

SPRINGER BRIEFS IN ETHICS

Lisa Newton

The American Experience in Bioethics

 Springer

SPRINGER BRIEFS IN ETHICS

Lisa Newton

The American Experience in Bioethics



Springer

SpringerBriefs in Ethics

For further volumes:

<http://www.springer.com/series/10184>

Lisa Newton

The American Experience in Bioethics

 Springer

Lisa Newton
Shelburne, VT
USA

ISSN 2211-8101 ISSN 2211-811X (electronic)
ISBN 978-3-319-00362-7 ISBN 978-3-319-00363-4 (eBook)
DOI 10.1007/978-3-319-00363-4
Springer Cham Heidelberg New York Dordrecht London

Library of Congress Control Number: 2013936002

© The Author(s) 2013

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed. Exempted from this legal reservation are brief excerpts in connection with reviews or scholarly analysis or material supplied specifically for the purpose of being entered and executed on a computer system, for exclusive use by the purchaser of the work. Duplication of this publication or parts thereof is permitted only under the provisions of the Copyright Law of the Publisher's location, in its current version, and permission for use must always be obtained from Springer. Permissions for use may be obtained through Rights Link at the Copyright Clearance Center. Violations are liable to prosecution under the respective Copyright Law.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

While the advice and information in this book are believed to be true and accurate at the date of publication, neither the authors nor the editors nor the publisher can accept any legal responsibility for any errors or omissions that may be made. The publisher makes no warranty, express or implied, with respect to the material contained herein.

Printed on acid-free paper

Springer is part of Springer Science+Business Media (www.springer.com)

Contents

1 Birth, Life, Death	1
1.1 Issues Surrounding the Basic Material of Life	1
1.1.1 Stem Cell Research: Some Definitions	2
1.2 Cloning: Ought We to Attempt to Clone Humans?	3
1.2.1 Experiments with Stem Cell Therapy	6
1.3 Assisted Reproduction	7
1.3.1 Technology of Assisted Reproduction	7
1.4 The Abortion Controversy	11
1.5 Dilemmas of Impaired Infants	13
1.5.1 The History	13
1.6 Problems at the End of Life	18
1.7 Voluntary Death and Assisted Suicide	31
1.8 Physician Assisted Suicide	32
2 The Cutting Edge	37
2.1 Organ Transplantation	37
2.2 Problems in Research	44
2.3 Philosophical Issues of Animal Research	45
2.4 Research with Human Subjects	46
3 Allocation of Health Care Resources	55
3.1 The History to this Point	56
3.2 Health Care in the Private Sector	61
3.3 A Better Way: Return to the Local	70

Introduction

This piece is an introduction to the ethical problems surrounding the provision of health care: how the problems present themselves, something of the history of our attempts to deal with them, whatever consensus may have been achieved—or not, depending on the problem. Given the breadth of the topic, no pretense has been made to go into any part of it in depth; given the mission of this series for brevity, all footnotes/endnotes have been omitted. Where facts and figures would be relevant (for instance, in the number of U.S. citizens not covered by healthcare insurance, or the cost of that insurance), those facts and figures have generally been omitted, since they go out-of-date very quickly (and are readily available electronically). This account is meant to be no more than a Brief, or briefing—an introduction to the controversies for those who need to know something about them in small compass.

The first two chapters track the development of Bioethics in America in an order dictated by the importance of the issues in traditional discussions of the subject. First, birth and death, abortion and euthanasia, and the issues that spread out from them: Do couples anxious for a pregnancy have a right to technological assistance? If we want a certain type or appearance of the child, should we meddle with the genes to try to get the perfect baby? Can we ensure genetic continuity by cloning a parent? Once a pregnancy is established, do we have a right to terminate it? What if the child is born deformed or missing organs necessary for life? Are there lives that are simply not worth living? What do we mean by “death with dignity”? What are we permitted to do to protect the dignity of the dying? Second, when biomedical practice steps into the realm of the experiment—using human beings as its guinea pigs—how can we make sure that the subjects’ rights as human beings are preserved? Is there “experimentation with dignity”? Are cutting edge practices—organ transplantation to begin with, now transplantation of entire limbs—likely to do more harm than good? Who can be the judge of these practices? Recall, it was outrage over research with human subjects that led to the formation of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral research, and the best public discussion of the new challenges to Bioethics that our country has enjoyed.

After this necessarily brief tour through the emotionally searing cases that shaped what consensus there is on Bioethics in America, we take on the great

conundrum of our time: the provision of excellent health care for all Americans at an affordable cost. This proposal is new; it has been aired in a few specialized journal entries and a few academic conferences, but I have not seen its like taken seriously in the current political debate. Its adoption would require the upending of many of our assumptions about healthcare practice—but not all of them. Parts of the proposed system are in place now, and others would not be difficult to restore. But it will entail a vast change in the patterns and amounts of compensation for the provision of health care, and that change will create enough political problems to keep us occupied for some decades. We had best get started immediately.