

Nonsense Over In Vitro

The recent birth in England of a child who was conceived in vitro instead of in the flesh has provided a new breeding ground for moral disputes about human reproduction.

Samuel Gorovitz, professor of philosophy at the University of Maryland, spoke March 30 on "The Ethics of In Vitro Fertilization: Sense and Nonsense." He concentrated on the nonsense in an effort to show that the concerns that have been voiced over in vitro fertilization (IVF) are groundless.

He disputed, for example, the Brave New World scenarios that some have painted as the inevitable consequence of IVF. He argued that disaster can follow only if control isn't exercised, and there's no reason to believe it won't be. Abortion hasn't led to infanticide, and capital punishment for murder didn't lead to hanging for petty theft.

He didn't have any patience either with the claim that normal reproduction is "natural", but IVF is not. In one sense of the word, everything that happens is "natural", and so

no moral conclusion follows. In the other sense, where "natural" is synonymous with "good", saying that IVF is "unnatural" doesn't prove it bad, it just assumes it is.

Professor Gorovitz presented these same arguments in testimony before the National Ethics Advisory Committee, and he had some worries over how the issue would be resolved in making policy. It is vain to shoot for a consensus on such an issue, since a consensus is an impossibility, as has been seen in the abortion controversy. Making the standard a purely political one that aims to placate public opinion is also unsatisfactory, he claimed, since it places policy at the mercy of vocal or powerful minorities.

Instead, he recommended the need for moral leadership that takes as its starting point those general moral principles and convictions which are most widely shared. The conclusions which are argued to from these may not always be the most popular, he admitted, but they are the most defensible.

Animal Rights Advanced

by Kitty McCague

Is that roast chicken you had last night for dinner worth caging a bird for its entire life? Peter Singer, PhD and senior lecturer at LaTrobe University in Australia, thinks not.

Dr. Singer condemns food animal farming that closely confines animals, deprives them of basic instinctual urges and raises them in what he describes as "prolonged misery." Although he is not always opposed to meat eating and does not consider himself an emotionalist on the issue, Dr. Singer is opposed to the intensive measures used today to produce food for our stomachs and tables.

"This suffering is not merely the brief period of slaughter, but includes transportation, branding and castration. It affects the whole of an animal's conscious life."

Dr. Singer was guest speaker March 5 for two seminars at MSU concerning animal rights. The MSU Medical Humanities Program, Phi Zeta honorary fraternity and the Department of Philosophy sponsored his visit.

He contends that eating meat is not a nutritional requirement for humans, but is rather a matter of acquired "habit and taste." Dr. Singer bases his beliefs on what he terms the "principle of equal consideration of interest" - the idea that an animal's interest in not suffering pain is equal to our own. We may know

that they suffer equally by analogy with the complex nervous system that these food animals and humans have in common.

This nervous system, that sets these animals apart from lower animal forms such as molluscs, enables them to experience great suffering during the food farming process.

"There is a loss of pleasure for the animals during this process, a deprivation," he explains.

When cattle are shipped to the feedlot for fattening before slaughter they are subjected to many ordeals. Their stay in the lot will never surpass 120 days and during this time they are inoculated, dipped in insecticide, have their horns tipped and are segregated by sexes. Overcrowding produces unnatural behavior such as bulling which occurs when steers take on the characteristics of heifers in heat and can injure each other.

The most damaging experience that cattle face, however, is acute fibronous pneumonia and ninety percent of all sick cattle in the feedlot have this ailment. If not treated quickly with massive doses of antibiotics and sulfa drugs, the cattle will die. Disease is common in food animal farming and the basic reason veterinarians give for this is the trauma the animals experience.

The author of Animal Liberation and several journal articles on the subject, Dr. Singer says he developed these principles while in graduate school at Oxford University. As a philosophy student there, he wrestled with the traditional moral question of human equality, concluding that all humans cannot be equal in potential or in-

CASE COMMENTARY

The following is the second in our series of commentaries on cases that raise significant moral questions about the practice of medicine. The commentator is Bruce Miller, a member of the Medical Humanities staff and the Department of Philosophy.

Although this will be the last issue of Medical Humanities Report until Fall Quarter, your comments on the issues in this case are welcome.

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Ms. AB, a black, unemployed Medicaid patient, has had eighteen hospital admissions in the past three years, six of them in the last five months.

Ms. AB was first admitted to the hospital system with a diagnosis of miliary TB. She was placed on a three-drug treatment program. She later revealed that she had discontinued taking the drugs at home.

A liver exam last year revealed very little parenchyma. She reports that alcohol has been a problem for her for at least twenty years, and continues to drink more than a quart of wine a day, despite frequent warnings to stop drinking. Clotting abnormalities and edema are present secondary to the hepatic insufficiency. Ms. AB does not follow her low-salt diet or take her diuretics regularly, and so many of her admissions have been for anascara.

She has left the hospital twice against medical advice, and regularly fails to appear for appointments. Social services has difficulty locating her at her apartment, where she lives alone.

The hospital staff is frustrated by Ms. AB's behavior. Many would like to make her subsequent care dependent on compliance with prescribed treatment. Some wonder whether there may not be a limit to their duty to provide care at all.

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In order to respond to the frustration of the staff, an explanation of Ms. AB's alcoholism and non-compliance must be ventured. Discussion with this patient revealed that she had no plans for the future, no projects, no wish to maintain some ongoing activity, no idea of herself as someone accomplishing something. In short, she had no life plan. She was not depressed, but lively and charming. She was also plugged-in to the state. A brief account of her family showed a great reliance on the state. She reported that her son "had it made." He is in a state institution where he has a stereo and TV and can go to the dining hall whenever he wishes. The only plans in her life revolve around her welfare check. She has signed out against medical advice in order to be home when it comes.

A life plan need not be an explicit list of priorities; for most of us it's a loose

collection of desires and aspirations, the things we strive to maintain or achieve. Without them, the motivation to avoid destructive behavior is considerably reduced. A good reason for staying sober is that being drunk gets in the way of accomplishing things. A good reason for maintaining health is that illness makes it difficult to be productive.

All this may be obvious, but what may not be obvious is that because of it Ms. AB's alcoholism and non-compliance are beyond the reach of medicine. The fact that she has no life plan and is plugged into the state is the result of complex social factors. Altering the social environment is something medicine, as a social institution, can contribute to, but the medical staff cannot do anything about that in the case of Ms. AB.

This case can be compared to the case of a patient with chronic lung disease who lives near and works in a polluting factory. Shutting the factory or reducing its pollution does not fall principally on the medical staff. Nor is it their responsibility to find another job in another town for the patient. They have to take the patient in the physical and economic environment in which they find him.

Just as it would be a breach of the obligation to the patient with lung disease to be refused treatment, it would be a breach of the medical obligation to Ms. AB to refuse her treatment because the social environment left her plugged into the state with no life plan. It would be tempting to threaten her with no further treatment if she did not dry-up and comply with medical orders, but if she didn't,

it would be wrong to turn her away the next time she sought admission.

A Reader Responds

TO THE EDITOR:

In response to your request for comments on the cases presented in the March issue of the Report: in my opinion additional objections should be raised, particularly in regard to Case 1.

That any qualified physician would administer an injection of penicillin to a child with a "runny" nose of two days duration simply because of the mother's request to give the child something is, to me, quite appalling!

Surely the practice of good medicine should entail a conference with mothers of children in which the necessity for drug administration is discussed. To administer an antibiotic when, in the physician's opinion, it is unnecessary is not only unethical but exceedingly poor medical practice which is both irresponsible and negligent.

I sincerely hope the description of this situation is more hypothetical than actual!

Catherine Muhlback

Dept of Libraries

As a matter of fact, such practices are not at all uncommon. - Editor

A Nurse's Perspective

telligence. While searching for the common denominator of moral equality, he came upon what he thought to be the final common interest--the capacity to experience pleasure and pain.

Of course, Dr. Singer does not imply that animals have the same interests and claims as human beings. Rather he asks the question, "Does the evil done to an animal balance with our own self-interests?"

Many of the interests served by animal experimentation, for example, are frivolous or pointless, as in painful and lethal testing of new cosmetics.

Even medical research done for noble purposes may not be right, he says. The pain and suffering of the animal subjects is a brute fact, while the hoped-for benefits are a nebulous gamble. To find out whether an experiment violates the principle of equal interests, we should ask whether it is so important that we would be willing to perform it on mentally defective human beings.

At this same time Dr. Singer met several vegetarians and began discussing with them the moral and ethical implications of meat eating. Finally, he concluded that if humans are equal because of the capacity to experience pleasure and pain then certainly animals must be too.

No longer baffled by traditional moral distinctions between man and animals, Dr. Singer has adopted his equal consideration principle and become a vegetarian. He thinks humans suffer from "speciesism"--discrimination against other animals. He contends this speciesism leads to prejudices against animals and a lack of concern for their suffering.

After a full day consulting with Nursing faculty and students, Mila Aroskar delivered a talk February 26 sponsored by Medical Humanities. Ms. Aroskar specializes in Medical ethics, especially in the moral problems that arise in nursing, and is the co-author with Anne Davis of Ethical Dilemmas and Nursing Practice.

Her talk was concerned with issues surrounding the right to refuse treatment; specifically what gives patients such a right and what special role nurses play in these critical decisions.

She rejected the widespread view that patients have an "absolute" right to refuse treatment because they have a right to self-determination. The right to self-determination is itself not absolute, she argued, since first of all, its exercise by everyone would result in chaos, and secondly unrestricted freedom of patient choice may well conflict with community values and goals, among these the goals of medicine itself--the preservation of life and relief of suffering.

Rather, the values and desires of the patient deserve consideration because the duty to respect persons requires a certain reluctance to intrude on or coerce individual choices. This means that the patient's wishes must be taken into account in any decision whether or not to withhold treatment, though they are not the only values considered--the values of physicians and nurses also count.

The special role of the nurse in this process is to insure that patient values are taken into account. Among the medical staff, she or he is uniquely situated to uncover these values, since the nurse has the most frequent and intimate day-to-day contact with the patient. With the proper listening and interviewing skills, the nurse can discover or elicit what the patient feels about the choice confronting both him and the medical staff.

Many of the questions from the audience following her talk were addressed to her rejection of the right to self-determination as the ground for refusal of treatment. One questioner, for example, wondered whether the goal of medicine and medical institutions shouldn't be to enhance the pursuit of individual goals and life-plans through the preservation and restoration of the level of health required by each individual patient, given his values and system of ends. If so, then one can recognize the right to self-determination as something consistent with the ends of medicine, and not in conflict with them.

Continuing Education

The Medical Humanities Program is concerned not only with the development of courses in the academic setting but also with reaching the practicing physician or nurse who is faced with real moral dilemmas.

One of its most successful continuing

education programs has been the ethics case conferences presented at the three community hospitals (Sparrow, Ingham, and St. Lawrence) used by the College of Human Medicine. These conferences, begun five years ago, are now being coordinated by Susan Theut, a graduate assistant for Medical Humanities.

The conferences, which are approved for Category I CME credit, center around cases which raise crucial moral problems for the practicing health professional. Some case protocols are taken from sources like Robert Veatch's Case Studies in Medical Ethics, but whenever possible they are adapted from actual situations which have arisen in the local hospitals.

Presentation and discussion of the cases is typically done by a panel which includes a physician, a philosopher from the Department of Philosophy, and a third member who may be a theologian, lawyer, social worker, health administrator, etc., depending on the issues raised by the case.

The conferences have been a great success, according to Mary Ann Hollingsworth, Assistant for Medical Education at Ingham, who calls them "one of the better conferences" in both organization and content. Attendance has improved steadily since their inception, with as many as 50 participants.

With a few exceptions, the case conference program has been limited to hospitals in Ingham County. One of the long-range goals of the Medical Humanities Program is to provide the opportunities for such conferences to other hospitals around the state.