



Sanctity of Human Life in Bioethics

Kusmaryanto CB*

Graduate School, Sanata Dharma University, Indonesia

***Corresponding author:** Carolus Boromeus Kusmaryant, Graduate School, Sanata Dharma University, Jln. Kaliurang Km. 7, Yogyakarta, 55281, Indonesia, Tel: +6281328888911; Email: kusmaryanto@gmail.com

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Abstract

Sanctity of human life plays important role in bioethics since the beginning of human life until its natural death. Sanctity of human life does not belong exclusively to religions but also to secular bioethical debate. One of the most important meanings of sanctity of human life is that human life should not be violated, opposed or destroyed, and, positively that it should be protected, defended and preserved. Preservation of human life is central in bioethics as an ethics of life because life is the most important property of human beings.

Keywords: Bioethics; Consistent Ethic of Life; QALY; Quality of Human Life; Sanctity of Human Life; Vitalism

Terminology and Context of the Sanctity of Life

Many people have presumed that the doctrine of the sanctity of human life is a specialty of Catholicism's view on human life, but Keenan JF, et al. [1], Canisius Professor of Theology and director of the Boston College made an interesting observation in response to this perception. He discovered that there were very few bibliographies, even in the places where one would normally expect to find it, such as the *New Catholic Encyclopedia* and theological dictionaries such as *The New Dictionary of Theology*, *The Oxford Dictionary of the Christian Church*, and *The Theological Dictionary*. In these dictionaries and encyclopedia, Keenan did not find any entries referring to the sanctity of human life. The terminology of sanctity of human life is not present either in the authoritative documents of the Second Vatican Council or in any successive important documents such as *The Declaration on Procured Abortion* and *The Declaration on Euthanasia* [1].

When I searched for this entry in the Italian dictionary of bioethics, *Dizionario di Bioetica* (2002) [2] by the noteworthy

Italian bioethicist, Dionigi Tettamanzi, who is the Catholic Archbishop of Milan, I did not locate any entry on the sanctity of human life, although there is an entry entitled 'quality of life'. This same occurrence happens in the book of Elio Sgreccia, the vice president of the Pontifical Academy for Life, an academy of the Vatican. In his two voluminous books entitled *Manual of Bioethic* [3], which explain the Catholic teaching on bioethics, one would hope to find a treatise on the sanctity of life. But, once again, there is no such treatise. However, Sgreccia does have an extensive treatise on the quality of life in the first chapter of his second book under the title "*Bioetica, Società, Sanità, e Qualità della Vita*" [3]. Even in the Lexicon which was published by the Pontifical Council for the Family, "*Lexicon Termini Ambigui e Discussi su Famiglia, Vita, e Questioni Etiche*" [4], there is no entry for the sanctity of human life even though there is an entry for the quality of life. It is more surprising that even in the official Catholic teaching, *Catechism of the Catholic Church*; I do not find the term sanctity of life.

It is evident that the Catholic Church's documents do not invoke the term 'the sanctity of life' *per se* although the Church does want to emphasize its application through other

terminologies such as the inviolability of human life and the absolute value of human life. Although the Church does not use the term ‘sanctity of human life’ *per se*, she does explain why human life is sacred. For example in the Instruction on Bioethics Respect for Human life, *Donum Vitae*, we read, “Human life is sacred because from its beginning it involves the creative action of God and it remains forever in a special relationship with the creator, who is its sole end [5].

Surprisingly, too, Keenan found that the concept’s origin and its development have not been explored adequately so that the sanctity of human life is very often misinterpreted and used inadequately [6]. David C. Thomas had the same observation. He said, “*The Sanctity of human life as a doctrine or assumed value in medicine has been both neglected and overstated in the past twenty five years* [7]. This overstatement creates an increasingly shrill cry by the members of the pro-life movement but, unfortunately, without adequate reflection [7]. John Keown makes the same observation, “*The moral and legal principle of the sanctity/inviolability of life is often advocated but much less often understood, even by senior judges who claim to uphold it*” [8].

Etymologically, the term ‘sanctity’ comes from Latin term ‘sanctitas’ or ‘sanctus’. The word ‘sanctity’ has different meanings although they are still in the same field. *The American Heritage Dictionary* defines the meaning of sanctity as:

- *Holiness of life or disposition; saintliness.*
- *The quality or condition of being considered sacred; inviolability.*
- *Something considered sacred.*

While *The Random House Webster’s Dictionary* defines it as:

- *Holiness, saintliness, or godliness.*
- *Sacred or hallowed character.*
- *Asacred thing.*

From his observation, Keenan JK, et al. concluded that “*sanctity is a quality which is revered as somehow touched by divinity and therefore untouchable for humans: sanctity is that which the divinity protects from violability*” [9]. So in this sense, sanctity does not denote a duty which one has to accomplish but rather a limit beyond which people cannot go (trespass), for example, the sanctity of the temple means that people cannot violate (trespass) the temple because of its sanctity.

Kass LR, et al. [10], gave an inspiring definition of the sanctity of life. “*In the strictest sense, sanctity of life would mean that life is in itself something holy or sacred, transcendent, set apart like God himself... In more modest but also more practical term to regard life as sacred means that it should not be violated, opposed or destroyed, and, positively that it should be protected, defended and preserved*” [10].

There are other reasons for Devine protection. One is related to possession by God. For example, the life of a human being belongs to God and that is why it is protected against violation. The second is related to the Devine touch (blessing). For example, places of worship or liturgical objects are touch or blessed by God and therefore protected against violation.

Sanctity of Life in Bioethics

In any bioethical discussion, the term ‘sanctity of human life’ is used for almost every issue regarding the life of a human being in all the spans of life. In the beginning of life, the sanctity of life is discussed to defend life in relation to abortion, genetic engineering, cloning, and research using the human embryo and so on. An example “*Most women who choose abortion thus reject sanctity of life rationale*” [11]. Throughout the stages of life, sanctity of life is discussed in relation to war, healthcare, legitimate defense, torture and so forth. In the last stage of life, the sanctity of life is discussed in relation to euthanasia, assisted suicide, capital punishment, killing and so forth. An example, “*Those opposed to the legalisation of medically assisted death often contend that its legalisation would violate the requirement to respect the sanctity of human life*” [12]. So, the theme of sanctity of human life touches almost every bioethical discussion.

When it is used in bioethical debates, it holds different meanings. The first meaning is from a restrictive vantage point in which people cannot transgress a border of human life: because human life is sacred, people cannot commit suicide or murder; because human life is from God, only God has dominion over human life; and because God is the creator of human life and a human being is only the administrator of life, people cannot eliminate the life of another nor the life of themselves [6].

The second meaning is from a positive perspective. It describes the obligation of human beings in relation to the life of human beings; that is what people are required to do to uphold life. The emphasis of this view is stewardship of life. It informs us about our obligations as we face questions regarding human life [6].

As well, there are different attitudes regarding the acceptance of the sanctity of human life. The first attitude to take note of is *Vitalism*. Vitalism contends that the entire physical and historical life of a human being is filled with God’s holy presence, “*Vitalism, on the other hand, sees human life as an absolute good that should be preserved at all costs*” [13]. Thus one must respect all stages (forms) of human life from conception to natural death as being redeemed and grace-filled. One cannot deliberately destroy human life at any stage for whatever reason because all stages of human life

have the absolute qualities of the Divine. In this view, there is no place for autonomy or self-determination. In the absolute form of *Vitalism*, there are no life supports, treatments, and medical interventions that can be withdrawn from any dying patient. In the relative form of *Vitalism*, a balance between the burden (efforts) and the benefit (outcomes) of the patients is sought. If the burdens are too high and the outcome is very low then proper respect for the sanctity of human life calls for letting go of our human interventions and allowing God himself to call the person [7].

The other attitude is “the consistent ethic of life” which was championed by Joseph Cardinal Bernardin of Chicago [6]. Thomasma summarized this view, “*a prima facie duty to respect all forms of human life because they are created and redeemed by God, but does not rule out the formalized process of determining when other value might override such duties, values such as defense of one’s country or property, or public punishment for murder and social mayhem. More important for bioethics, this nonvitalist position signifies that, although human life is intrinsically valuable, it is not an absolute value*” [7].

The non-absolute value of human life is the conclusion which is derived from the fact that the social circumstances of the people play an important role. The social circumstances of human beings must be included in the calculation for the respect of human life for human beings do not live in isolation but in certain real circumstances and in relationship with other people.

Briefly, the sanctity of human life obliges us to respect, preserve, and develop human life. Whatever is hostile to life itself, such as homicide, genocide, abortion, death penalty, euthanasia, assisted suicide cannot be accepted by sanctity of human life. The same thing valid for as whatever violates the integrity of the human person, such as mutilation, physical and mental torture or violates human dignity such as slavery, prostitution and trafficking in women and children. The development of science and technology must place human being at the center of development and not as the object of development.

Sanctity of Human Life vs. the Quality of Human Life

It is interesting to note that in the history of medical ethics until a few decades ago western medical ethics was dominated by the notion of the sanctity of life and not the quality of life although the discussion about the quality of life was not new [14]. We can trace the discussion about the quality of life back to the time of the ancient Greek philosophers. In the book of Crito, there is a scene where Crito and Socrates were discussing human life. At a certain point,

Socrates argued that people had to adhere to the opinions of those who had good knowledge about not harming our human bodies. Then Socrates asked, “*Is life worth living with a body that is corrupted and in bad condition?*” (Crito 47e) [15] Moreover he stated, “*The most important thing is not life, but the good life*” (Crito 48b) [15]. Crito was puzzled over what it meant to live well and what kind of life is worth living. These same puzzles are still not answered satisfactorily in modern times.

The sanctity of life receives a strong foundation in Christian theology and philosophy, but it does not belong exclusively to Christianity. Although Christian theology and philosophy develop this notion extensively, it is not the specific property of Christianity but is the common basis for moral judgments for many other religious traditions such as Judaism, Islam, and Hinduism and so on. Moreover Helga Kushe even contends that the sanctity of human life does not necessarily come from any religious background [16].

Since the 1950s, there is a progressive changing in this base. Sanctity of life as the basic norm of medical ethics is being challenged and substituted progressively by quality of life because of the rapid changing (improvement) in many aspects of life such as medical technology, awareness of good environment (ecology), leisure and so forth [17]. In recent bioethical publications, the terminology of quality of life is used frequently in certain contexts such as, the treatment of patients, allocation of scarce resources, and the treatment of terminally ill patients and the prolongation of the end of life and so on. The ancient statement of Socrates reemerges, “*The most important thing is not life, but the good life*”. It is not enough that one lives a life but it has to be a good quality of life. If the quality of life is not good enough, this kind of life is not worth living and can be ended or terminated. In this sense the quality of life is frequently opposed to the sanctity of life.

According to Walter JJ, et al. [18], this change is the direct impact of modern society that stresses too much the good quality for everything people want to have. People, who want to buy cars, computers, houses and so on, want to receive the best quality goods and vendors try hard to ensure that their goods are of top quality. Moreover it certainly affects the producers of the goods to apply a strict quality control over their products so that their products can be sold competitively. The products that do not meet a certain level of good quality will be disposed of or eliminated or they will be sold at very low costs because of their lower value. Good vendors only sell good quality products.

This way of thinking is applied not only to the properties that people possess but also applied to the very life of human beings. Thus, it can be seen that there are many people

who find no place in the global economic system either as producers or consumers. Today these people are labeled as disposable or thrown away people. The statement of Socrates that it is not enough to live but to live well continues to confront us. Life is not merely a biological life but it has to have good quality to be worthy of life. Traditionally, the desirable quality of life is analyzed in term of happiness or beatitude [19]. Some people claim that people who live lives in a poor condition of health are called “condemned to live” because those people are forced to accept a miserable condition of life (quality of life) which does not have much value attached to it [20].

The application of quality of life in medical ethics creates unavoidable tensions. The tension between the sanctity of human life and the quality of human life is one of the leading bioethical questions of our day [21]. Even on many occasions especially in regard to questions about the end of life the application of these two moral criteria bring to the forefront a highly irreconcilable dilemma that forces people to choose one of them.

In brief, there is a dilemma that forces people to choose between the sanctity of life and the quality of life. On many occasions, people cannot possess both of them. Our critical questions are: Is the dilemma defensible? If we have to choose one of them, which choice is reasonable and morally right?.

First of all we have to note that the term ‘quality of life’ is used with different meanings by different users. Social scientists generally use the term ‘quality of life’ as the evaluative property to determine degrees and to serve as a comparative tool of measurement. They strive to find indicators of social well-being analogous to the economic indices of economic well-being to produce a ‘quality of life’ measure equivalent to the Gross National Product measure with which to make inter-societal or inter-group comparisons [19].

Moralists use the term ‘quality of life’ *“as a value designator such that appeals to the enhancement or preservation of one’s “quality of life”, provides a good moral reason for acting or refraining from acting”* [19]. They strive to establish the limits of quality necessary to live a minimal human life. Under such a limit, it can be ascertained whether it is not a human life anymore and whether it can be ended or at least whether that kind of life is not a life lived well.

Some bioethicists use the term ‘quality of life’ as a term to capture the very essence of how we evaluate the benefit-burden ratio involved in various medical treatments that are offered to us. Some people also employ the term as a judgment about whether one should live or not [19].

Because there are so many definitions, its concrete application in bioethics is problematic. There are so many criteria with which to measure the quality of life. For example: Allan Williams, from the University of York in England, proposed the measure which he called QALY (Quality Adjusted Life Year) and received wide attention, *“The essence of a QALY is that it takes a year of healthy life expectancy to be worth one, but regards a year of unhealthy life expectancy as worth less than 1. Its precise value is lower the worse the quality of life of the unhealthy person (which is what the “quality adjusted” bit is all about). If being dead is worth zero, it is, in principle possible for a QALY to be negative, i.e. for the quality of someone’s life to be judged worse than being dead. The general idea is that a beneficial health care activator is one that generates a positive amount of QALYs and that an efficient health care activity is one where the cost per QALY is as low as it can be. A high priority health care activity is one where the cost-per-QALY is low, and a low priority activity is one where cost-per-QALY is high”* [22]. In his proposal, Allan Williams argued that health care priorities should be influenced by our capacity both to increase life expectation and to improve peoples’ quality of life [23]. This signifies that if medical intervention does not improve quality of life and life expectation, medical intervention is not needed and the patients are allowed to die.

Other people have proposed the CBA (cost-benefit analyses) and CEA (cost-effectiveness analysis). The CBA analyzes the value of all outcomes of the therapy in terms of economic cost, including lives or years of life and morbidity. The CEA serves to place priorities on alternative expenditures without requiring that the dollar value of life and health be assessed [24].

Anthony Shaw proposed a more mathematical criterion of quality of life. His proposal is $QL = NE \times (H + S)$. QL represents Quality of Life. NE represents the patient’s Natural Endowment (physical and intellectual). H represents the contributions to that individual by his Home and family. S represents the contributions made to that individual by Society. The quality of life (QL) may be improved for many individuals with an impaired (NE) by increasing the contribution of (H) and/or (S) [25].

Although the term and its criteria in concrete application may differ from one to another, the final outcome is the same: those who do not match a certain level of quality of life will be eliminated. It is not difficult to imagine that this will also be applied to human cloning. There will be criteria to measure the quality of the cloned embryo to determine which embryo will be implanted in the uterus and which cloned human embryo will be discarded. While the pregnancy is still progressing, if the embryos have malformation or genetic abnormality or major physiological defect, they will

be expelled. In fact, this type of killing is a form of eugenics because the embryo was killed not because of his wrongdoing but because of his genetic defect or physical condition which was not his responsibility.

Concluding Notes

The entry of Sanctity of human life plays important role in bioethical debate since the beginning of human life until its natural death. The sanctity of human life is used when bioethicists debate about the beginning of human life such as abortion, genetic engineering, human cloning and so on. It is also mentioned at the end of human life such as euthanasia, assisted death, and capital punishment and so on. Although it is important, there are some resistances from some people to be used in bioethical debates because it is not suitable in lay bioethical debates which is free from religious influences. Actually, sanctity of human life does not belong exclusively to religion but also belongs to common sense. One of the basic foundations to preserve human life is the sanctity of human life. Bioethics as an ethics of life needs sanctity of human life for preservation of human life. Life is the most important property of human beings because without it, human beings will not exist.

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