

Physicians and Sanctity of Life: Emerging Ethical Issues*

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ABSTRACT This paper is about doctors renegeing on the oath of their profession to save lives because of other secondary reasons that are antithetical to the ethics of their profession. In this paper, I intend to bring up some ethical issues arising from common occurrence in some developing countries especially in Nigeria where the sanctity of life is sacrificed on the altar of selfish demand for monetary deposits before major operations are carried out on sick patients and also the blind demand for police report as contained in Nigerian Police Act before a patient with a gunshot injuries could be treated in hospitals. To this end, I wish to argue, in this paper, that human life, under no circumstance, should not be sacrificed for monetary consideration and immoral law such as Nigerian Police Act, and that it is morally wrong for physicians who are trained to save life to abandon their oath of office in deference to unjust law. While I will establish the major causes of gunshot injuries as opposed to the presuppositions of the Police Act, I will also advocate a deletion of certain provision of the Police Act as a way of making it conforming to international human rights standards.

INTRODUCTION

Human life is very sacred and needs to be protected in all situations without any exception. The essence of man depends on his existence. It is when one is alive that he can talk of other things. The most fundamental argument against abortion is hinged on the right to life. In fact, the argument stretches further to ascribe life to foetus hence the removal of foetus in the process is likened to killing and wilful taking away of another person's life. The right to life is also the foundation of the argument against mercy-killing popularly known as euthanasia in the medical circle. According to Gay-Williams "euthanasia is not just dying. It is killing" (Gay-Williams 2002: 99). So human life has its own value which is inherent and must be preserved. The cry against capital punishment is also premised on the sanctity of human life. The incessant clamour for right to life and means to life aim at the preservation of human life. On the hand, it a common knowledge that the practice of medical science is meant to improve the preservation and sustainability of human life while the oath of office of health care professionals is to the saving of human life. However, it is becoming a common practice nowadays to see these health care professionals using their skills and experience to terminate human life rather than saving it. There are situations in developing countries where many poor people have to lose their lives due to their inability to meet the required monetary deposits

before they could be treated even in public hospitals. Also, nobody with gunshot injuries would be treated in any Nigerian hospital today without police permit, even if the person is at the point of death. This is based on the wrong assumption of the Nigerian Police Act that majority of people with gunshot injuries are armed robbers. The sad aspect of the situation is that obtaining a police permit for the treatment of a gunshot victim is like the proverbial head of camel passing through the eye of the needle. This has resulted in many avoidable deaths. Arising from this background, I will argue in this paper that human life is sacred and must not be sacrificed on the altar of immoral law such as the Nigerian Police Act and that access to quality medical care in developing countries must not be limited to the rich alone. In the first part of the paper, I will re-establish more arguments for the sanctity of human life against the position of Peter Singer, John Kekes, and Engelhart. In the second part, I will dwell on Nigerian Police Act and major causes of gunshot injuries in most developing countries as against the presuppositions that majority of gunshot victims are armed robbers. In the third part, I will critically examine the physicians' obligations and preservation of life along with the value of health and the physicians' medical oaths. In the concluding part, I will recommend the review the Nigerian Police Act in line with international human rights standard. I will also argue that life itself is superior to the value attach to life.

The Sanctity of Human Life

According to Iroegbu, the “value of life is ultimately founded on its sanctity and on its quality as a precious gift to be protected, nurtured and made to flourish for the good of both society and the possessor of life itself” (Iroegbu 2005). From the above we could see the importance of human life. Human life is so important that everybody strives hard to preserve it even when it seems to be out of control. Although some people teach and talk of the meaninglessness of human life yet the irony of the matter is that the same people are not only always willing to preserve their lives but they are also making effort to make the best out of the life they have now. This is a confirmation that everybody places high premium on human life. The fallout of this is the inalienability of human life. Snuffing life out of any person is wrong, so also is degrading human life. However, one is not oblivious of the position of the utilitarian that he tries to preserve his life not because his life has instrumental value but as a means to the end of happiness. The same thing would be the argument of a Kantian who will like to protect his life not because of its instrumental value but because of its goodness as a means to the realization of rational choice. Whatever may be the position of the utilitarians and the Kantians, the fact remains that there is a difference between life and the end of life, and it is incontrovertible that life itself precedes the meaning of life.

For quite some time now, there have been arguments between the mere preservation of life and the value of life being preserved. For example, Peter Singer has argued that “killing a defective infant is not morally equivalent to killing a person” (Singer 1979). Also, Engelhardt argues that “persons, not humans, are special” (Engelhardt 1996) when it comes to the issue of sanctity of human life. According to him, there is a difference between a person and a human being, and that moral concern should only be applied to a person. Consequently, “fetuses, infants, the profoundly mentally retarded, and the hopelessly comatose provide examples of human non-persons” (Engelhardt 1996). Here, Engelhardt makes a distinction between human personal life and human biological life (Engelhardt 1996). Engelhardt seems to forget that human life precedes self-consciousness and rationality. So, there is a fault in the arguments of both Singer and Engelhardt that value should not be placed

on the lives of people with severe disabilities as their lives could not be placed on the same worth with people without disabilities as Singer asserts that there is variation in the worth of human life. This appears to be raising questions about quality of life and its worth but it is quite difficult if not impossible to measure the quality of life of a particular patient. In most cases, emphases have always been placed on the social worth of a person forgetting that the social worth of a person could not be equated with the quality of life he has. So it is wrong for people like John Kekes to evaluate the value of human life based on its quality. According to him “what is reasonable to value is not life itself but a life with some duration and enjoyment, one that merits self-respect and some sense of accomplishment. It is a life that is judged to be at least acceptable by the person living it, rather than an intolerable burden” (Keke 1993). With this Kekes sees life as having extrinsic value. However, the quality of life could not be equated with life itself as the two are distinct and not the same. So the argument of Singer and the like that infants are replaceable is not convincing enough. Also, Singer’s argument that “no infant, defective or not, has as strong a claim to life as a person” (Singer 1979) does not hold water. According to Jenny Teichman, there are five conclusions to be inferred from the premises of the claim of Singer that it is only a conscious thinking being that can be regarded as a person. In the submission of Teichman, these are:

1. Human life per se has no intrinsic value
2. Not all human beings are persons
3. Only human beings who know they are persons are persons
4. Persons as such have rights; human beings as such have no rights.
5. Several sorts of human beings have no right to life (Teichman 1993)

So the premise of Singer’s argument is wrong because the finality and the ultimate point of all values is life. It is the basis of all values and it represents the peak as well. That is why when Kuhse says “human life has special value because humans are self-aware, rational, autonomous, purposeful moral beings with hopes and ambitions” (Kuhse 1987), he is placing value on rationality rather than life itself thereby diminishing the sacredness of life. Life as life is the foundation of all values. It is also the source of all values. The sanctity of human life calls for special care in the way it is being handled.

Sacredness must be attached to life as well. Life is supreme hence the reference to laying down one's life as the supreme sacrifice. Life is the "principle of activity, growth and fulfilment in living beings" (Iroegbu 2005), hence it is life that activates, enlivens and animates the whole essence of being. It is the received force of liveliness that separates a living being from a non-living being. The main feature of life is that it is often received and not taken away by the one who possesses it. The possessor of life has a responsibility and duty to preserve that life until life comes to its natural end. The possessor of life also has the duty of making good use of his life. Life is the propeller that synergizes all the inner working elements in man. Actions and reactions are possible as a result of the life in man. "Life is such an important value that it is rightly described as the ultimate *raison d'être* of all other activities of the human person. It is thus most valuable, indeed a mega-value. Hence all people and activities that diminish life are in all cultures considered as evil, while those that promote it are regarded as good" (Iroegbu 2005). It is against this background that wilful taking of human life is regarded as wrong and bad in almost all cultures. It is also on this that the right to life is based. In fact the right to life is regarded as natural right and the basic of all rights that man could lay claim to.

When we talk of fundamental human rights, the basic right upon which all other rights rest is the right to life. The Universal Declaration on Bioethics and Human Rights has one of its aims as the promotion of "respect for human dignity and protect human rights, by ensuring respect for the life of human beings and fundamental freedoms, consistent with international human rights law" (Developing World Bioethics 2005: 201). Article 3 sub-section (a) stated it clearly that "human dignity, human rights and fundamental freedoms are to be fully respected" (Developing World Bioethics 2005). This provision lay emphasis on the respect for human rights. This right is usually refers to as the universal right. It is the right that is inherent in human nature and without which man is not in existence. It is called natural right because it is derived from the nature of man and the nature of existence itself. The right to life is the right of individual to live according to his natural condition. This is the right that springs directly and immediately from the very nature of man. It is the right which a man or human being enjoys in virtue of the fact that he is a

human person. The right to life belongs to man as a human person independently of his position in or outside an organization. It is regarded as the foundation of all other human rights because all other rights are founded on existence. This right is ingrained in human nature. It comes with the existence of man. The moment the right to life ceases to exist, then man is no longer living. The right to life is not transferable. It is universal in the sense that it is the same everywhere irrespective of sex, race or creed. This means it is applicable everywhere. For example, a South African who goes to settle in the United Kingdom still retains his right to life. The same thing is applicable to a German who decides to settle in China.

It is the importance attached to life and the right to life that also engenders the clamour for good means of life as a complements to life itself. The value of life would greatly be diminished without means to life. According to Iroegbu, life and means to life must be seen and considered together. The means of life is a necessary condition for authentic existence. By virtue of being human, every person has the right to live a decent human life. "This right imposes on all those in charge the responsibility to provide the tools and create the circumstances that ensure and promote decent human life for all" (Iroegbu 2005). The concern for means to life condemns life lives in squalor, demeaning environment and abject poverty. So meaning must be put into the way is lived. Human life has a supreme worth and must be made to be so in reality. The implication of this for medical science is that life must be handled with utmost care, respect and delicacy. No person's life must be neglected or abused. Everything possible must be done to promote and preserve life. All human persons should be given due attention in medical care and concern. This is because all persons intuitively have a right to life worth human but how far this life is being protected and preserved especially by the physicians, who depose to oath of their profession to do this, will be considered in the next segment of this paper.

NIGERIAN POLICE ACT AND TREATMENT OF GUNSHOT VICTIMS

Nigerian Police Force still carries out all its functions based on the Police Act promulgated in 1943 by the British colonial masters. Before 1930, Nigeria was operating territorial police force

which is known as state police in present time. At that time, each territory was having its own police force until 1930 when the national police force was established while the Police Act was enacted in 1943. Even though some of the operations of Nigerian Police Force are being guided by the Criminal Code, Penal Code, Criminal Procedure Act, Criminal Procedure Code and Evidence Act, none of these laws including that of the Police Act has undergone any review since its promulgation during the colonial era. While there are many provisions in the Police Act, my interest lies in the section 4 of the Act which states:

The Police shall be employed for the prevention of crime, the apprehension of offenders, the preservation of law and order, the protection of life and property and due enforcement of laws and regulations with which they are charged, and shall perform such military duties within or without Nigeria as may be required. To these functions shall be added (a) protection of the rights of citizens and (b) prompt response to call for assistance by citizens in distress (Nigerian Police Act, section 4). Arising from this provision is the Police unwritten law concerning the treatment of gunshot victims in Nigerian hospitals whether public or private. The Police outlaw the treatment of gunshot victims without police clearance. This is based on the assumption that majority of gunshot victims are armed robbers who would have allegedly shot during the usual police/robber shoot out. Since most of these gunshot victims are brought to hospitals as emergencies and inasmuch as it is pretty difficult to get this police clearance on time, many precious lives have been lost to this police obnoxious practice. Section 24 of the Police Act worsens the situation with the provision that a police officer has the authority to arrest without warrant any person whom "he reasonably suspects of committing or about to commit any felony, misdemeanour or breach" or a person who another person "suspects of having committed a felony or misdemeanour" (Nigerian Police Act, section 24). In essence a person who is suspected of a crime could be arrested without a warrant. My argument is that majority of gunshot victims are not armed robbers as presumed by the Nigerian Police. Even, if few of them are armed robbers, must they lose their lives without being convicted in a court of law? Where is the sanctity of human life if it is to be lost in an avoidable circumstance? Must human life be sacrificed for the inefficiency and incompetence of the police

force? This naturally leads me to the major causes of gunshot injuries in Nigeria.

Gunshot injuries are not peculiar to Nigeria or developing countries, rather they are "major problems worldwide, from medical and economic perspectives and are associated with profound morbidity and significant mortality" (Ogunlusi et al. 2006). According to Osime and Elusoji, while the "commonest cause of gunshot injuries in developed countries is suicidal attempt; armed robbery is the commonest cause of gunshot injury in Nigeria as in most other developing countries" (Osime and Elusoji 2006: 1). In a research carried out in 2005 by Ogunlusi et al. on the cause of gunshot injuries in Nigeria, the result showed that armed robbery attack on people accounted for 50%, accidental discharge by the police affecting innocent citizens 28.9%, shot by unknown persons 15.9%, backfiring during hunting 2.6% and shot by the drug law enforcement agency officers on suspects attempting to escape 2.6% (Ogunlusi et al. 2006). The outcome of the research further affirmed that almost all the gunshot injuries require immediate surgical exploration and bullet/pellet removal. To achieve this and save lives of many victims, police report is required and large amount of money as deposit before treatment could commence. As a result of these two stringent conditions, many gunshot victims often resort to patronise unorthodox traditional doctors who always claim to have the competence to extract the bullet/pellet from the victim's body through diabolically. Being ignorant of the fact that "there is no place for traditional pellet extraction in gunshot injuries management" (Ogunlusi et al. 2006), many people have lost their lives through the patronage of the traditional doctors. The important message being conveyed in this section is to debunk the claim of the Police that majority of gunshot victims are armed robbers whereas only few armed robbers suffer gunshot injuries. Lion share of gunshot victims are innocent citizens of armed robbery attacks. Also almost all the gunshot victims require urgent medical attention to extract pellets/bullets lodged in their body and insisting on the presentation of police clearance before this is done would definitely lead to the death of many gunshot victims.

PHYSICIANS' OBLIGATIONS AND PRESERVATION OF LIFE

"Life is the principle of activity, growth and

fulfilment in beings" (Iroegbu 2000). and it requires bioethical concern of all especially the physicians. It is a fact that "true medical progress resides in that which inscribes itself positively in the whole history of human freedom and liberation from viral enemies" (Haring 1982) and the physicians have the medical and moral responsibilities to abide by their oath of their profession to preserve human lives. It is mandatory for them to do this because according to Michael Monge "the medical profession is always at the service of life" (Monge 1994). The kernel of physician's responsibilities to others is to conserve life, promote health and to maximise the physical well-being of human beings. This is a fact even though advocates of euthanasia would argue that sometimes a life is not worth living and so it would be reasonable to let die or even kill but I believe there must be life before talking about well-being. The concern of physician is to promote health and not to diminish it. Life and its conservation are to be the primary target of all who practice medicine. In short, "the defence of life is a problem of pressing relevance" (Monge 1994) to the physicians. Aina Tinuola reminds the physicians of the principal commitments of medicine which he outlines as (i) to conserve life (ii) to alleviate suffering and (iii) to promote health (Aina 1982). Tinuola asks physicians to have all these commitments at the back of their minds at all times and in all circumstances. From the above, we could summarise the medical and moral responsibilities of physicians to include the following:

1. To understand life and study it in its details in view of adequate handling.
2. To conserve life to the best possible level that medical knowledge can go.
3. To alleviate suffering and bring solace to those in the throes of predicaments health wise.
4. To maximise well-being of body and mind integrally.
5. To prevent the threats that impinge on human existence and life in general.
6. To promote health as priority and not based on purely external factors like finance, social status and other external backgrounds (Iroegbu 2005: 567).

These responsibilities are premised on the value of health which protects the value of life and the professional oath of the physicians.

Meaning and Value of Health

It is often said that health is wealth and that relative good health is indispensable for a happy,

productive and fulfilling life. The above is true as everyone always craves for the proper functioning of all the organs of his body. Healthy living is valuable as it helps life to run its course properly. As stated earlier on, physicians have mandatory role to play in this respect, but what is health itself and its essential value to human life?

While there are various opinions and views about the real meaning of health, the fact remains that it has to do with efficient and effective functioning of the human bodily organs. That is why Leroy Walters defines health as a "functional normality and a state of physical well-being" (Walters 1998), Leon Kass defines health as "the well-working of the physical organism as a whole" (Walters 1998) while Karl Barth defines health as "the power to be as a man exercised in the powers of the vital functions of soul and body" (Barth 1998). The World Health Organization goes beyond the above mentioned concept of health and defines it as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The World Health Organization (WHO) definition appropriately captures a wholesome understanding of health. The definition encapsulates three major aspects of human life namely the body, the mind and the society. The lack of any of these aspects amounts to lack of health. In short, the three are intrinsically connected. For example if the body cracks, the mind is affected and vice versa. Not that alone, the social context in which a person lives like his relationship with others around him or her are also important aspects of healthiness.

Health is personal. It attaches to the person as a quality of his body and mind. When his or her physical being is distorted then he or she is ill. There is also interpersonal feature of health. According to Iroegbu, for health to be interpersonal, it means that "it relates to others in society, one is healthy only for and in one's body and mind. One is healthy is healthy in one's relationship to others. Health relates to others, just as sickness affects others" (Iroegbu 2005). There is also an environmental dimension to the concept of health because one's physical, social and climatic conditions have both effects and consequence one's health. From these various views we could see that health encompasses many things as it requires a comprehensive view of man total being. That is why Callahan pitches his tent firmly with the wholesome WHO definition of health. In his defence of the WHO definition of health, Callahan submits that the

definition brings out clearly the close link between the good of the body and the good of self. Here, he refers self to mean the individual as a person i.e. his total understanding of himself. Callahan regards human organs as the basic reference point of health. So, for Callahan, to talk of health is to talk of concrete human beings and individuals in society (Callahan 1998). Not to be left out in this discussion, J. Vans Eys and K. Vaux corroborate the position of Callahan by declaring that in matters of health and medicine, our concern should be directed to the whole person and not just with physical problems (Van Eys and Vaux 1988).

We have gone to this length to elaborate on the meaning and value of health because a clear-cut concept of health is necessary for us to know what health is all about, and for the physicians who are directly involved in health provision and care should do. It is also meant to put in place the fundamental principles of action for good health, and how all hands must be on deck, working for the same goal of promotion of integral good health. This goal requires clear understanding from all and sundry especially the possessor of life and the physicians. The underlying message in this section of the paper is that the value of health is within the context of the ultimate value of human life, and this was appropriately captured and summed up by Andrew Varga in the following words: "Health is necessary for any person to lead a normal life and to be able to fulfil the duties derived from the universal existential goals of man and from one's particular circumstances in life" (Varga 1980). This automatically leads us to the professional oath of the physicians to save lives.

Physicians Medical Oaths

At the time of being admitted as a member of the medical profession, I solemnly pledge myself to consecrate my life to the service of humanity.....I will practice my profession with conscience and dignity: the health of my patient will be my first consideration.... I will maintain the utmost respect for human life, from the time of conception: even under threat, I will not use medical knowledge contrary to the laws of humanity (Haring 1972).

The above rightly summarises the whole duty of physicians not only to the human race but also to their profession. It is the oath that has been governing medical practice from time

immemorial. Laying emphasis on this oath is very important because it brings to fore the supreme value of health and the life that carries it. Not that alone, according to Iroegbu, "such oath is also a security for the medical person himself. For it informs him of the need to be continually watchful and fervently be vigilant in the exercise of his duties of care and healing of patients" (Iroegbu 2005). This shows that the physician starts and carries out his duties on oath. The physician is expected to behave transparently well before both his patients and all others who have a stake in the condition of the patient. He is also expected to be committed in his professional art of caring, treating and healing patients. This is so because the loss of honour can at times lead to loss of life to which the physician is called thus honour must necessarily accompany medicine. Added to this is the fact that moral consideration is an essential aspect of physicians' duty. That is why article 3 sub-section (b) of the Universal Draft Declaration on Bioethics says "the interests and welfare of the individual should have priority over the sole interest of science or society" (Developing World Bioethics 2005). This provision emphasizes prime consideration to the preservation of human life in the physicians' decisions in the discharge of their professional duties.

CONCLUSION

The focus of this paper has been a critical examination of the physicians' obligations and preservation of life along with the value of health and the physicians' medical oaths especially in the face of immoral law such as the Nigerian Police Act. This is considered in relation to the meaning of life, and the extent to which physicians have gone to fulfil their professional oath in saving human lives. The physicians have sworn to an oath to discharge his professional duty dispassionately with the ultimate aim of saving human lives. What happens to the conscience of the physicians when they renege on their oath to save lives as they watch human lives lost and refuse to save the lives when it is within their capability and competence to do so? The observation of this paper is that physicians in Nigeria like many other developing countries are fast renegeing on this oath. Physicians are no longer consecrating their lives to the service of humanity, they are not practising their profession with conscience and dignity it requires. The health of their patients is no longer their first priority while

they have least respect for human lives. Their focus is shifting to different things entirely. One of their primary concerns now is money. This is usually engaged for precious human lives. Physicians, whose services are being regarded as essential, frequently engages in industrial actions for press home their demand for higher wages. In the process, many lives would be lost. Also, there is a worrisome trend of medical centres demanding for deposit of large sum of money before major operations on dying patients are carried out. In most cases, these monetary demands would not be met on time thereby resulting in the death of many patients. In some other instances, it is in deference to immoral laws of the land. Physicians who swear to uphold the sanctity of human lives are the ones at the forefront of the clamour for the legalization of abortion and euthanasia. Medical profession is fast losing the honour upon which it stands in many developing countries like Nigeria. Saving of lives ought not to be done only when it is convenient for the physicians. It is more than that. It requires sacrifice, discipline, humane disposition and extreme love for the sanctity of human life. This paper advocates deletion of the section of Nigerian Police Act that demands for police clearance before gunshot victims are treated in hospitals. Also there is a need to re-orientate physicians to the demands of the noble profession of medicine which owes unalloyed duty to the preservation and respect of the sanctity of human life even in the face of immoral laws.

NOTE

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