Quo Vadis, Bioethics

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ABSTRACT: The recent paper by Giubilini and Minerva suggesting the ethical permissibility of infanticide of normal newborns, calling it "postbirth abortion," represents a dangerous deterioration of generally accepted ethical norms. Their proposal represents a clear example of the so-called slippery slope and we caution against abandoning the age-old traditions of the medical profession assigning intrinsic value to human life from birth. This article discusses the proposed concept, makes comparisons with earlier similar trends of thought, and highlights the dangers of the proposal.

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The recent paper by Giubilini and Minerva [1] represents a dramatic further slide down the slippery slope of devaluation of human life. In following the debates over abortion during the half century of our medical careers, we have always decried the use of Nazi analogies by some of the more radical pro-life advocates. Now for the first time we have come to the sad conclusion that comparison of the present proposal with the behavior of Nazi physicians may indeed be appropriate. During the 1930s when physicians participated in the mass killings of tens of thousands of German Aryan citizens who were not considered worthy of life, the individuals selected for death were chosen because of ill health, mental retardation, or some real or imagined handicap. During that period normal healthy individuals were not selected for death. Even subsequently when the full forces of genocide were unleashed the individuals murdered were selected because they were considered inferior, criminal or in some way not worthy of survival. Now for the first time it is proposed that the killing of perfectly normal healthy infants be permitted.

In the classic article by Leo Alexander [2] on the deterioration of ethical norms among the Nazi physicians, he analyzed the change in attitudes towards humans in German society as the basis for the willingness of physicians to engage in their horrible crimes. He described the attitudinal change regarding human life – from having intrinsic value to having instrumental value, i.e., what an individual could contribute to the state. Giubilini and Minerva [1] deny a normal infant's intrinsic right to life, a right that has been accepted almost axiomatically in civilized western countries; and if the situation of the mother or the family is impaired or threatened by the continued existence of this normal healthy infant the parents may be permitted to kill that infant.

The authors of course follow in the tradition of Kuhse and Singer [3] and of Tooley [4], all of whom have supported the ethical permissibility of killing infants with compromised health. Similarly, the recently proposed Groningen protocol [5] in the Netherlands permits active euthanasia in seriously defective infants. But none of these proponents of infanticide has heretofore dared to suggest the killing of normal infants even if they constituted a burden to their families or to society.

The bioethical literature contains many learned discussions about the existence of a slippery slope with respect to end-of-life issues. Many experts [6] have claimed that there is no evidence supporting the existence of such a slippery slope. However, the paper by Giubilini and Minerva not only provides evidence for such a phenomenon, it even expressly verbalizes it as such. The authors tell us that since we have already accepted the ethics of abortion of normal fetuses for "reasons that do not have anything to do with the fetus' health" and since we have already accepted their thesis that an individual who "has not formed any aim that is prevented from accomplishing" has no right to life, then there can be no objection to taking such an individual's life if the individual is a "burden to the family."

The authors accept almost as axiomatic the proposition that human life has no unique intrinsic value unless the bearer of life has "aims in life." Therefore, it follows inevitably that a newborn infant and a fetus have an identical moral status. Such logic flies in the face of almost universal emotional feelings that accompany the dramatic process of birth and the obvious objective differences in status between a fetus and an infant. The infant no longer endangers the health and life of the mother and does not directly depend on her for its sustenance. It has become part of human society with at least the minimal aspect of being seen and heard by others in society, and should be entitled to the legal protection that comes with being a member of this society.

The authors do not define the age until which such killing would be permissible, but clearly, according to their criterion at which point an infant would be granted the right to life, this certainly would not take place until well into many months of the first year of life or even beyond that. The logical, almost inevitable, conclusion would be that if a single mother has a baby

who disturbs her sleep and that of her family during the first year of its life a permissible solution would be for the mother to simply take a pillow and smother the infant. Would a mother hoping for a baby boy in order to give her social or financial status in the community have the same right to kill her newborn "non-person" daughter? The authors also do not discuss their attitude towards demented elderly individuals who "are not in the condition of attributing any value to their own existence" and therefore by the authors' criteria are "not persons." Using the authors' criteria for granting rights to life, the demented elderly fail the test and may likewise be actively deprived of life if they are a burden to their families and/or to society.

The authors realize that the public is not yet fully ready to accept with clear conscience the permissibility of infanticide of healthy infants. So, taking a lesson from the advertising industry, they ingeniously suggest replacing the word "infanticide" with its pejorative connotations and calling the procedure "post-birth abortion," since much of the public has already accepted abortions as ethical. It is interesting in this regard to recall the 1960s when the battle over legalizing abortion in the United States was at its peak. Nobelist Joshua Lederberg [7] then spoke out forcefully for the permissibility of abortion on the grounds that the characteristics of the human fetus are indistinguishable from those of the fetus of the unborn ape or chick, and that an infant does not really achieve human qualities until about one year of life. Then, realizing that the implications of his analysis should permit infanticide as well, he comments that he does not advocate infanticide because we are so "emotionally involved with infants" that this creates "an inevitable and pragmatically useful dividing line." Giubilini and Minerva have now breached this dividing line.

In the relatively short history of modern bioethics, we seem to have moved extremely rapidly from the epic book *The Patient as a Person* by Paul Ramsey [8], and its Jewish counterpart *Jewish Medical Ethics* by Immanuel Jakobovits [9], to the present proposal. This process involved a number of steps to change public opinion. The pace has been rapid indeed. As described by Sprung [10], in the late 1960s the removal of a respirator or hydration or nutrition from a patient who was not brain dead was considered a major ethical and legal deviation, and it was the physicians who fought the step. Subsequently, removal of ventilation from such a patient was permitted; then in the 1980s hydration and artificial nutrition were equated with other forms of life-sustaining therapy and their withdrawal was allowed in patients who were not terminally ill. Until recently courts have required evidence of the patient's prior wishes before permitting such withdrawal, but most recently [11] it has been proposed that even in the absence of clear knowledge of the patient's specific desires the default position should be withdrawal.

When the Netherlands originally proposed legalization of active euthanasia the proponents publicly insisted repeatedly that the process would be strictly confined to suffering terminal patients who had taken the initiative to request such actions, that the approval of two physicians would be required, and that each case would be reported to the authorities. Since then it has been shown that termination of life has been carried out as well on thousands of patients without meeting these conditions. Subsequently, the Groningen protocol [5] was proposed for euthanasia of infants, and recently there has been pressure to allow euthanasia for "existential suffering" [12]. Proposals also abound [13] to end the requirement for the actual death of patients before their organs are removed for organ donation. Many ethicists indeed regard these changes as positive and desirable in order to deal with the agonizing end-of-life decisions. But clearly the slope is slippery, and steps that were initially virtually unanimously condemned have become routine.

Whereas initially patient autonomy was invoked as the major ethical principle justifying shortening of patients' lives at their request, overruling other considerations, it seems that such autonomy is to be respected fully only if the patient wishes to refuse therapy. But if the patient wants to have his/her life extended against the advice of the medical staff, the latter may violate the patient's autonomy, as was decided in the recent document published by the College of Physicians and Surgeons of Manitoba [14].

The unique rights of humans to life have obvious religious origins, and in the modern era in the west in which the Judeo-Christian roots of society are no longer axiomatic, philosophers like Singer [15] and others warn us about speciesism and deny humans the automatic right to life. Unfortunately this change carries with it serious dangers, such as the relative ease with which human life may be taken, with dire consequences for society. Kass [16] on the other hand comes down firmly for retention of the unique worth of an individual human life. The proposal by Giubilini and Minerva is an example of where the slope may lead. We feel that it behooves our societies to maintain the incommensurate and unique value assigned to human life, even if the religious roots are weakened.

Arguments in favor of abortion are based on the proposition that the fetus is not yet a person, on the mother's right to decide what to do with her body, or on the contention that the fetus has no intrinsic right to receive life-sustaining care from the mother. The last two arguments are obviously not relevant to "after-birth abortion" and we vigorously protest Giubilini and Minerva's definition of personhood as applying to some non-human animals but not to newborn infants. From our perspective there is no need to invoke the concept of "potential persons" to infants, since they are already persons entitled to full protection of their human rights.

The role of philosophy and philosophers in determining the standards of ethics was discussed in a moving article by

the philosopher Hans Jonas [17], who when serving in the British Army after World War II had to decide which of his German philosophic mentors he could visit in good conscience. He discovered that his greatest philosophic mentor, Heidegger, had become a loyal Nazi, whereas a much less accomplished teacher had been a heroic opponent of the Nazi regime. He discussed the "plight of modern philosophy when it comes to ethical norms which are conspicuously absent from its universe of truth" and "the great Nothing with which philosophy today responds to one of its oldest questions – the question of how we ought to live" and that we would do better going back to our ancient sources. In another article [18] Jonas writes, "It is a question whether without restoring the category of the sacred, the category most thoroughly destroyed by the scientific enlightenment, we can have an ethics able to cope with the extreme powers which we possess today and constantly increase and are compelled to use."

With all due respect for pluralism of opinions, we feel that the paper by Giubilini and Minerva has overstepped the boundaries of the desirable and permissible in the realm of bioethics and it violates the great tradition of the healing profession, or medicine's gyrocompass, as expressed by Miles [19] and which should be preserved.

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Capsule

A restricted cell population propagates glioblastoma growth after chemotherapy

Glioblastoma multiforme is the most common primary malignant brain tumor, with a median survival of about one year. This poor prognosis is due to therapeutic resistance and tumor recurrence after surgical removal. Precisely how recurrence occurs is unknown. Using a genetically engineered mouse model of glioma, Chen et al. identified a subset of endogenous tumor cells that are the source of new tumor cells after the drug temozolomide (TMZ) is administered to transiently arrest tumor growth. A *nestin-ΔTK-IRES-GFP* (*Nes-ΔTK-GFP*) transgene that labels quiescent subventricular zone adult neural stem cells also labels a subset of endogenous glioma tumor cells. On arrest of tumor cell proliferation with TMZ, pulse-chase experiments demonstrate a tumor regrowth cell hierarchy originating with the *Nes-ΔTK-GFP* transgene subpopulation. Ablation of the GFP+ cells with chronic ganciclovir administration significantly arrested tumor growth, and combined TMZ and ganciclovir treatment impeded tumor development. Thus, a relatively quiescent subset of endogenous glioma cells, with properties similar to those proposed for cancer stem cells, is responsible for sustaining long-term tumor growth through the production of transient populations of highly proliferative cells.

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