Learning Objectives

Upon completion of this unit, students should be able to:

1. Discuss the ethical issues surrounding artificial insemination, in-vitro fertilization, surrogate motherhood, and the use of fertility drugs.
2. Discuss the ethical issues involving contraception and sterilization.
3. Examine the controversy surrounding abortion and the importance of Roe v. Wade.
4. Identify ethical issues involving genetic counseling and testing.
5. Identify the ethical issues involved involving the legal definition of death.
6. Examine the ethical considerations surrounding terminally ill patients.
7. Discuss Dr. Elisabeth Kubler-Ross’s five stages of dying.
8. Analyze quality-of-life issues, use of medications, hospice care, palliative care, viatical settlements, and advance directions as they relate to the terminally ill.

Written Lecture

This unit discusses two topics that have become very controversial in the field of health care: life and death. When does life actually begin, and when can someone be declared legally dead?

There are few topics in health care more controversial than the question of when does life actually begin. Some people believe that life begins at the very moment of conception. Others believe that life does not begin until an embryo actually forms. Still, others believe that life does not begin until the embryo develops into a fetus, and others say life does not begin until birth. All healthcare providers struggle with balancing their personal views on the topic and delivering quality care to patients. There are many questions surrounding the topic:

- Are personal beliefs tied to the professional’s ability to give unbiased and necessary care?
- Are the two mutually exclusive concepts?
- How can they co-exist in harmony?
- Do they need to?

These are all vital questions when providers approach issues relating to life.

Assisted or Artificial Conception

There are many couples who desire to have children, but must turn to science and trusted medical professionals to help them. Artificial insemination requires a sperm donor to fertilize a women’s egg inside her body. This has become a popular method for both couples and single women wanting children. Artificial insemination requires consent of the patient, but individual state laws determine what additional parties may also be required to provide consent. Individual state laws also determine issues around the legal status of the child created through
artificial insemination. Most states declare children conceived through this method are entitled to all benefits of a naturally conceived child. There are, however, some state exceptions.

**In-Vitro Fertilization**

The process of in-vitro fertilization involves fertilizing a woman’s egg outside of her body and implanting it into her uterus to spur the natural embryo growth process. Many ethical issues arise around in-vitro, including the handling of embryos that are viable but not implanted back into the woman.

**Surrogate motherhood**

Surrogate mothers agree to be either inseminated or implanted via one of the above-discussed methods and carry a child for someone else. The surrogate is usually fertilized with the sperm of one of the awaiting parents. In addition to ethical problems that sometimes occur, legal questions may arise. Who are the legal parents of the baby? Does the sperm donor’s partner or spouse have to legally adopt the child to ensure parental rights? There are prohibitions against compensating the surrogate mother outright for the baby, but few states regulate surrogates. Therefore, contractual parents usually can get around restrictions by paying for the expenses of the surrogate.

Many couples today also turn to fertility drugs to aid in conception. This has resulted in a larger number of multiple births than in years past.

**Contraception and Sterilization**

Contraception is defined medically as anything that prevents conception and pregnancy. This is a category of science that consistently intersects with religious beliefs in the United States. There are supporters, as well as detractors, regarding contraception dispensing and use.

Sterilization is a type of contraception available to patients. It involves a medical procedure that alters the reproductive organs. Historically, there have been many legal cases regarding involuntary sterilization of men and women who were adjudicated mentally incompetent or who were criminals. This, however, is rarely performed anymore, and most procedures of this nature require detailed consent.

**Abortion**

Another topic that inspires strong opinions is abortion. The legal status of abortion was decided in the United States as a result of the famous court decision of *Roe v. Wade* in 1973. The plaintiff successfully argued that a woman’s right to privacy includes the woman’s right to have an abortion if she chooses to do so. There are medical and legal restrictions on these rights however, which have led to a progression of court cases regarding abortion. Currently, federal funds may not be used to pay for an abortion except in life and death circumstances.

**Plan “B” Pill**

One of the newest medical advances in regards to reproductive issues is the plan “B” pill. The Plan “B” pill can prevent pregnancy if taken within 72 hours of sexual intercourse. Many people liken this to an abortion, and as a result, have
ethical and religious objectives to administering it to female patients. Some institutions refuse to dispense this drug even to rape victims.

**Genetic Counseling**

Advances in science and human genetics have made it possible for many tests to be performed to determine the likelihood of a father, mother, or both could be carrying altered or defective genes that may lead to medical problems for any future children. This can lead to ethical questions again about “playing God,” or trying to alter the natural order of life. Many couples opt for genetic prenatal testing to determine if there are any genetic abnormalities with their unborn child. Ethical issues can arise if it is determined there is a genetic illness, or the parents have the potential to pass on a genetic illness to their future child(ren).

**Wrongful-Life Suits**

Wrongful-life suits can be brought against a hospital or doctor if the birth parents believe that important genetic information that may have affected their decision to keep the pregnancy was not given to them in a timely manner. This is a very controversial and new area of law that has very little precedent.

Wrongful contraception or wrongful pregnancy suits can be brought after a medical procedure such as sterilization fails to prevent unwanted pregnancy. Both men and women can bring claims for wrongful contraception since both are candidates for sterilization.

**Safe Haven Laws**

Safe haven laws are designed to permit a parent to temporarily give up custody of a newborn baby 31 days or younger by leaving them with a hospital emergency room, police station, or fire station. Some states even permit newborns to be left at churches in the temporary custody of a religious official. These laws offer a safe alternative to abandoning unwanted newborns in unsafe environments.

Ethical issues relating to life are not easily resolved. Medical professionals must carefully balance their own personal beliefs and the needs of their patients around these issues. All healthcare professionals must sometimes make difficult decisions regarding their involvement in these issues.

**Legal Definition of Death**

As more advances in modern medicine are discovered, the definition of death and dying is changing. When a person’s life function ceases then they have died or expired; however, there are several artificial means to keep people alive beyond their own body’s capabilities. Life support such as artificial breathing, feeding tubes, and other artificial methods can extend the body’s ability to live. There are many controversial views regarding artificial life support. Who determines what is considered life, and what is considered death? How much artificial interference is acceptable? Should being kept alive artificially really be considered life? When is someone considered dead?

There are generally accepted criteria for the medical definition of death, including the loss of a heartbeat, no pupil response to light, drop in body temperature, loss of body color, and rigor mortis. Artificial life support systems, however, can alter these states of the human body.
Before the advances of modern medicine, death was defined as cardiac death, which meant the heart stopped beating. While a cardiac death is still usually the standard for human death, it is not always the only measure. Medical professionals are trained in CPR to resuscitate cardiac arrest patients.

The definition of brain-oriented death is based upon the idea that the brain is responsible for all other bodily functions, such as breathing. When the entire brain stops functioning, the body stops functioning. This is the medically accepted definition of death.

A persistent vegetative state (PVS) is defined as a patient in a state of deep unconsciousness. Generally, PVS is irreversible. Controversy surfaces when the brain has ceased all functions, but the patient is being kept alive through artificial means such as a breathing machine and/or feeding tubes. Patients without brain function have lived without any artificial interference but have remained unresponsive.

Families and loved ones face a difficult decision when a patient is consistently unconscious or in a coma. The Harvard Medical School defines an irreversible coma as an unresponsive patient with no awareness of external stimuli, no spontaneous movements or breathing, no reflexes, fixed dilated pupils, lack of eye movement, and a lack of tendon reflexes. These types of patients may still be kept alive through artificial means.

In an attempt to bring uniformity to the definition of death, the Uniform Determination of Death Act was adopted. Many religious organizations, however, object to this definition of death. This had led to many legal and political challenges around the topic, including whether or not a patient has the right to refuse medical treatment. What do you think? Do you think people should be allowed to end their lives if they would like to by refusing medical intervention (passive euthanasia), or having someone introduce medication that will take their lives or introducing the medication themselves (active euthanasia)?

Stages of Dying

There are five accepted stages of dying (and grief) that all patients, families, and caregivers go through; however, not everyone experiences them the same way or in the same order. As people move through each of these stages, they come closer to accepting the finality of the situation and are able to properly grieve the loss.

Quality of Life Issues

Even though we have the technology to prolong life, the ethical question still remains if we should. Keeping patients alive through artificial support systems may extend lives, but it does not ensure the quality of life they may have enjoyed previously.

There are alternatives to medical intervention for terminally ill patients. Hospice care refers to treatment for terminally ill patients in a private or home setting. Hospice provides patients and their families the opportunity for a “death with dignity”. Some patients chose to not pursue life-sustaining treatment that provides very little, if any, quality of life. These patients have the choice of hospice care and can spend their remaining time with loved ones in a home setting and not in a hospital.
Palliative care provides pain management for terminal patients who no longer respond to treatment or do not want to continue medical intervention. Palliative care is a viable option for patients who want to focus on quality of life.

**Vatical Settlements**

Vatical settlements allow patients with terminal illness to sell the face value of their life insurance policies for a reduced amount to an investor in order to benefit from the money while they are still alive. Patients can use the money for medical treatment and other expenses they would not otherwise be able to afford.

Due to advances in medical treatments for many diseases that were considered terminal, patients are living longer and not providing the benefits of the insurance policy payment. Therefore, vatical settlements have fallen out of favor with most investors and are now subject to increased regulations.

**Advance Directives**

Advance directives provide specific directions as to what kind of medical intervention, if any, the patient would like to receive. These are done so that there is no question about what the patient wants if he or she becomes incapacitated and unable to make medical decisions. A healthcare power of attorney is someone a patient designates to make decisions on their behalf if they are unable to make their own decisions.

There are many issues and concerns around death and dying. Patients, families, and healthcare providers must understand these issues in order to make the best decisions for patient care. As science develops more technologies that extend life, we must all weigh the benefits of living longer versus the cost of quality of life.

**Supplemental Reading**

Click here for a PDF of the Chapter 12 Presentation.

Click here for a PDF of the Chapter 13 Presentation.

**Use the CSU Online Library to locate and read the following articles:**

