colleges and universities through the curriculum offerings; it must be done in the medical schools and teaching hospitals and research centers. The medical and legal professions, the clergy, and others directly involved in health care must join the dialogue in earnest. Ordinary citizens, through public radio, television, and the popular press, must

become more informed, and must join in the public debate.

And as a society, we must critically scrutinize the easy assumption that the law can save us from moral bankruptcy. We must recognize that the genius of the law is in establishing fair and equitable procedures, not in resolving ethical dilemmas. We do not need to continue to look at medical issues in our legislative halls; but we need to follow the state of New York in its 4-year old Governor's Task Force on Life and the Law, an interdisciplinary group of prominent citizens and informed experts, which advises the legislature on public policy related to medicine. Or we could look to the example of New Jersey, which three years ago impaneled a bioethics commission, to give the legislative responses to such dramatic media events as the frozen embryos in Tennessee, the Baby M case in New Jersey, or the Bloomington Baby case in Indiana. We should, state by state, practice a little "preventive law" of our own by establishing ongoing bodies to advise state legislatures on these explosive bioethical issues.

Perhaps most of all we must learn, as a society, to live with moral ambiguity and even sometimes with ethical contradictions. Given our pluralism, the

alternative becomes a sheer political struggle to impose upon the whole a majoritarian or a minority ethical tyranny--and to use the power of law to do it. We must learn to respect and foster the autonomy of persons in making their own choices in such profound questions as those joined in technological medicine. We must accept the moral ambiguities incident to fostering decision-making in the context of continuing dialogue of patients with their physicians, in the wider context of family and community dialogue as well. Those most immediately and directly affected by their decisions should be at the center of decision-making, according to their own values and life plans and consciences. The function of law and public policy should be essentially to assist and protect this dialogical process, ruling out unilateral decision-making either by patients, physicians, or immediate family members. Such a process will assure the best moral decisions that can be made in the unalterably tragic profession of medicine. And such a process reinforces the stance of modesty, which sensitive persons always bring to issues arising from the human urge to life amidst our moral existence.