

## **The right to live\***

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**T**HIS kaleidoscope of views on the right to live and the right to die, with their relevant implications of the right to heal and the dilemmas which can face either the doctor or the priest, deals with a variety of subjects of such great importance to the welfare and happiness of mankind that any one of them would provide a useful topic for a whole-day symposium. None the less the concept of having them summarized so that a comprehensive synopsis may be possible after a relatively few hours of discussion, is imaginative and deserves to succeed.

Twenty minutes, during which to discuss the right to live, may at first sight appear to present the speaker with an impossible task. But there are so many questions to which I believe the answers have not yet been found, and possibly may never be this side of eternity, that it is my intention to finish well within the allotted time, so that those who follow may feel less pressed and a few more minutes may be spent on general discussion at the end of the morning programme.

Every minute while I speak, 5,000 babies are born and, by the end of the hour, over one-quarter of a million have been added to the world population. Before we leave this hall this afternoon, the number will be over 2,000,000, and equivalent to the population of many of the great cities of the earth.

A great percentage of these, the exact extent of which can never be ascertained, will be the result of irresponsible intercourse. I use this term in its widest sense to include what has happened both within the bonds of marriage and with no reference to them. A considerable percentage will be welcomed as the natural outcome of much-wanted pregnancies. There will be a very small percentage indeed in which pregnancy occurred only after active medical intervention to make it possible. There will be a relative handful of this latter group in which the husband was unable to father a child but the desire to have one was so great that artificial insemination was used, in some cases the husband being the donor and in others a male who was unknown to the couple concerned.

There will be another large percentage, the exact extent of which will again be impossible to ascertain, in which pregnancy has followed failures in contraceptive technique. The number involved in this category was much greater at the beginning of pregnancy than at the end because a considerable proportion, the percentage varying from country to country, rejected the pregnancy and sought relief in abortion. In some countries, such as Japan and Yugoslavia, the number of induced abortions has exceeded the number of babies born. It would seem fair to take these several million new arrivals in the course of a day as a sample for consideration when we consider the right to live. But if we do this it is necessary to remember the additional millions who would have been born had pregnancies been allowed to take their natural course. They also must be remembered in any discussion on the right to live.

At this stage it is perhaps relevant to emphasize one or two points of great importance. Since man and woman first walked on this earth, it has taken thousands of years for the population to reach its present level of three thousand million. At the present rate of population increase, we are assured that it will be doubled and another three

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thousand million will be added within the next 30 years. This is not the place to discuss the implications of this, nor of what would follow if even this rate was maintained into the next century, but nonetheless, it is a fact of such tremendous implication to the survival of mankind, that it cannot be neglected completely in a discussion such as this. At this stage it should be remembered that the rapid increase to which I have referred is not due to an increase in the birthrate but, ironically enough, is the fruit of man's success in reducing the death-rate, particularly in the early weeks, months and years of life. Progress in this direction will continue and, from a medical point of view, it must be regarded as progress in spite of the catastrophic effects it could have on mankind within even a relatively short-term period unless the reduction in deaths is associated with a dramatic reduction in births. This brings us back to the subject we are considering, namely, the right to live.

Before analysing this in a little more detail, it is also relevant to note that, at the present time, two thirds of the infants who will be born today will live in poverty, suffer from malnutrition, have an uncertain future and a far from happy existence. The prospect of what the situation will be like if the world's population is doubled over the next few years, is a terrifying one.

From this background, let us now consider for a few minutes what we mean by the right to live. In the first place, what do we mean by 'the right'? At what level do we assess this? From a philosophical, religious or academic point of view, it could be argued, probably without ultimate solution, for a very long time over port and coffee in the comfortable luxury of a senior common room at Oxford, Cambridge, or similar institution elsewhere. Do we mean the right of a foetus to survive, if nature will allow it to, once conception has occurred? Or the right of the infant to survive once it has been born provided it is capable of survival, however deformed it may be? Does this right carry with it obligations on the part of the medical profession to use modern skills and techniques to preserve that right and keep it alive, if, by failing to do so it would certainly die? Should valves be inserted into the central nervous system to drain away the excessive fluid, measures which can be done today in many institutions? Or does the right to live mean that tomorrow, when techniques are improved, the infant that has been born without kidneys has the right to be kept alive until such time as kidneys from another source can be transplanted into it? These are but some of many illustrations which could be used to try and make us think what we mean by the 'right'. They are profound questions, to which I frankly admit I do not know the answers. Perhaps you do. From situations such as this, which are tremendous problems to many of us and, possibly, no problems to you, may we go a stage further, and ask at what time this right becomes a reality? Nature itself is profligate in the provision it has made for reproduction of the species. It does not accept the view that every sperm cell has the right to fertilize a human ovum but wastes literally millions, even in one fruitful intercourse. Nor does it accept the right of the ovum to fuse its chromosomes with those of a sperm nucleus and however many children a woman may produce only a tiny percentage of the cells potentially available for this purpose have been used. You may say that this concept is taking the question of right to a ridiculous extreme. Perhaps it is, but we must be sure before we adopt this view that it is not merely a reaction to a situation which we have not hitherto considered and which, when first thought of, is disquieting. But let us go a stage further, to a situation which is much more topical, namely, with the right to live as applied to the developing foetus. Once again, nature does not accept this as an absolute right, and between 10 and 20 per cent of much-wanted pregnancies end in spontaneous rejection by the womb of the developing foetus. When these cases are studied, there are many in whom no cause can be ascertained, but in a considerable percentage examination in depth, including chromosomal studies, of the rejected foetus demonstrate that nature's plans had gone astray and defects existed from the first cell divisions. If the spontaneous efforts of the womb to reject its malformed contents fail

and later in the pregnancy the doctor establishes beyond doubt that the developing foetus is seriously abnormal, does it still have the right to live? And how must that right be correlated with the rights of the mother?

This leads us to the second facet of the subject. It concerns what is meant by 'to live'. This brings us face to face with many tremendous and terrible problems. Once again, I frankly confess my failure to provide you with the answers. Perhaps you already have them! To take an extreme example, even in this Welfare State and so-called affluent society, we are made increasingly aware of the tragedy of the battered baby syndrome. A pregnancy which may or may not have been unwanted in its early stages, a man or woman or both, who are emotionally unstable, immature and cruel, a baby arriving in a home, if such it may be called, in which little or no preparation has been made for its welcome, and subsequent violence, which may result in its death or admission to hospital, seriously injured and possibly impaired for life. Is this what is meant by the 'right to live'? Possibly without exception you would say 'No', and for those who do, let me take this situation a stage further back. If the woman partner of our hypothetical pair found that she was pregnant either because of her irresponsibility or because of failure in her contraceptive techniques and wished the pregnancy terminated, and if her request was supported by a careful study of the whole background by social-workers and by psychiatrists who were familiar with her past record and thought they were able to foretell exactly what would happen if this pregnancy were allowed to continue and a baby were to come into their home, how is the doctor to interpret the right to live? Termination of the pregnancy, under these circumstances, would be condemned by many and allowing it to continue would be condemned by few. It may well be, however, that the reason for this is that too seldom will even thoughtful people consider such a problem in terms of its ultimate implications. Even when they do, their answers on how to cope with the situation may well differ. They often do and friends of undoubted integrity may arrive at conflicting conclusions. None of us has the right to assume infallibility and the day may come when both realize they may have been wrong. In the meantime these and countless other similar problems day by day demand solution.

A human problem which also arouses keen, and sometimes bitter, discussion, which to me is a much simpler one, concerns artificial insemination. When the husband is the donor there is, in my opinion, no ethical or religious problem whatever. I can sympathize with the tensions which sometimes arise with the realization of the man's incapacity, but these, if correctly handled, can be greatly lessened with an understanding of what major contribution artificial insemination can make to the happiness and stability of the home. No one can practise, as I have done, for the major part of a professional lifetime, without having many happy and satisfying examples of this. When insemination, if carried out at all, must be from a donor the problems are much more complicated, but once again we come back to the subject we are discussing, namely, the right to live. To take an example, a husband and wife have found, to their sorrow, that they are incapable of having a child of their own because of his unknown and unexpected sterility. They realize the contribution which children could make to the completion and stability of their home. The wife wants the complete experience of being a mother and, because of his love for her, the husband does not wish her to be denied this. They consider the compromise of adoption but, because of what motherhood would mean to the wife, the husband prefers that she should bring into the world the children they hoped to be theirs. Is it part of her right to live to act on these decisions? and is it also part of his right to live to reject his male ego in the knowledge that by so doing he will bring about a greater fullness of life for the woman he loves? I think I know the answer to this, though you may disagree with it. I am not a keen advocate of artificial insemination by donors and for reasons which are irrelevant to this occasion, I have never performed it, although on many occasions I have been participant in artificial insemination from the husband. There have, however, been a number of occasions on which, after the

most careful consideration of all the issues involved, the way has been opened for a couple to have artificial insemination from a donor with the promise of supervising the pregnancy and the delivery and the subsequent wellbeing of the patient and her baby. Not once have I regretted this action and on several occasions a couple, having experienced the joy which was brought into their home, successfully repeated the process. On one occasion, a husband much older than a beautiful wife who produced two lovely infants in this way, successfully fathered the third child shortly before he died prematurely of cancer. This is not the place to discuss the fascinating explanation of this but did the fact that it occurred make it possible for him to live, to a fullness previously denied to him, before he died. If this were so in the admittedly extremely unusual case to which I have referred, the right to live would have implications for the mother, the father and not least for the child which carried her genes but not his.

Following the implementation of the Abortion Act of 1967, the number of therapeutic interruptions of pregnancy performed in England and Wales in the course of the first year increased more than six-fold on the pre-existing rate. It must be remembered that this was not due entirely to the Abortion Act but to a changing climate of opinion in society. The Act itself was but a manifestation of this and the pressures which resulted on politicians. These pressures have not ceased and will inevitably increase. Moreover, this is not a national phenomenon. The same disquieting questions are demanding answers in many countries, not least in the English-speaking world and its Commonwealth of Nations. This brings me to my final point. Whether you agree with abortion or whether you do not, whether it occurs spontaneously for the reasons I have already outlined or because of interference, either criminal or therapeutic, the fact remains that in the ideal society which none of us will live to see, every abortion would be accepted as a tragedy. Its nature would vary from case to case. There would be the distress associated with the spontaneous abortion of a much-wanted foetus. There would be the removal of an unwanted pregnancy, but in every case the basic fact would remain, that there had been failure of one sort or another.

Mankind is waiting for a lead which will be constructive and this *must* be concerned with more than conception, abortion or delivery. The aim should be that every pregnancy should be a planned one and that the immediate environment into which the babe will be born, and the society in which it will dwell, and the wider world in which it must live, will be such that they will add to the dignity of Man, and not promote his degradation. Efforts to establish such an order involve the doctor, the priest, the politician, and every thoughtful citizen who not only appoints him to power but accepts at least some degree of responsibility for the society in which he dwells. The contribution which the medical profession can make begins with acknowledging the rôle of contraception in modern life, its essential place relevant to the welfare and possibly survival of mankind, and having recognized this plays an increasing rôle in educating and motivating the community as well as providing the facilities necessary for an effective family planning programme in such a way that it is available for all sections of the community and is used by men as well as women. The profession in this country is only now awakening to its responsibility in this important field of human activity. Methods of contraception, old and new, require careful evaluation. Moreover, it must not be forgotten that sterilization, both of the man and of the woman, has an important rôle to play.

If it is argued, as some do, that the right to live excludes all these measures to which I have referred, and that every act of union must be accepted as divinely intended for the creation of life, then we must end as we began, by drawing attention to the practical application of this. The population of the world would be doubled, not within the next 30 years but in a much shorter time, and the increase in numbers would progressively and rapidly accelerate until famine, poverty, pestilence, revolution and war, denied to a tired, sick and disillusioned world the right to live.

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