Sanctity of Life or Quality of Life?

The ethical outlook that holds human life to be sacrosanct—I shall call it the "sanctity-of-life view"—is under attack. The first major blow to the sanctity of life view was the spreading acceptance of abortion throughout the Western world. Supporters of the sanctity-of-life view have pointed out that some premature babies are less developed than some of the fetuses that are killed in late abortions. They add, very plausibly, that the location of the fetus/infant—inside or outside the womb—cannot make a crucial difference to its moral status. Allowing abortions, especially these late abortions, therefore does seem to breach our defense of the allegedly universal sanctity of innocent human life.

A second blow to the sanctity-of-life view has been the revelation that it is standard practice in many major public hospitals to refrain from providing necessary life-saving treatment to certain patients. Although this practice applies to geriatric patients and those suffering from terminal illness, the most publicized and also the potentially most significant cases have been severely defective newborns. In Britain, Dr John Lorber[1] has quite candidly described his method of selecting which babies suffering from spina bifida should be given active treatment, and he has indicated, with equal candor, that in his view the best possible outcome for those not selected is an early death.

The decision not to treat an infant with Down's syndrome has also been publicized. In April 1982, in Bloomington, Indiana, the parents of an infant with Down's syndrome and in need of corrective surgery refused permission for the surgery to be performed. Few details are available because the court ordered the records sealed, but the court refused to intervene or to take the child out of his parents' custody.[2]

Although many doctors would sharply distinguish the active termination of life from a decision not to treat a patient for whom the foreseen outcome of this decision is the death of the patient, the distinction is a tenuous one, and the claim that it carries moral weight has been rejected by several academic philosophers. Hence, the acceptance of nontreatment in these situations is rightly perceived as a further threat to the sanctity-of-life view.

Some respond to this situation with a sense of alarm at the erosion of our traditional ethical standards. We already have, these people tell us, one foot on the slippery slope that will lead to active euthanasia, then to the elimination of the mentally feeble and of the socially undesirable, and finally to all the atrocities of the Nazi era. To pull back from this abyss, we must renew our commitment to the most scrupulous respect for all human life, irrespective of its quality.

It is in keeping with this response that shortly after the verdict was handed down in the Bloomington case, the Reagan administration issued, through the Department of Health and Human Services, a "Notice to Health Care Providers" stating that it is unlawful for a recipient of federal financial assistance to withhold from a handicapped infant any medical treatment required to correct a life-threatening condition, when the treatment is not medically contraindicated and would be given to an infant who was not handicapped.

Seen from a distance, this notice appears to put doctors in the absurd situation of having to keep alive the most grossly defective infants, for whom life is either quite valueless—because the infant is forever incapable of any conscious experience whatsoever—or else a positive burden, because it is a life of pain and discomfort without the redeeming value of a rational awareness of self or others. Even Lord Justice Templeman, who in a recent English case concerning an infant with Down's syndrome ordered that surgery be performed, did not wish to go so far. He allowed that in a case in which the life of the infant would be "demonstrably awful" there would have been grounds for allowing a child to die. The Reagan administration, it would seem, wishes infants to be kept alive even when their life will be "demonstrably awful."[3]

Is the erosion of the sanctity-of-life view really so alarming? Change is often, in itself, alarming,

especially change in something that for centuries has been spoken of in such hushed tones that to question it is automatically to commit sacrilege. There is little evidence, however, to support the application of the slippery slope argument in this context. Cultures that have practiced forms of infanticide or euthanasia—Ancient Greece, the Eskimos—have been able to hold the line around those categories of beings that could be killed, so that the lives of other members of these societies were at least as well protected as the lives of citizens of the United States, where the culture officially accepts no limits to the sanctity of human life.

Whatever the future holds, it is likely to prove impossible to restore in full the sanctity-of-life view. The philosophical foundations of this view have been knocked asunder. We can no longer base our ethics on the idea that human beings are a special form of creation, made in the image of God, singled out from all other animals, and alone possessing an immortal soul. Our better understanding of our own nature has bridged the gulf that was once thought to lie between ourselves and other species, so why should we believe that the mere fact that a being is a member of the species *Homo sapiens* endows its life with some unique, almost infinite, value?

Once the religious mumbo-jumbo surrounding the term "human" has been stripped away, we may continue to see normal members of our species as possessing greater capacities of rationality, self-consciousness, communication, and so on, than members of any other species; but we will not regard as sacrosanct the life of each and every member of our species, no matter how limited its capacity for intelligent or even conscious life may be. If we compare a severely defective human infant with a nonhuman animal, a dog or a pig, for example, we will often find the nonhuman to have superior capacities, both actual and potential, for rationality, self-consciousness, communication, and anything else that can plausibly be considered morally significant. Only the fact that the defective infant is a member of the species *Homo sapiens* leads it to be treated differently from the dog or pig. Species membership alone, however, is not morally relevant. Humans who bestow superior value on the lives of all human beings, solely because they are members of our own species, are judging along lines strikingly similar to those used by white racists who bestow superior value on the lives of other whites, merely because they are members of their own race.

Ironically, the sanctity with which we endow all human life often works to the detriment of those unfortunate humans whose lives hold no prospect except suffering. A dog or a pig, dying slowly and painfully, will be mercifully released from its misery. A human being with inferior mental capacities in similarly painful circumstances will have to endure its hopeless condition until the end—and may even have that end postponed by the latest advances in medicine.

One difference between humans and other animals that is relevant irrespective of any defect is that humans have families who can intelligently take part in decisions about their offspring. This does not affect the intrinsic value of human life, but it often should affect our treatment of humans who are incapable of expressing their own wishes about their future. Any such effect will not, however, always be in the direction of prolonging life—as the wishes of the parents in the Bloomington case, and in several other recent court cases, illustrate.

If we can put aside the obsolete and erroneous notion of the sanctity of all human life, we may start to look at human life as it really is: at the quality of life that each human being has or can achieve. Then it will be possible to approach these difficult questions of life and death with the ethical sensitivity that each case demands, rather than with the blindness to individual differences that is embodied in the Department of Health and Human Services' rigid instruction to disregard all handicaps when deciding whether to keep a child alove.

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3. See Re B, (a Minor). *Times Law Report*, Aug 8, 1981, p15