ABSTRACT

Abortion is one of the controversial issues discussed in medical ethics. Abortion is advocated by the persons who have themselves been born. Abortion is a human right issue because human beings have a right to life. When does a person begin to exist is a moral issue. By all the criteria of modern molecular biology, life is present from the moment of conception. First step in the evolution of ethics is the solidarity with the other human being. In this article, principalisms of medical ethics are discussed. Ethics concerning medical termination of pregnancy are analyzed. Dilemmas of aborting a malformed fetus are explored. In the system of human rights against each other, the right to the life of the mother and the same right of the fetus.

Keywords: Medical ethics, abortion, malformed fetus, fetal rights

“Medical Ethics in Abortion

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Medicine

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Abortion is one of the controversial issues discussed in medical ethics. Abortion is advocated by the persons who have themselves been born. Abortion is a human right issue because human beings have a right to life. When does a person begin to exist is a moral issue. By all the criteria of modern molecular biology, life is present from the moment of conception. First step in the evolution of ethics is the solidarity with the other human being. In this article, principalisms of medical ethics are discussed. Ethics concerning medical termination of pregnancy are analyzed. Dilemmas of aborting a malformed fetus are explored. In the system of human rights against each other, the right to the life of the mother and the same right of the fetus.

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“The vanity of sciences will not console for the ignorance of mortality in the time of affliction. But the science of ethics will always console for the ignorance of the physical science.”

–Blaise Pascal

Obstetrics is a specialty dealing with two lives, closed linked, whose interests may not always coincide. Abortion raises a lot of ‘heat and dust’ during policy discussions. In some countries elections have been lost on this issue. Hippocrates considered termination of pregnancy as unethical. Time have changed and abortion has been accepted by many societies, the health of the mother being the most important consideration. Abortion is one of the most controversial issues in today’s world. People tend to turn to the law when trying to decide what is the best possible solution to an unwanted pregnancy. ‘Antagonistic relationship’ between the woman and her unborn child may occur. Whether fetus in utero has rights before viability is a subject of dispute and opinion. In any case, the embryo or fetus of any age is protected by Hippocratic code.

“I will maintain the utmost respect for human life, from the time of conception.”

Ethics is an essential dimension of the obstetrics practice. Ethics is the disciplined study of mortality. Ethical principles and virtues should be applied to all the physicians, regardless of their personal, religious and spiritual beliefs. Thus, medical ethics are transnational, transcultural and transreligious1 ethics are professional standards. Ethics may be extended to professional responsibility, mortality, etiquette, values and attitudes. Ethics tends to be focused on moral goods rather than natural goods. Obstetricians should have their own professional ethical values, ethics core value and ethics family values. While morality in behavior may be concerned with one’s personal convictions and legality the result of what the society considers acceptable, ethicality is often decided by professional consensus. Thus, there is a thin line between what is ‘ethical’ and what is ‘legal’.2

Ethical issues are identified and framed through a ‘naturalized bioethics’ approach. This approach critiques traditional bioethics and gives attention to everyday ethics and the social, economic and political context within which ethical problems exist. Moral problems of healthcare extend well-beyond the issues that interest the media and ethical experts. Expanding our concept of an ethical problem to include the moral problems of everyday life strengthens the moral imagination we need to create ‘good’ obstetric care.

Ethical questions about health, illness and medical care were once considered to be best left to the judgment of physicians. Bioethics replaced the notion that ‘doctor knows best’ with theoretically grounded approaches to decision-making in medicine. In order to help resolve the dilemmas that arise in healthcare, academic

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bioethicists have called upon a number of ethical theories—deontology, teleology, virtue theory, care ethics, feminist ethics, to name a few but the day-to-day work of bioethicists in the clinic and on research review committees is, for the most part, guided by a method of ethical problem solving known as ‘principalism’. In this much used, much-cited text the authors set forth four principles.

Respect for:

- Autonomy
- Beneficence
- Nonmaleficence
- Justice

**Autonomy**

This principle acknowledges the fact that the patient has a perspective of her interest based on her values and beliefs. The patient has the right to choose or refuse treatment.

**Autonomy in Medical Ethics**

We live in the “time of the triumph of autonomy in bioethics” in which “the law and ethics of medicine are dominated by one paradigm—the autonomy of the patient”. This is perhaps not surprising given that “from the outset, the conceptual framework of bioethics has accorded paramount status to the value-complex of individualism, underscoring the principles of individual rights, autonomy, self-determination and their legal expression in the jurisprudential notion of privacy”. The patient-doctor relationship only works when each can trust the other.

**Beneficence**

A doctor should always have the best interest of the patient as the supreme consideration. Doctor should assess objectively and meticulously all the available diagnostic and therapeutic options and to implement those that protect and promote the interest of the patient by ensuring a balance of good over harm.

**Nonmaleficence**

A doctor must make sure that in the first place, he does no harm.

**Justice**

It is the fair distribution of health resources and the decision of who gets what treatment is fairness and equality. Central issue concerns the moral status of the human fetus. It concerns the nature and attributes that an entity requires to have ‘full moral standing’ or ‘moral inviolability’ including a ‘right to life’. But what of the human being, as it develops from newly fertilized ovum, to pre-embryo, embryo, fetus, new born baby, to unequivocally mature autonomous person with full moral standing including a moral and legal right not to be killed at least.

**RIGHT TO LIFE**

Every human has the inherent right to life. Right to life is inherent in a person, a human being.

Who is a human? When does a developing embryo become a person. It is extremely difficult to draw a line and say that the developing zygote or fetus become a person from a particular time. The fertilized ovum has within it all components needed for the growth and development into full person. Damages are claimed, if an injury is caused to the fetus in the womb. It would mean that fetus is a person. Can the life of a person be ended by procedures by others?

Some people have interpreted that the developing fetus can be considered a person, when the fetus is viable and capable of independent existence if removed from the milieu of the uterus. The period is progressively being reduced due to advances in medicine. Others have stated that the developing embryo can be considered a person when the brain starts developing, drawing the analogy of brain death.

This is a significant moral consideration. There is a difference between killing or destroying something and preventing something from coming into existence. Preventing something coming into existence denies a future of value, as does destruction. People tend to turn to the law when trying to decide what is the best possible solution to an unwanted pregnancy.

**ABORTION IS ONE OF THE CONTROVERSIAL ISSUES DISCUSSED IN MEDICAL ETHICS**

The opponents of abortion argue as follows:

- Fetus has to be regarded as human being
- Killing an innocent human being is morally wrong
- Aborting is an example of killing and terminating a human being’s life. So, being engaged in aborting is morally wrong.

If one is adamantly opposed to abortion, one is committed to some set of values, which requires that women who become pregnant (whether intentionally or unintentionally)
must endure the process of pregnancy and birth, no matter how distressing, painful and risky it is for them. The justification given for this is usually based on an abstract notion of the value of ‘fetal life’, rather than on the ground that suffering is morally improving for the women concerned. Extreme opponents of abortion argue that abortion is equivalent to murder and that, no matter how much women may suffer, they cannot be allowed to ‘kill their children’.

Termination of pregnancy brings out conflicts of right between two persons, the right of mother and the right of child in womb. Has the mother right to have the child in the womb destroyed? Does that the unborn child have right of life? Has the doctor right to kill the child in the womb at the request of the mother.\(^8\)

**ABORTION, EMBRYO DESTRUCTION AND THE FUTURE OF VALUE ARGUMENT**

According to the proponents of abortion, committing abortion is morally justified. A person is not under an obligation to conceive children if it would be harmful to her life or stop her achieving other worthwhile things. But in certain circumstances, when a person does not have better courses of action open, and has sufficient material and emotional supports, conceiving children can be the best thing that person can do. A person can have most reason not to have a child. The reason for this is that having an unwanted child can have a massively detrimental effect on the lives of its parents.

In spite of legislation of abortion for specific indications, there is a controversy in many countries as to whether pregnancy should be terminated at all. On the other hand, some women’s organizations emphasize that a woman has a fundamental right to decide for herself as to whether pregnancy should be terminated or not.

It is understandable when a pregnancy is terminated in an unmarried girl with all precautions to avoid complications immediate and remote. But how to explain the termination of the first pregnancy in married women which sometimes gives rise to uterine synechiae. There is also sometimes tubal blockage and cervical incompetence arising out of the termination. It is felt that proper counseling by a senior gynecologist can avoid such terminations.

In the cine film shown in USA entitled ‘the silent screen’ it has been demonstrated that even a 12-week fetus feels terrible pain during the process of suction evacuation. Though medical termination of pregnancy (MTP) should remain a back-up service along with other methods of population stabilization, some couples take recourse to this as the only method of family planning and go for repeated terminations. This has not only moral and ethical implications for the practitioner, but also gives rise to physical and psychological complications for the patients.\(^9\)

When the diagnosis of congenital malformation of fetus is made after the legally permitted period for the termination of a pregnancy, it becomes an ethical issue.\(^7\) People tend to turn to the law when trying to decide what is the positive solution to an unwanted pregnancy. Ethics of an abortion is required when translating fetal life into law.

There is no doubt that more has been learned about termination of pregnancy as a medical procedure and as a social phenomenon during the past 30 years then at any other time. The changes are motivated by need to:

- Eliminate the practice of criminal abortion
- Avoid the economic and other stress which the birth of baby imposes on an unmarried mother
- Remove unwanted pregnancy which result in unwanted and therefore neglected children
- Disruption of education and employment
- Lack of support from father
- Desire to provide for existing children
- Relationship problems with husband or partner
- Young women to have child
- Provide an additional means for family planning and population control.\(^10\)

In traditional societies, the decision to abort is often taken not by the mother, but by the elders in the family. The mother may be forced to do something which she may not want to do. In other instances, the pregnant woman may herself request an abortion. Sometimes, the mother feels guilty about the termination of the life of the child and may have deep regret over the abortion done. Give time for reflection over the complemented action. The doctor should discuss the matter with the mother and others concerned. Calm reflection can lead to avoidance of abortion. The mother herself may want to rear the child or may give the child for adoption.\(^8\)

Doctors may take into account the pregnant woman’s actual or reasonably foreseeable environment, in assessing the risk of injury to her health. The World Health Organization (WHO) defines health as a “state of complete physical, mental and social well-being that does not consist only in the absence of infirmity”. Royal College of Obstetricians and Gynecologists (RCOG), *The Care of Women Requesting induced Abortion*, most doctors
apply the WHO definition of ‘health’ in interpreting the Abortion Act. The RCOG’s guideline development group views induced abortion as a healthcare need.

**MTP IN ADOLESCENT**

Proper counseling is mandatory undertaking such a procedure:

**Psychological trauma:** Severe mental trauma may result in long-term mental instability and psychiatric problems. Absolute secrecy of the whole procedure to be maintained in order to get total confidence of the patient, necessary for moral boosting. MTP carried out in adolescent girl should be on compassionate humanitarian ground. All care should be taken to ensure that their future obstetric life remains unaffected.

**ABORTING A MALFORMED FETUS**

Parents have a desire to have a child of a certain quality. Bringing up the child with disability can cost money and use up resources. Congenital anomalies contribute a significant proportion of infant morbidity and mortality, as well as fetal mortality. A debate regarding aborting a malformed fetus still exists.

A congenital anomaly is defined as an abnormality of structure, function or body metabolism that is present at birth and results in physical or mental disability, or is fatal. They are generally grouped into major categories:

- Congenital heart defects
- Orofacial clefts
- Down syndrome
- Neural tube defects
- Several prenatal diagnostic procedures have been introduced:
  - Cytogenetic:
    - Chorion biopsy
    - Amniocentesis
    - Funiculocentesis
  - Biophysical:
    - Ultrasound 2-D 3-D
    - Ultrasonography with Doppler.

Although making the diagnosis antenatally through recent advances in ultrasound and prenatal testing is important; providing information to make an informed decision of whether to continue or interrupt a pregnancy is quite crucial. A review of 20 studies by Al-Alaiyan et al. found overall termination rates following antenatal diagnosis of congenital malformation, are as follows:

- Down’s syndrome (92%)
- Spina bifida (64%)
- Anencephaly (84%)
- Turner syndrome (72%)
- Klinefelter syndrome (58%).

Moreover, late termination of pregnancy for fetal abnormality is permitted on differing grounds in different countries, depending on:

- Type of malformation
- Gestational age at diagnosis
- Abortion legislation

The severity of structural anomalies directly correlated with abortion rates of anomalous fetuses. The prenatal ultrasound at 18-20 weeks can detect major structural anomalies in approximately 60% of such cases. In addition, it is recommended that ultrasound examination should be repeated to assess the evolution of the anomaly and attempt to detect other anomalies not previously identified.

Once a fetal structural anomaly is identified by 2-D ultrasound, the Genetics Committee of the Society of Obstetricians and Gynecologists of Canada recommends that other imaging techniques such as fetal echocardiography, 3-D obstetrical ultrasound, ultrafast fetal magnetic resonance imaging (MRI) and occasionally fetal X-ray and fetal computed tomography (CT) scan (using a low-dose protocol) may be helpful in specific cases. Parental blood testing and invasive prenatal testing may also be required to clarify the diagnosis for a fetus with isolated or multiple structural anomalies. Information regarding the abnormal ultrasound findings should be delivered to women in a clear, sympathetic and timely fashion and in a supportive environment that ensures privacy.

What we seek to justify is availability of choice to pregnant women to prevent the creation of disabled people by aborting fetuses with abnormalities that would disable the people they would become—if they were allowed to develop into people.11

**DISCUSSION**

First step in the evolution of ethics is the solidarity with the other human being. Marthin Fiscuer states, only one rule in medical ethics need concern you—that action on your part which best conserves the interest of your patient. Ethical dimensions are unique to obstetrics. There are two interwoven patient interests, which may be at odds. Abortion is an issue that overwhelmingly
concerns the autonomy and dignity of the pregnant woman, herself. Until recently, the mother was the patient to be cared for, fetus was another maternal organ. Many advances in diagnosis and treatment has now established fetus as a patient have contributes to ethical and legal considerations involving the fetus.

Abortion involves killing of a fetus. By killing a fetus is deprived of future of value. The loss of these possible futures is bad. It makes the killing of a fetus wrong. This is Don Marquis’s arguments against abortion which does not rest on the logical promises.

In the countries, when safe abortion is illegal or unavailable, this results in self-imposed or back street abortion and all the ills that flow from that injury, infection, infertility, wastage of female life could be condoned in ethical terms. As Ann Furedi has said, “The issue is not so much whether or when the embryo is deserving of respect per se, but how much respect and value we accord to a life that does not even know it is alive, relative to the respect and value we have for the life of the woman who carries it”.

To compel women to bear unwanted children is a form of ethical despotism. In Mill’s words: Compelling each to live as seems good to positive rest. If people are to be free, that freedom must include freedom to make these difficult and extremely personal choices. Promotion of freedom and the prevention of suffering are fundamental goals, which society ought to support. Denying woman abortion is, leading woman to reproductive end.

Opponents of abortion maintain that killing embryo or fetus is morally wrong. But it is not established that either abortion or embryo destruction is wrong all thing considered. There are other important considerations that outweigh our obligation not to destroy embryo or fetuses. In the case of embryonic stem cell research, the enormous potential to save people’s lives and to improve their quality-of-life outweigh the wrong of the destruction of source of some embryos.

Abortion is inherently different from other procedures because no other procedure involves the purposeful termination of potential life. If the fetus is a person, then it has the rights that belong to persons, including right to life. The concept of person-hood, in other words is the bridge that connects the fetus with the right to life (Fig. 1). Thus, in the system of human rights, there is often a need to balance rights against each other. The right to the life of the mother and the same right of the fetus.

REFERENCES

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Every citizen of India should have the right to accessible, affordable, quality and safe heart care irrespective of his/her economical background.

**Sameer Malik Heart Care Foundation Fund**

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“No one should die of heart disease just because he/she cannot afford it”

**About Sameer Malik Heart Care Foundation Fund**

“Sameer Malik Heart Care Foundation Fund” is an initiative of the Heart Care Foundation of India created with an objective to cater to the heart care needs of people.

**Objectives**

- Assist heart patients belonging to economically weaker sections of the society in getting affordable and quality treatment.
- Raise awareness about the fundamental right of individuals to medical treatment irrespective of their religion or economical background.
- Sensitize the central and state government about the need for a National Cardiovascular Disease Control Program.
- Encourage and involve key stakeholders such as other NGOs, private institutions and individual to help reduce the number of deaths due to heart disease in the country.
- To promote heart care research in India.
- To promote and train hands-only CPR.

**Activities of the Fund**

**Financial Assistance**

Financial assistance is given to eligible non emergent heart patients. Apart from its own resources, the fund raises money through donations, aid from individuals, organizations, professional bodies, associations and other philanthropic organizations, etc.

After the sanction of grant, the fund members facilitate the patient in getting his/her heart intervention done at state of art heart hospitals in Delhi NCR like Medanta – The Medicity, National Heart Institute, All India Institute of Medical Sciences (AIIMS), RML Hospital, GB Pant Hospital, Jaipur Golden Hospital, etc. The money is transferred directly to the concerned hospital where surgery is to be done.

**Drug Subsidy**

The HCFI Fund has tied up with Helpline Pharmacy in Delhi to facilitate patients with medicines at highly discounted rates (up to 50%) post surgery.

The HCFI Fund has also tied up for providing up to 50% discount on imaging (CT, MR, CT angiography, etc.)

**Free Diagnostic Facility**

The Fund has installed the latest State-of-the-Art 3 D Color Doppler EPIQ 7C Philips at E – 219, Greater Kailash, Part 1, New Delhi. This machine is used to screen children and adult patients for any heart disease.

**Laboratory Subsidy**

HCFI has also tied up with leading laboratories in Delhi to give up to 50% discounts on all pathological lab tests.

**Who is Eligible?**

All heart patients who need pacemakers, valve replacement, bypass surgery, surgery for congenital heart diseases, etc. are eligible to apply for assistance from the Fund. The Application form can be downloaded from the website of the Fund. http://heartcarefoundationfund.heartcarefoundation.org and submitted in the HCFI Fund office.

**Important Notes**

- The patient must be a citizen of India with valid Voter ID Card/Aadhaar Card/Driving License.
- The patient must be needy and underprivileged, to be assessed by Fund Committee.
- The HCFI Fund reserves the right to accept/reject any application for financial assistance without assigning any reasons thereof.
- The review of applications may take 4-6 weeks.
- All applications are judged on merit by a Medical Advisory Board who meet every Tuesday and decide on the acceptance/rejection of applications.
- The HCFI Fund is not responsible for failure of treatment/death of patient during or after the treatment has been rendered to the patient at designated hospitals.
- The HCFI Fund reserves the right to advise/direct the beneficiary to the designated hospital for the treatment.
- The financial assistance granted will be given directly to the treating hospital/medical center.
- The HCFI Fund has the right to print/publish/webcast/web post details of the patient including photos, and other details. (Under taking needs to be given to the HCFI Fund to publish the medical details so that more people can be benefitted).
- The HCFI Fund does not provide assistance for any emergent heart interventions.

**Check List of Documents to be Submitted with Application Form**

- Passport size photo of the patient and the family
- A copy of medical records
- Identity proof with proof of residence
- Income proof (preferably given by SDM)
- BPL Card (if Card holder)
- Details of financial assistance taken/applied from other sources (Prime Minister’s Relief Fund, National Illness Assistance Fund Ministry of Health Govt of India, Rotary Relief Fund, Delhi Arogya Kosh, Delhi Arogya Nidhi), etc., if anyone.

**Free Education and Employment Facility**

HCFI has tied up with a leading educational institution and an export house in Delhi NCR to adopt and to provide free education and employment opportunities to needy heart patients post surgery. Girls and women will be preferred.
Heart Care Foundation of India was founded in 1986 as a National Charitable Trust with the basic objective of creating awareness about all aspects of health for people from all walks of life incorporating all pathies using low-cost infotainment modules under one roof.

HCFI is the only NGO in the country on whose community-based health awareness events, the Government of India has released two commemorative national stamps (Rs 1 in 1991 on Run For The Heart and Rs 6.50 in 1993 on Heart Care Festival- First Perfect Health Mela). In February 2012, Government of Rajasthan also released one Cancellation stamp for organizing the first mega health camp at Ajmer.

Objectives
- Preventive Health Care Education
- Perfect Health Mela
- Providing Financial Support for Heart Care Interventions
- Reversal of Sudden Cardiac Death Through CPR-10 Training Workshops
- Research in Heart Care

Heart Care Foundation Blood Donation Camps
The Heart Care Foundation organizes regular blood donation camps. The blood collected is used for patients undergoing heart surgeries in various institutions across Delhi.

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This Fund is dedicated to the memory of Sameer Malik who was an unfortunate victim of sudden cardiac death at a young age.

- HCFI has associated with Shree Cement Ltd. for newspaper and outdoor publicity campaign
- HCFI also provides Free ambulance services for adopted heart patients
- HCFI has also tied up with Manav Ashray to provide free/highly subsidized accommodation to heart patients & their families visiting Delhi for treatment.

http://heartcarefoundationfund.heartcarefoundation.org