**Task 1. Read and discuss some texts.**

**Bioethics**

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**Introduction to bioethics (Gyula Gaizler – Kálmán Nyéky)**

**1. The route from medical ethics to bioethics**

Both medical ethics and health care ethics in a broader sense belong to the series of professional, or ‟vocational‟ ethics. The rules of behaviour (commonly known as ‟etiquette‟) of health care workers towards each other, for example, belong to this category. The guiding principles were laid down by ancient traditions, the validity of which had not been questioned by anybody for centuries. Deviations from these principles could have been dangerous, in certain places nonconformist behaviour was even punished for by the means of law. In recent times, however, these principles have given rise to much controversy. As a repercussion of earlier totalitarian systems, freedom and autonomy have gradually overtaken the role of providing guidelines. There has been a general tendency of desperately trying to convince, almost persuade as many people as possible about former principles being „paternalistic” and “solicitous”, providing opportunities for abusing the situation of people under medical treatment. Movements aimed at fighting for patients‟ rights have become widespread around the world. The notion seems to get around, that it may not only be physicians who are paternalistic, but lawyers seem to get ahead of them. They have become “super paternalistic” and want to instruct physicians on how they should behave with their patients.

Actually, we are witnessing the rise of a new, but equally strict totalitarian system, in which the presence or lack of material means is decisive. The money-owners define the possibilities. The new motto has become: “Tanks out, banks in”. Ethics tries to defend itself with its own instruments against money-centeredness and the direct appearances of mammon.

We have data on the state of medical ethics from the time of Hammurabi, and we also have a certain amount of knowledge about the operations of Imhotep in Egypt and the medical treatment in India. In the following, however, I wish to outline the European frameworks of the issue.

**2. Hippocratic medical ethics**

The first traditions of Western medical ethics go back to Hippocrates (460 B.C. – 370 B.C.) and his oath. It has no principal relevance whether Hippocrates formulated the text of the oath himself – according to recent historical research he did not. The text of the oath is ancient, its impact goes beyond the Christian world, and the Islamic codex shows similarities with it.

The “paternalistic” behaviour of Hippocrates is of ancient origin. According to Gracia the oath corresponds to the cultural attitude prevailing at the time of its creation.1 The physician is viewed as a person who, from a certain perspective, stands above the law, similarly to kings and priests. This is also reflected in the religious sentiment of the oath.

The main principle of the oath is beneficence: “Salus aegroti suprema lex esto” (The well-being of the patient shall be the most important law), and the principle of non-maleficence (nil nocere). “I will apply measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.” “Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption…” It is beyond doubt that the physician is a relentless guardian of these principles. It is also beyond doubt that he/she strives to realise objective principles. These principles and the deriving consequences are also displayed in medical classrooms in the form of short sentences. “Salus aegroti suprema lex esto”, for example, is to be read everywhere, but in a classroom of the First Clinical Department of Paediatrics of the Semmelweis University of Medicine in Budapest you can also find the principle: “Praesente aegroti taceant colloquia, effugiat risus dum omnia dominat morbus” (In the patient‟s presence no one shall speak, and laughter shall be far away until the disease rules everything). The following advice is also well-known: “Divinum est dolorem cessare” (The easing of pain is a divine thing).

Similar principles are to be found in Syria in the 6th century in the oath of Aseph Ben Berachyahu, in Persia in “The daily prayer of a physician” by Moses Maimonides (1135–1204), and in Mohamed Hasin‟s (1770) work entitled “The duties of a physician”. In the *Medical oath* chapter we shall deal with these issues in detail.

**3. Medical morale on theological grounds**

Christianity and in particular the Catholic Church have contributed significantly to the preservation and improvement of morals in various fields of medicine. The concept of a *human person* was attributed a more and more important role in Christian philosophy. In spite of the difficulties emerging at the time of Galilei, the Church does much to establish a dialogue between the scientific reason and religious faith. Not merely the spiritual soul but man as a whole, in the integrity of *body and soul,* shall be considered as a creature of God and as a responsible guardian of Earth and of worldly life answerable to his Creator. “Empowered by the mystery of incarnation – redemption, man, all men, but primarily the most needing are worthy of the Saviour‟s love.”2 ”Whatever you did unto one of these, you did unto me!”3 – we hear at the time of the last judgement. This also applies for our sick fellow-people. The impact of the merciful Samaritan‟s parable4 is still vivid. Churches have founded a number of public hospitals. Apart from the suffering Jesus, we could also see Christ as a servant. In developing countries Christian hospitals and curing communities bear witness for Christ.

These antecedents led to Christian churches‟ formulating the principles underlying the sacredness and inviolability of the lives of all human creatures. These reject abortion, the killing of children, euthanasia and mutilation. Not only Hippocratic principles but also the fundaments of Thomas Aquinas‟ book entitled “Truth” justify medical morale.

All that continues in today‟s teachings of the Catholic and Christian churches in general. It became especially dominant at the time of Pope Pius XII, who discussed the issue of medical ethics in radio speeches and in front of various communities, among others expert groups of physicians. A significant milestone was becoming aware of the actual weight of Nazi crimes. The age of emphasising human dignity and of accentuating autonomy followed. An important element of the change was the progress of medical technology, which created an opportunity that had never been seen before, made new approaches necessary and raised new questions. This had both positive and negative impacts on the development of human life – depending on the actual application.

Bioethics was born in this period. The word itself has not been invented at that time, but the problems concerned had become more and more familiar and raised public interest. The successors of Pope Pius XII, but even the leaders of other churches contributed to the progress. Religious attitude had become a requirement of both physicians and patients, similarly to the objective founding of principles. From the Catholic side the most significant milestones are the Second Vatican Council (especially the “Gaudium et spes” Pastoral Constitution), the Humanae Vitae encyclical written by Pope Paul VI5 (July 25, 1968), the declarations of the Congregation for the Doctrine of the Faith on Procured Abortion (November 18, 1974), on Certain Questions Concerning *Sexual* Ethics (December 29, 1975), as well as the address to bishops on sterilisation in Catholic hospitals (March 13, 1975). Pope John Paul II wrote on several occasions about issues related to bioethics. The most important documents are the Apostolic Exhortation “*Familiaris Consortio*”6 (November 22, 1981), the Declaration of the Congregation for the Doctrine of the Faith on Euthanasia “Iura et bona” (May 5, 1980) and the Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation7 (“Donum vitae”, February 22, 1987) issued by the Congregation for the Doctrine of the Faith were both published under his tenure as pope, as well as the encyclical “Evangelium vitae”8 (March 25, 1995), which is a work of utmost importance summarising the main issues of concern. In the same year (1995) the Pontifical Council for Pastoral Assistance to Health Care Workers issued the “Charter of Health Care Workers”. At the time of Pope Benedict XVI the Congregation for Introduction to bioethics the Doctrine of the Faith published the revised version of “Donum vitae”, the document “Dignitas personae” (December 12, 2008)

**4. The impact of modern age philosophy and the four main principles of bioethics**

Obviously, the modern age philosophies advertising liberal ethics (Hume, Smith etc.) emphasise the principle of individual autonomy as opposed to a behaviour based on the authority of the physician. However, the principle of *beneficence* cannot be neglected, since its omission contradicts the rule of *non-maleficence*. At the same time, *autonomy* may also be regarded, both from the perspective of the patient and that of the physician, as part of beneficence. The principle of *justice* cannot decrease the significance of beneficence either. All four principles – beneficence, non-maleficence, autonomy and justice – have an impressive history, and they all belong to the development of Western thinking.

**5. Reflexions on human rights in Europe, especially after World War II**

After World War II, the inhumanities committed under the rule of national socialism, in the vast majority of which physicians were also involved, resulted in the fact that human rights came to the foreground more and more intensely. The Nuremberg Trials put an end to a concluded era, but they also opened a new era. Does the “law of humanity” supplant the laws of God?

Cardinal Lustiger gives account of the conditions under which the *Universal Declaration of Human Rights* was born.9 The declaration was signed in Paris on December 10, 1948. Its aim was to guarantee the unconditional respect for human rights. It was indeed a fascinating moment. In the introduction we can read the following:

 “…Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged *the conscience of mankind*, and the advent of a world in which human beings shall enjoy *freedom of speech and belief* and freedom from fear and want has been proclaimed as the highest aspiration of the common people (…), Whereas the peoples of the United Nations have in the Charter *reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women* and have determined to promote social progress and better standards of life in larger freedom…”10

Interestingly, these lines are formulated with a religious wording: “*Reaffirmed their faith in fundamental human rights”*. These rights became, by Lustiger‟s words, the “*unfounded* foundations of social and political order”.11 Are these foundations based merely on cultural antecedents? If so, is this foundation sufficient?

A minor debate evolved on the wording of the first article in this regard. According to the first proposal: „All human beings are born free and equal in dignity and rights, and since nature endowed them with reason and conscience, their relation developed to their fellow-beings is based brotherhood.”12 Having regard to the clashing opinions, the delegates of Belgium and the People‟s Republic of China proposed the omission of the word *nature*. The Brazilian, Argentinean, Columbian and Bolivian delegates submitted a version that they considered as acceptable: “All human beings are born free and equal in dignity and rights. Human beings, who were created by God in his own image, after his likeness, have intelligence and conscience, therefore their relation to fellow-beings is based on brotherhood.”13 This expression: “by God in his own image, after his likeness” is from the first pages of the Bible.14

That version, however, was not accepted, primarily due to the opposition of the Soviet Union, France and Ecuador. The final result is a rather neutral, pure legal formulation, which was to be accepted by everybody. So the final version became: “All human beings are born free and equal in dignity and rights. Nature endowed them with reason and conscience and should act towards one another in a spirit of brotherhood.”

It may be stated that even this version has deep roots, although many people think that something is missing from this formulation. Today this declaration is accepted in most parts of the world, still, it is rather vulnerable because it is exposed to the majority opinion. And that might be either weaker or more aggressive than the declaration. Nevertheless, the approval of the universality of human rights was certainly a decisive step. This was the beginning of a process that has led to the widespread approval of various fundamental rights of human beings. In the United States the rights of patients are also protected rather vigorously. The legal regulations in England also try to draw the dividing lines – which, in accordance with precedential case law, show itself primarily in the practice of judicial courts. The respect for patients‟ rights is characteristic in Europe and in Hungary, as well.

**6. The history of bioethics**

The word “bioethics” was first used by the oncologist Van Rensselaer Potter in his publication “The science of survival” which appeared in 1970.16 His book “*Bioethics: bridge to the future”* was published in the following year.17 The main point of his recognition was that the progress of technology and ethics had decoupled from each other, which might lead to the extinction of humanity, and all living creatures. If we want to save ourselves and the world, we have to limit and control the technological progress accordingly. He started an immense progress with this statement, a significant milestone of which was reached in 1995, when the Inter-Parliamentary Union (IPU) declared that “bioethics had become the most important area in issues related to human rights”.18

At this point, however, I have to mention that a few years earlier the Catholic Church had already called attention to the emerging threat of a catastrophe. “Sacred Scripture teaches the human family what the experience of the ages confirms: that while human progress is a great advantage to man, it brings with it a strong temptation. For when the order of values is jumbled and bad is mixed with the good, individuals and groups pay heed solely to their own interests, and not to those of others. Thus it happens that the world ceases to be a place of true brotherhood. In our own day, *the magnified power of humanity threatens to destroy the race itself*.”

Naturally, the origins of bioethics lie far beyond these declarations. We could quote several places from the Bible, as well. At the end of the last century and the beginning of this century one could hear much about the necessity of respecting life. It is well-known that Albert Schweitzer calls exactly upon this,20 just like Maxim Gorky in his drama *The Night Asylum*. Obviously, that is all related to the massacres committed in the world wars. In his book *Ethik des Lebens* Eberhard Schockenhoff gives an excellent comparison of the so-called “life ethics” accentuating Christian values and “bioethics” inspired on secular grounds.21 Although this distinction is not widespread, and there are indeed a number of Christian institutions having the term “bioethics” in their names, this distinction has great relevance, as we will see later.

Sigmund Freud dwelled at length on the “death instinct”. It is hard to deny the impact of this notion if we take into account the various forms of arbitrary destruction and murder, which are to be observed in the world today. The need rightly arises to also deal with the “life instinct” existing deep in our souls at an appropriate scientific level. I posed the question to young medical students, whether it is better to be alive than not to be alive. It was rather apparent that it was the first time that they were confronted with this problem consciously. They knew, they felt that by choosing the profession of physicians, they also decided to protect life and to respect its value. Still, the question arises: if it is good to be alive, when and how long is it good to be alive?

The elimination of the weak was to be observed already on Mount Taygetus and we cannot find any provisions against it in the Hippocratic oath either. In Hungary it was Gyula Petrányi who contemplated on the issue.23 In 1970 he wrote the following: “Nature tries to protect the given species in its fight against circumstances, it does Introduction to not have mercy on the weak or the sick. Today‟s so-called developed societies, opposed to nature‟s direction, strive to have few successors, but they spare no effort in trying to keep them in good health till the final limits of life, under possibly comfortable circumstances. Hence, the question is whether society is not spending too much money on avoiding the birth of children, who would most probably be healthy, as well as on keeping already born people who are sick, shall become sick or are dying at an old age, artificially alive? – Physicians who measure up to their task can only have one answer for this question: having the society‟s interest in mind, they must work on achieving a sufficient number of healthy successors, as well as on avoiding that these people get sick, and if this endeavour remains unsuccessful they must do all that they can to cure them and fight for their life even if, according to our earlier concepts, death has already occurred but life can be resurrected with the help of progressing technological means. – The way a society treats the results of medical sciences does not only depend on the judgement of its physicians, but it is the physicians‟ responsibility to gain understanding and the necessary ethical, legal, personal and material support for their work by informing society on the prerequisites of health and healthy growth.”24The all-embracing love of Jesus is obviously a call upon us to support and help those who are weak and sick, who do not produce profit for the community. I am convinced that it is quite characteristic for the morality of a society how much money and energy they spend on making the lives of the sick and weak, i.e. people of whom society cannot profit any more, more acceptable. There is a significant difference between helping the situation of somebody who got temporarily in trouble but can soon help us, and dealing with someone, of whom we can certainly not accept to return our services (unless we consider it as a “returned favour” to see the grateful love reflected in the eyes of a person, whom we helped).

The most influential people on creating the revised concept of bioethics were initially Joseph Fletcher25 and Paul Ramsey. Both of them were protestant theologians, but their ideas were rather distinct from each other. At that time, Catholic theologians were primarily preoccupied with preparing the Second Vatican Council, and later they were engaged in issues related to sexual ethics and artificial contraception. Fletcher, who is viewed by Eberhard Schockenhoff from the group of experts involved in the first phase of bioethics together with Ramsey as one of the most significant thinkers, became well-known in particular for the following sentence: “Death control, like birth control, is a matter of human dignity.”27 He suggested that the most debated issues of medical ethics should not be solved in the framework of the fifth and sixth commandment, but rather on the basis of individual rights of freedom. He associates his chapter headings with human rights that he himself created: 1. Medical diagnosis: the right to know the truth. 2. Contraception: the right to the control of becoming a parent. 3. Artificial insemination: the right to victory over infertility. 4. Sterilisation: the right to preclude the possibility of becoming a parent. 5. Euthanasia: the right to die.

That would mean a radical “paradigm shift”. If we accept this notion, the universally valid norms providing obligatory guidelines for people on how they should act, would be replaced by some kind of liberal situational ethics. Moreover, according to this world concept people should be informed on every aspect of their options. From the physician‟s point of view that would mean that the positive command of maintaining life and the negative command that forbids killing would be replaced by the respect for the patient‟s freedom of choice as the main principle.

Ramsey‟s sentiments28 are rather different from Fletcher‟s theses. He keeps the distinction between killing and letting somebody die. Therefore in his interpretation “the right to die” principle means that everybody has the right to “his/her own individual death”, but dying should not be accelerated or mercilessly prolonged by conscious manipulation. Fletcher rejects euthanasia, and attributes special importance to physicians‟ and priests‟ escorting people to their death. He firmly stands for Christ‟s ethics and defines himself as a representative of these moral values. However, he also considers it to be important that theological life ethics should formulate its principles in today‟s secular society according to the conceptual categories of the latter, if it aims to have an impact on medical practice and medical institutions. Hence, the main topics of his book do not include the debated issues of contraception and abortion, he focuses his attention rather on informed consent, human experiments, organ transplants and the determination of death. It is exemplary even today how he takes the results of interdisciplinary research into consideration, although in the meantime public attention has turned towards the context of social ethics and its implications on society in the field of health care, altering from the earlier concept of the doctor-patient relationship being based on individualistic ethics. At this time it had Introduction to bioethics become a more and more urgent question whether we should focus on the caring treatment and well-being of sick people, or rather the respect for their autonomy. Nowadays, physicians may still encounter the question whether they should inform patients on their condition because it would make them cooperate more intensely in favour of their own recovery or because they have a basic human right to be informed. Caring for the patient and serving their well-being has come to the forefront again.29 Theoretically, cooperation and the right to be informed are not contradictory ideas, in practice we can overcome the emerging problems by providing information gradually.

**7. The philosophical background of present-day bioethics**

In German-speaking territories philosophy was dominated by debates concerning the basic principles of normative ethics, while Anglo-Saxon thinkers were opposed to this approach. According to Gertrude Anscombe moral philosophy as a whole is on the wrong track, as it disregards the psychological grounds of the concept on values.30 In her opinion, we cannot tell, how somebody gets to moral action. We have to know the objectives of the given action, which have their roots in the subjective experience-background. This approach rejects the central idea of moral obligation.31 Similarly, Philippa Foot rejects Kant‟s concept of the imperative.32 She is convinced that our moral judgements do not provide good reasons for a particular action because they *prescribe,* as obligatory commands, the wishes and interests underlying our action, but because they *describe* them. That means that the person who has a particular wish *has to* act in a given way, i.e. the imperatives, in her view, can only be hypothetic.33 The so-called “virtue interests” belong to these subjective action impulses, among others the wish to help people who are in need and to show compassion, but also the interest in freedom, justice and human dignity.34

As a kind of answer to these theories a number of works were written, which took practical morality as a starting point and re-considered the topic from a narrative and dramatic perspective.35 These are serious critics of modern ethical theories and they call attention to rather important corrections. According to Iris Murdoch in modern rule ethics it is only pure will that plays a role, while wishes, inclinations, impulses are forced to the background.36 Moral actions, however, do not only derive from the acknowledgement of moral principles, they are also linked to the ripening of a “vision”, with the help of which we take cognizance of the other person‟s reality and the things in our own world, and grasp how much we need these things. This vision grows in us to the extent, to which we are able to organise the chaotic world of our feelings, the disarray of our emotions, and find values in what corresponds to the idea of the good.37 The concept of virtues is also devoted a significant role in her ethics,38 just like in the case of Stanley Hauerwas, who rejects the liberals‟ principles that provide an ethical minimum based on external rules.39 At the same time he also rejects the ideas of natural law based on universal moral norms, as it was developed by Catholic moral theology. In his opinion, it is not a real moral philosophy, its objective is actually not to enhance a right personal behaviour but to achieve strict command compliance.40 According to Alasdair MacIntyre, the possibility of peaceful civil co-existence, which is provided by abiding external rules, failed.41 The realisation of complex objects of life is only possible in minor groups. MacIntyre is convinced that moral action is not given by nature, as Aristotle also believed, but minor social groups discover their goals, in order to oblige the people belonging to these groups to follow.42

It is beyond doubt that virtue ethics based on minor social groups might influence people more easily than normative ethics, which is based on principles. However, a serious disadvantage of this approach is that is lacks Introduction to bioethics the absolute obligatory “must”. If we do not respect certain fundamental human rights of all people, the peaceful co-existence of people is unimaginable on the long run. The principle of autonomy is at the centre of the public morals of democratic societies, which has a negative limit prescribing that the freedom rights of others shall not be violated. We should not impose our own moral values on others by force.43 It still remains a question what we mean by forcing? How do we rate spiritual persuasion? – Hence, everybody tries to convince others about their faith and views! If conflicts can only be solved by rules applying within a particular community, secular ethics cannot decide *in general, on theoretical grounds*, whether it is better to accept a child with disabilities in loving care or to chose abortion if the probability of disability arises. It cannot be assessed whether one should endure severe physical pain or commit suicide. It cannot be adjudged what we should tell to a woman who hasn‟t got any children: should she entrust a surrogate mother or accept sterility as her fate. The distinction between universally binding ethics and group morals explains the ethical conflicts of our modern age. It still remains a question, however, whether it is really impossible to make a distinction between medical ethics developed in Albert Schweitzer‟s hospital in Lamberéné, for example, and the man-disdaining medical ethics prevailing in the concentration camps in Hitler‟s Germany. To quote ‟s E. Schockenhoff‟s words: in an open society polytheism may become overwhelming and rejoice.44 The positive sides of the Christian worldview are acknowledged by the liberal party, as well, but they are not regarded as universally binding rules.

Philosophies emphasising the respect for life had become more and more dominant at the beginning of the century. That was in connection with the terrible manslaughters of the First World War, as well. Albert Schweitzer describes the impact of his journey on an African river (Ogowe) in his book entitled *Kultur und Ethik* published in 1923.45 This led him to extend the idea of love to all living creatures.46 “What we call love is actually the respect for life”47 *(Ehrfurcht vor dem Leben).* This sentence is the key to his worldview, which is put on the banner of environmentalists today. Its impact became stronger and stronger. As opposed to Descartes, who considered self-consciousness and thinking to be the main foundations (“Cogito ergo sum”), the essence of Schweitzer‟s philosophy is that life is the main principle. (“I am life that wants to live in the midst of Life that wants to live”). Schweitzer interprets the most important moral principle of ancient morality *“bonum faciendum, malum vitandum” (do and pursue good and avoid evil)* as follows: *“Good is what maintains and develops life, evil is what destroys life and hinders life.”* Ultimately, that became the basic principle of the Pro-Life movement. It raises a fundamental problem that Schweitzer considers each and every life to be equal, there are no higher- or lower-rank creatures, not even consciousness elevates them to a higher rank. Three main objections arise. Should we always ponder upon our deeds that we intend to commit against life, where are the bounds in the case of animal tests, for example? The other problem comes from the endeavour to live, from the compassionate fight for life, which is represented by Charles Darwin48 and Nietzsche. Racial hygiene of human beings and the experiment of Social Darwinism evolved, where people are ranked on the basis of their social value. The third problem is that it is rather difficult to educate others if we always have to take into account that we shall have a guilty conscience after our deeds. Sooner or later indifference evolves. This, causes a number of difficulties at the justification of animal tests necessary for medicine trials, for example. Therefore, newer approaches claim it is essential that the point of reference should not be the individual judgement, but laws should regulate our relation to our environment, to animals, plants, even to stones. Some even suggest that these creatures, similarly to people, should also be subjects of law entitled to solicitude, brotherly love and the appreciation of partners. These are the main principles of environmentalists. The theoretical basis is owing to the natural philosopher Klaus Michael Meyer-Abich49 and theologian Günter Altner.50 They would say it is important that, for example, rivers and trees should have their own advocates. Hans Jonas emphasises responsibility.51 That is similar to the responsibility of parents for their children.

**8. Basic principles of personalist**

Ethics as a descriptive science (ethos) presents the customs and behavioural forms that evolved on the basis of values. All this respectively, either in a given group of people in general, or in relation to a specific subject matter (e.g. abortion, stealing or murder).

Normative ethics evaluates human behaviour primarily along values, basic principles and norms. What is allowed and what is not? What is good? What is evil? It aims to explore the normative foundations, i.e. the ones determining our actions, and their justification. Within this category we distinguish general or theoretical ethics that deals with basic principles, values and norms, and special or applied ethics that applies these norms. This concept includes, for example, economic ethics, political ethics, professional ethics and the narrower topic of our interest, bioethics and environmental ethics, as well.

The problem of objective and subjective morality explains many emerging questions in ethics. It is very important to make a distinction between the objective action and the subjective moment, in which it is carried out. Internal aspects also have a major impact on ethical evaluation. Moreover, ethics obliges people from within. It is because of this internal obligation that we can talk about the moral qualification of a given action in universal terms. Not everything is subjective, it is not true that we can declare about anything, that it is good for me even if it is not good for others. (For example, if somebody has sadistic inclinations, it is not acceptable that he is kicking others. I cannot let somebody die of starvation if I have plenty to go upon…). Sensible norm is what we are talking about. It is not only acceptable because of the traditions, but much rather because it is to be grasped by our intellect, whether a particular act is objectively good or evil. It is in connection with the eternal law that is to be found in the heart of every human being. It is our conscience that obliges us to do the right thing and avoid evil deeds. The help of religious faith can be of utmost importance in this process: it sheds light on the law and the role of norms in the life of people, who are all creatures of God. Man fortified that by a positive law. This is the external authority that strengthens the norms that were inherently present earlier (as, for example, the “Universal Declaration of Human Rights” points out).

Nevertheless, mistakes occur in the life of human beings and humanity. The reason for that is often ignorance.52 Ignorance can either be culpable or non-culpable ignorance. It is culpable, if somebody who would have had the opportunity to learn the moral principles, did not want to do so or simply did not devote enough time to master them. It cannot be considered as culpable if the person concerned did not have the opportunity at all to learn the moral principles (e.g. because he/she grew up on an abandoned island). Ignorance can either be overcome or is invincible. It can be overcome if, for example, somebody is able to learn and realise in practice what is morally good. It is invincible if, although one tries to overcome them, he/she is hindered, in accepting the truth and in taking the objective good as his/her personal conviction, for example, because of prejudices originating in their education or environmental impacts.

Following mainly the path of Elio Sgreccia in our studies, we take the main principles of personalist bioethics as a starting point.53 Here the basic principle of the protection of physical life is a primary aspect. The fundament of a person is, perhaps obviously, that he/she is alive. At the same time, as we have seen, not all lives can be considered equal. The protection of animals may have become an obvious duty for everybody by now. Nobody is allowed to kill another living creature arbitrarily. Even hunters must obey strict rules, the violation of which has serious consequences. Thus, the protection of life defines the main framework of legal regulations. However, only a human being is entitled to be considered as a person in terms of traditions and by means of law. But the concept of a human person can be applied to everybody irrespective of sex, the colour of their skin or race. We shall proceed in our line of thoughts in this direction, by outlining the main principles on the protection of human beings.

The basic principle of the protection of health guarantees for us to stay healthy. Nevertheless, we must clearly see that we are not entitled to health, but to the protection of health. It would be rather difficult, or even impossible to guarantee the right to health in the case of an incurable patient. We can only protect anybody‟s health in its given condition, i.e. can only direct it into a better direction as long as it is possible. After a while, however, this protection can only provide the possibility of co-existing with difficulties. Just think of elderly or sick people who have to take medicines on a regular basis.

The basic principle of freedom and responsibility points to the fact that the protection of our own lives and the life of others are both our responsibility. Moreover, the main precondition of human freedom is also life. In bioethics this question arises in course of the therapeutic cooperation between physicians and their patients. Which treatment can be rejected and which can not? For example, a parent cannot reject the feeding of his/her Introduction to bioethics disabled child, because that would be euthanasia, homicide. The parent would misuse his/her freedom as opposed to the life of the child.

The basic principle of completeness or therapy calls attention to the fact that the body is essential for life, both as a whole and it its details. So the whole body of human beings is necessary for them to be able to exist. Still, it is possible to remove a part of the body in order to save the life of the entire person. The surgeon is obliged to remove the part that would lead to the body‟s death.

Conditions of the basic principle of completeness or therapy:

1. Surgical intervention is carried out on the sick part or the one causing sickness in order to save the healthy parts.

2. There is no other way or tool to overcome the disease.

3. There is a chance to be successful, which is in proportion to the attained objective.

4. The patient or the person entitled to do so has given his/her consent.

We have to state that at this basic principle it is not really life but rather the protection of physical integrity what is at stake.

The social and subsidiary main principle actually brings not only two, but at least three new aspects into our consideration. According to the social aspect, life is not only important because of the personal protection, but from the point of view of society, as well. This is, of course, again rather obvious, since society can only survive if its members are alive... It derives from this principle that the possibility of protecting life is the shared value of everybody. That is why, for example, direct first aid services are free of charge in most countries. In a broader sense, that is also the reason why we establish e.g. social security systems in the society. Here we must point out that not all countries of the world have reached this level, moreover, there are places where these systems are cut back, with reference to the lack of money.

The aspect or basic principle of subsidiarity might not be known for everybody. This means that we have to help the one who is in greater need, and the higher level should not take over tasks that could also be fulfilled on the lower level. Hence, resources should not be allocated equally, but those who need it more should also be given more. The other aspect refers to the fact that one should not be hospitalised right away in the intensive care unit with a common cold, and general practitioners should only be asked for an appointment in case of diseases that cannot be cured simply by taking an aspirin. We should not go into hospital and lay immediately under the contribution of social security with health problems that could be solved at home. Of course, sometimes it happens just the other way around, many turn to alternative solutions instead of traditional therapies, even if they are less reliable.

The principle of the minor evil might not require a detailed explanation. If we have to choose between two bad things, we tend to choose the one that seems less disadvantageous, i.e. the one that has fewer negative consequences. However, that principle cannot be applied if lives of human beings are opposed to each other. I cannot kill anybody claiming that that would be the minor evil, especially if the person concerned is an innocent human being. This equally applies to unborn children and to adults. In the case of people who attack others with the intention of murdering another human being, many people ask, why we could not apply this principle, since the killing of such an aggressor would obviously bring along fewer negative consequences than allowing him to murder several people. Nevertheless, destroying these aggressors by firing rockets on them does not belong to the above category, especially if civilian victims are to be expected, as well. This example shows that this seemingly obvious basic principle is not always applied in a straightforward way.

The main principle of beneficence simply declares that one has to promote good and subdue evil. That is actually the positive formulation of the Hippocratic principle of non-maleficence, „Do no harm!”. It is rather that principle that should be applied if the principle of the minor evil cannot be applied, e.g. at the confrontation of the lives of innocent people. If we cannot save somebody, we do not kill that person, but rather try to do something good for him/her. That shall never mean taking their lives. Hence, that principle refers to the treatment of patients and palliative care, for example, by reducing pain or by showing sympathy and co-suffering.

We may also point out that it is not simply good-will that we are talking about but good deeds, as well. The basic difference between the two is that good-will can exist merely on the level of good intentions. Good deeds, Introduction to bioethics however, are always clear actions. Thus, it is much more than simply showing good-will. We obviously expect from our well-wishers to actually do something good, not only speak about doing it some time in the future.

The main principle of autonomy declares that a basic characteristic of man is self-determination. That concept is not at all that new, as it might have seemed so far. We can read already in the Old Testament: “Thou shall not do to others what you would not like to yourself!” Jesus turns this statement into positive: “Do to others what you would have them do to you.” (Matthew 7,12). In the relationship between physician and patient this principle is strictly connected to the necessity of consent. This consent, however, does not really refer to the actual method of treatment but rather to a kind of alliance between physician and patient, which might be able to provide a different image about health care, other than a simple give and take relation of service-provision.

The principle of autonomy should come across in being informed about the diagnosis and in the therapy, as well! We will get to that later. As an introductory remark, let me only point out that the patients should not necessarily get to know all diagnoses, we could even formulate the right to not knowing things. If I do not want to know that I only have one week left and I am otherwise prepared for death, I should be entitled to express this wish, too. The patient has to participate in the choice of therapy, as well, in proportion to his/her abilities. There might be aspects, either for religious or personal reasons, that may not seem obvious for a physician, if he/she has primarily the disease in mind and not the patient he/she is about to cure. Let me mention two examples: one is the well-known case of blood transfusion with patients belonging to Jehova‟s witnesses, for whom this treatment is not allowed, although it could save the lives of many of them. The other example is the issue of abortion in the case of Christian patients, who might risk more for keeping their child alive than the given physician. Naturally, there are cases when somebody cannot be saved in the mother‟s womb, but such cases, for example hysterectomy of a cancerous womb, is not really considered as an abortion. Though we may add that there were people, who, even under such circumstances, made a decision in favour of the life of their child by sacrificing their own lives (e.g. Saint Gianna Beretta Molla). Can we forbid anyone to do so, if we respect the principle of autonomy? Is such a noble attitude to be detracted?

The principle of autonomy cannot always be applied in the case of psychological patients, or if someone is not able to express consent (e.g. because of coma, or being a minor etc.).

The principle of justice is the last principle that we intend to refer to. It declares that equal treatment should be provided for everybody! This is where the problem of allocating resources equally arises in health care services. We would not go into detail about this issue now, just refer to this utmost topical subject matter. The biggest problem in this area might emerge, if commercialism becomes prevalent in health care and fiscal aspects get into the focus of attention instead of the patient. We have already mentioned in connection with subsidiarity that appropriate allocation does not necessarily mean that everybody should get the same amount of goods. The treatment of a serious disease is much more expensive than vaccination. Still, both of them are necessary. Thus, justice or fairness does not mean an equal level of treatment!

Another aspect, still in connection with justice, is that the value of life and proportionality in treatment should be seen as fundamental values. That means that one has to be treated more intensively in direct proportion to the level of emergency (i.e. how life-threatening the disease is). In the practice of military doctors the opposite situation may arise as a dilemma. If I have to choose, should I save the one in the worst condition or rather the other patient, whose health can be restored to an extent making him fit for fighting again. There can be no reasonable excuse for sending somebody to death intentionally. The principle of justice requires that everybody should get the necessary treatment as far as it is possible.

From the perspective of basic principles we can see that that the goodness of a particular action or treatment is not only to be measured on the basis of external norms but also on the very inclination to do something good. It might also be important to note that the rules of a language implicitly teach us the sentiment: what you do is what you shall become! The English language teaches us that the person who is beneficial to others is called a benefactor, the one who exercises justice is called just and the one acting in a way incompatible with morality is called immoral. Our deeds have repercussions on us, they are certainly not independent from us. The list could go on in a wider sense based on the rules of the English language: who smiles is nice, who says the truth is honest, who saves lives is life-saving, and in the negative, who steals is a theft, who lies is a liar, who kills somebody is a murder, if he is paid for it, he is called an assassin or an executioner. It depends on us, which path we choose.

**9. The relation of morality and law**

In homogenous societies morality and law are not divided from each other. The real split begins when the level of the „polis” (town) becomes a major unit and accordingly, several moral attitudes and several customs try to come across at the same time.

From a philosophical point of view, two major approaches are to be distinguished: *the natural law approach* and *legal positivism*.

According to the argumentation of natural law, rightness or wrongness of the man-made „positive law” should be determined by comparing it to the eternal moral law of natural or divine origin. If positive law is not in accordance with the eternal moral law, it shall not be abided, because it cannot be seen as a valid legal regulation. “Although authority is a postulate of the moral order and derives from God. Consequently, laws and decrees enacted in contravention of the moral order, and hence of the divine will, can have no binding force in conscience...; indeed, the passing of such laws undermines the very nature of authority and results in shameful abuse.” This statement of the Pope is of utmost significance and has often been criticised.

In another passage of the Bible we read the following: “Indeed, when Gentiles, who do not have the law (here Apostle Paul refers to the laws provided by God‟s revelation), do by nature things required by the law, they are a law for themselves, even though they do not have the law, since they show that the requirements of the law are written on their hearts, their consciences also bearing witness, and their thoughts now accusing, now even defending them. This will take place on the day when God will judge men's secrets through Jesus Christ, as my gospel declares.”55

The knowledge deep within the heart of human beings about the right thing to do is also justified in Sophocles‟ Antigone, where Antigone makes reference to the laws of gods as opposed to the enacted statute of Creon. Several examples could be brought from earlier and newer pieces of literature, in which the clash is caused by the difference between enacted law and duty engraved in the hero‟s heart. The existence of the unwritten ethical code of villains also shows the moral consciousness deep within the heart of human beings. When the assassin in Verdi‟s opera *Rigoletto* is asked whether he would really kill the person for whose assassination he had been paid, he answers with a question: “Who do you think I am, sir?!”

This moral core is called today “*the law of humanity*”.

According to the argumentation of legal positivism, although there is a certain amount of overlapping and interrelatedness between morality and law, there is no inevitable connection between the two. So the law is effective and to be abided, whether it is just or unjust. The unjust law is also an effective law… The judge‟s task does not involve moral discretion, he/she should apply the provisions of legal regulations for the given facts in the most accurate way possible, irrespective of whether those regulations are just or not. 56

The argumentation of legal positivism is hardly acceptable in the case of slave-holding states ruling in the past centuries, but we should also question the binding force of laws introduced in the Nazi Germany. The Nuremberg Tribunal did not accept the plea “I did it on command!”. That is the reason why the World Medical Association (WMA) adopted the Declaration of Geneva, in which the physicians pledge themselves the following: “…, even under threat, I will not use my medical knowledge contrary to the laws of humanity”.57 This is obviously an argumentation based on natural law.58

What gives the legal positivist laws their binding force? Is it provided by common agreement? That would be the principle of democracy. But what if inhuman laws are adopted based on “common agreement”, with the silent consent or open support of the public? What could then be the standard, to which we can relate things?

In so-called democratic states it is often the control of publicity that is viewed as a force preventing the enactment of false judgements. If we ordain obligatory euthanasia, does it become acceptable? The question is similar to the one concerning abortion: if we permit abortion by law or at least suspend its punishment under certain circumstances, will that make that law right?

Law and morality are closely interrelated. There is a legal theory according to which law codifies the moral minimum, starting out from which anybody could try to accomplish more. Reference to a legal regulation is often not enough to defend ourselves. We can find a number of hints in the words of Jesus on the fact that law-abiding alone is not always enough. He himself did things several times on the Sabbath that he, according to some people, should not have done. When his disciples got hungry and began to pick the heads of grain, and the Pharisees condemned it, Jesus referred to King David who even ate the consecrated bread in the church. “The Sabbath was made for man, not man for the Sabbath”59 – he added. Today, the term *epikeia* is used for making such an exception. Jesus cured several sick people on the Sabbath. Once he asked the people objecting to it: “Which is lawful on the Sabbath: to do good or to do evil, to save life or to kill?”60 On another occasion he answered: “You hypocrites! Doesn't each of you on the Sabbath untie his ox or donkey from the stall and lead it out to give it water?”61 On a third occasion he asked: “If one of you has a son or an ox that falls into a well on the Sabbath day, will you not immediately pull him out?”62 Another example: “Now if a child can be circumcised on the Sabbath so that the law of Moses may not be broken, why are you angry with me for healing the whole man on the Sabbath?”63 Nevertheless, it was also him saying that “Do not think that I have come to abolish the Law or the Prophets; I have not come to abolish them but to fulfil them. I tell you the truth, until heaven and earth disappear, not the smallest letter, not the least stroke of a pen, will by any means disappear from the Law until everything is accomplished… For I tell you that unless your righteousness surpasses that of the Pharisees and the teachers of the law, you will certainly not enter the kingdom of heaven.”64 Thus, the laws are indeed necessary, but under given circumstances the right interpretation of the given law might have great significance!

Moral theologians and canonist also tend to have fruitful discussions. When do we have to decide according to the literal provisions of law, when are we allowed to take interpretations into consideration? We can refer to the unspoken intention of the law-maker that we consider to be obvious. It is often our conscience that helps to make the final decision. I am convinced that we can rather accept what our conscience dictates, if it wishes something difficult from us, than if it suggests that the easier way is acceptable. That is also often called “moral intuition”. That does not mean that we are allowed to kill anybody. It is essential that in cases of moral doubt, we should always follow the safer course if life or salvation is at stake. This is called tutiorism. It is usually quoted as an example that you should not shoot at a moving bush when hunting with a pack until you make sure that it is not moved by a beater. We must use the same argument in defence of the life of the foetus. Even if somebody is not convinced that the foetus has an immortal soul in the given period of growth, they have to choose the safer solution, i.e. they have to decide as if they knew for sure that it was clearly a human being concerned.65

Advocates of order and freedom-lovers can hardly understand each other. Searching for compromises is often a difficult task, both in religion and in politics. The impact of public opinion, i.e. of people convinced in large numbers, is always significant. A typical example in bioethics is the following: a physician cannot be forced to carry out abortion if his/her conscience prohibits to do so. So in this case reference to the freedom of conscience is a rather significant argument. However, the physician refusing abortion should see after an appropriate substitute. So even if I am convinced that something is wrong and sinful, I have to get somebody whose conscience is not as choosy as mine?! What kind of freedom of conscience is provided for by this law? Public opinion is currently a major authority in democracies. If, for example, the life of the mother is at risk at the time of the birth, public opinion assumes that physicians cannot refer to their conscience. The relevant law is also formulated in this spirit.

We often come across legal regulations that are intentionally formulated in a broad sense, with so-called flexible paragraphs. In such cases the law-makers do not want to commit themselves to much, so they provide a loophole of escape. Laws often have an influence on morality, which also changes the behaviour of citizens. Many people believe that if something is permitted by law, it cannot be immoral. But is it really always the case? We could bring a long list of counter-examples from the legislation of various countries beginning with laws permitting racism up until religious persecution.

The deterring force of laws and the fear of inconveniences result in a number of unnecessary examinations and treatments in the medical practice, as well. Seeing the rising number of trials against physicians, one tries to stay on safe grounds if possible. In the United States private practitioners were often defenceless, so after a while they did not urge to help if someone was taken by an indisposition on the street, for example: they were afraid that no matter what they actually did, the insurance company would find a reason to make them pay for the eventual worsening of the patient‟s condition. More and more physician applicants deterred from the profession. The so-called „good Samaritan” law was aimed to improve this situation.66 Today, in a significant number of US states one cannot sue the physicians who do their best to help their fellow-people who got injured as long as they do not ask for or accept money for their services. The law should be made in a way that takes both the fears of physicians and the interests of patients into consideration. In the United Kingdom, for example, it is equally accepted that the patient has the right to reject treatment but also that the applicable treatment could be prescribed for physicians.

The Hungarian law also touches upon the necessary actions if someone‟s life is directly at risk. In a given case (for example, acute disorders of consciousness, if the patient‟s life is threatened or the suspicion thereof emerges)68 *everybody* is entitled to initiate saving that person‟s life.69 Thus, for now, the duty of saving people who try to commit suicide is not problematic. If we do not consider suicide as the consequence of temporary insanity or irresponsible state, on what grounds can we save the person against his/her will if he/she rejects help? We might end up in a rather difficult situation, since it is already guaranteed in Hungary that nobody shall be treated against his/her will. I am convinced that physicians should always be provided the proper opportunity to fulfil their obligation of help in accordance with their conscience. It would not be right to qualify all life-saving attempts as unlawful paternalism. The word responsibility should regain its ancient weight.

The dilemma between legal regulations and personal freedom used to be decided unanimously in favour of legal regulations in the case of infectious diseases. Nowadays, extraordinary problems arise concerning the issue of HIV/AIDS infection. The main reason for that is the fact that this disease is transmitted primarily by sexual intercourse. According to the libertarian approach, sexual intercourse is everybody‟s private business, so if they get infected, they have to take the consequences. Hence, nobody has the right to interfere arbitrarily in order to fight the infection. Nevertheless, there are others who keep certain endangered groups, e.g. drug addicts, under strict control. Those, who consciously infect other people with the disease, may also expect strict imprisonment. The provisions of authorities are differing from country to country, which basically reflects the uncertainty concerning the estimation of the issue.

**10. Sources of the Hungarian legal regulation**

The most fundamental problems are dealt with in the *Constitution of the Republic of Hungary*, the *Criminal Code* and the *Civil Code of Hungary*: issues like legal protection of personality rights, medical responsibility etc. What concerns us more directly here is Act *CLIV of 1997 on Public Health*. Although it has been revised recently, specialised lawyers still do not consider it to be adequate. For a long time several ministerial decrees, registered as sources of law, were unconstitutional (for example, the Constitutional Court decided at the request of the Pacem in Utero Society that the that-time effective decree on abortion was unconstitutional). Edit Kőszegfalvi compiled a collection of explanatory statements on legal regulations concerning health care, the *Egészségügyi és betegjogi kézikönyv [Reference Book on Health Care and Patients’ Rights]*.70 Naturally, this could be extended with further aspects. The *Az egészségügyi jog nagy kézikönyve [Great Reference Book on Health Care Law]* deals with the issue on interdisciplinary grounds.71 Nevertheless, changes in legal regulation should always be carefully followed. A suitable tool to achieve this is the constantly revised Complex Legal Compendium *[CompLex Jogtár]* published in DVD format.

**11. Declarations on medical ethics**

A frequently occurring argument against dealing with and, in particular, teaching bioethics is that ethics and morality should not be explained, but lived accordingly. The latter statement is certainly true, but in order to develop in ourselves the conscience necessary for right deeds, it is not enough to see the good examples, we also have to know the principles that are to be followed. That applies to bioethical principles, as well. It is in accordance with the Declaration of Hawaii, which is aimed to give guidelines for psychiatrists. “Even though ethical behaviour is based on the individual psychiatrist's conscience and personal judgement, written guidelines are needed to clarify the profession 's ethical implications.”

Medical ethics might get in contradiction with the views of individual people worldwide, even with effective legal regulations. In Hungary, nobody talked about the contradictions, moreover, there was a tendency of concealing them, as if the laws and decrees would automatically represent the morally right and acceptable solutions. It remained so even when a high proportion of physicians were deterred from their career as gynaecologists, as a result of the fact that abortion was seen as a duty linked to their profession. (Many people claim, even today, that it is so!) Laws, rights and morality are to be distinguished. The task of legal regulations is to protect the acknowledged truth and to punish the detected crimes. Morality is also obligatory in internal spheres of our conscience, where no judicial judgement can break through. “De internis non iudicat praetor!”, judges shall not decide on conscience and intentions. We are grateful to the few excellent medical lawyers who had the courage of their convictions, and tried to achieve that the enacted laws and morality should get closer to each other.

**12. Hippocrates and declarations**

The Hippocratic oath is generally viewed as the most ancient “basic law” of medical ethics. Doubts emerged concerning the author of the text. Allegedly, it is not included in the Corpus Hippocraticum, and there are opinions, according to which several thoughts of the text are rather distant from the writings of Hippocrates. Some consider certain parts of it as products of the Christian era. I assume that all this is rather insignificant from our point of view. The text of the oath is certainly very old, and it had and has a great prestige even today. With various variations and certain alterations in individual countries, physicians swear on this oath worldwide.73 What is perhaps even more significant is that the society composed of non-physicians call upon them to account for their work, taking reference to this oath. In Germany, at the time of the rule of social nationalists, many physicians who were not willing to participate in euthanasia, which was made obligatory at that time, displayed the text of the oath in their waiting-room. The text of the oath was a battle-flag from the time of its creation. Today, it is about to take this role again.

As opposed to the above, Stoic thinkers were of the following view: “the wise man lives in harmony with nature, with people and himself. If he is unable to endure the burdens of the outside life or is unable to apply the moral values otherwise, he shall, after careful consideration of circumstances, depart this life. Zeno of Citium, Cleanthes and other well-known representatives of the Stoic school ended their lives by starving to death.”74 A similar problem today is the dilemma of the captured intelligence officer: if he does not commit suicide, as long as he is able to do so, his enemies could drag out information of him about his fellows by using various methods of interrogation, and so he becomes a traitor.

What did physicians do in such a situation? At the time of the suicides of Cato and Seneca, their doctors behaved in radically different ways. Cato cut his own stomach for political reasons in order to commit suicide that way. His physician, who came to help him, pushed the protruding intestines back and stitched the gash up. (Cato tore it up again.) Seneca, on the other hand, had he assistance he wished for. His physician made him drink what was left in the poisoned chalice.75 In their view, both doctors acted in favour of their patients. Does that automatically mean that both of them did the right thing?

It is apparent from the publication of G. Roth, who studied the various oath texts, that the basic obligation of beneficence, of helping people is a constant core of medical ethics.76 Various details are accentuated and emphasised in different times. Circumstances may also bring along the requirement of changing things. Today, if a problem emerges, it is generally considered to be obligatory to ask for a medical consultation.

76Roth, Gottfried: Cunctis officiis quem probum medicum decent. Promotionsgelöbnis - Aerztegesetz - Strafgesetz. *Österreichische Aerzte Zeitung,* Jg. 34. (1979) Heft 10. 681-682. p.

The worldviews behind individual oath texts do not necessarily become obvious from the state order that one has to swear to. It is rather the interpretation of the protection of life that is essential. When should we start protecting life, from the time of conception or only later? How long do we protect life, for example, in the case if incurable patients or after the final loss of consciousness? What is the life like that we intend to protect? Should we also protect the lives of our mentally or physically disabled fellow people? To what extent, under which circumstances can we subordinate the individual‟s life to the interest of the community? Can experiments on human beings be allowed?

The text of the Hippocratic oath is by all means a point of reference. It shows the direction that our ancestors considered acceptable. Hippocrates chose life and not death, both at the beginning and the end of life! In the general practice of physicians the approach of the Hippocratic school became decisive – certainly under the influence of Christianity, as well.

**13. Today’s modern declarations**

The various oath formulas usually do not go into details. The wish to formulate a uniform approach is expressed by common declarations. They intend to create a point of reference in the case of uncertainties. The texts of the most important international declarations are included in the appendix.

Contemporary documents are usually compiled by the World Medical Association (WMA), usually with regard to topical requirements.

The most fundamental document is the Declaration of Geneva (henceforth referred to as “declaration”). It is an oath sample taking modern aspects into consideration (1948, 1968, 1983, 1994, 2006). Let me call attention to the fact that of the recently most debated two issues, the Declaration of Geneva does not even mention euthanasia, and does not deal with procured abortion directly. It declared (before 1983) that utmost respect should be maintained for human life from the time of conception. In 1983 the text was altered, since then the expression “from the beginning of human life” is included, which, of course, allows for a broad interpretation. The text does not declare directly that taking a conceived life, inside or outside the mother‟s womb, is expressly a murder. It is beyond doubt, however, that the term “utmost respect” cannot be interpreted, as if the foetus or a dying person could be murdered without any problems. They chose life in Geneva, as well!

Let me mention a few other declarations. Here I wish to call attention to the fact that they all bear great significance, as they supported many physicians in making their conscientious decisions. The *Declaration of Helsinki* or the “Resolution” deals with the issue of medical research involving human subjects (1964, 1975, 2000, 2002, 2008). Determining the time of death in case of unconscious patients who are kept alive artificially with the help of machines, loaded physicians with an ever increasing responsibility, and put a heavy moral burden on their shoulders. Recently it is the issue of spreading medicine trials that provides an increasingly serious challenge for ethical committees.

The *Declaration of Sydney* summarises the criteria of determining the time and occurrence of death (1968).

The *Declaration of Oslo* deals with the so-called therapeutic abortions (1970).

The issue of participation in torture and cruelties and the refusal of help is an extremely serious problem. The *Declaration of Tokyo* deals with this subject matter (1975). According to the last point of the declaration the World Medical Association will support, and should encourage the doctors and their family in the face of threats or reprisals resulting from a refusal to condone the use of torture.

The issue of euthanasia got more and more intensely into the focus of public attention, primarily because of the events that took place in the Netherlands and in Australia. Therefore the *Euthanasia Declaration* (Madrid, 1987) is very important, as well as the *Declaration of Venice* dealing with the “terminal phase of an illness”, separately from the issue of euthanasia. These declarations provided great significance to the statements of the Ethical College of the Hungarian Medical Chamber, and were later also taken into consideration at the adoption of the *Code of Ethics of the Hungarian Medical Chamber* in 1998. The *Statement on Physician-Assisted Suicide* (PAS) also belongs to this subject matter (Marbella, 1992). The *Declaration of Lisbon* on the rights of the patient (1981), which was largely amended later in *Bali,* is also of utmost importance.

The *Declaration of Hawaii* (1977) provides guidelines for psychiatrists. It is worthy of our attention that it also tries to give assistance in formulating the right conscience of physicians, in avoiding abuses. Treatment should only be provided in the interest of the patients and with their consent if it is possible. The patient is free to withdraw from treatment at any time, the physician should respect this wish, and that cannot have negative consequences or imply punishment for the patient. The treatment should be continued in another way, which is acceptable for the patient. A number of literary works deal with the emerging problems, for example, Ken Kesey‟s novel *One Flew Over the Cuckoo’s Nest* and its adaptation to stage. Physicians should choose life, a better and more attractive life until they have a choice at all!

It is obvious that for practising Christians and Jews the most important code of ethics is the Bible itself, the Sacred Scripture. Non-believers may also find several sentiments in it that are well worth taking into consideration. I sincerely respect other religions and acknowledge certain parts of many Eastern scripts, but the whole culture of Europe is imbued by the spirit of our own Bible.

Hungarian physicians can find guidelines in the suggestions of the Committee on Science and Research Ethics of the Medical Scientific Council, and the statements of the Ethical College of the Hungarian Medical Chamber are binding for them, as well as