Ethical Issues That Have Adversely Affected Our Society For Many Decades

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Abstract

There are many ethical issues that have adversely affected our society for many decades. Among the issues discussed are abortion, organ donation, euthanasia, genetic engineering, euthanasia, and end-of-life care. These are based on moral grounds and need proper investigations to be adequately addressed. The paper has outlined some of the steps that have been taken and measures that need to be incorporated to ensure the issues are handled. For instance, active euthanasia has been successfully used to handle the situation of pain in terminally ill patients.

Introduction

Our society is fighting with numerous ethical issues. Their incidences have been continuing to increase, creating the impression that our society is losing its ethics. It becomes increasingly more critical to investigate the nature of these issues. As a result, the paper researches the nature of some of these issues, such as abortion, genetics, organ donations, and euthanasia, among others, that require more scrutiny.

Consent For Stem Cell Research

For many years, healthcare providers have had issues with obtaining consent from donors of materials because the concept of the donation had not clearly defined the use of these products in the future. In the last few years, informed consent has been changing due to the nature and possibility of stem cell research. Stem cells have been considered to be a possible solution to significant disease research. These cells are significant and can be used in different medical processes, such as tissue repair. However, there is a looming danger and numerous concerns associated with the use of these cells. These include the possibility of transmission of communicable diseases, reproductive cloning and other health risks. The issues have caused a permanent ban on human cloning in Australia, and those conducting the experiment have been relying on animal embryos.

Using the embryonic stem cells is laden with numerous ethical controversies because the embryos have to be destroyed to create the cells. The medical professionals are still confused about whether to go with saving other people's lives or killing a life in order to get the sample cells. The embryos are

obtained from unwanted IVF embryos or women undergoing abortions. In order to obtain these tissues, the doctors must be careful that the need for embryonic cells does not interfere with the way a female makes decisions regarding her embryo or child. The healthcare providers need to keep the process voluntary and ensure that women have the option of withdrawing at any point in time during the research process. Proper informed consent would have reduced the numerous controversies that have been witnessed during the development of stem cell research. The donor should also be advised about the use of the material and any future financial benefits that may arise from the process. (National Academies of Sciences, Engineering, and Medicine, 2005)

Euthanasia

As we look at end-of-life care, we find ourselves contemplating death, whether it comes from natural causes, through human intervention, or even through our initiative. Euthanasia is a phenomenon that has gained popularity in the last few years because of the number of people suffering from terminal illnesses. Proponents of euthanasia argue that healthcare providers should be allowed to use the procedure to minimize the suffering that terminally ill patients undergo. Patients who have lost their quality of life may be subjected to active or passive euthanasia, depending on their preference and that of their family. Active euthanasia is a process where medical providers use deliberate means to terminate the life of a patient. Passive euthanasia, on the other hand, entails withholding medication, food and treatment until the patient dies. Euthanasia is practiced in some countries, while it is illegal in others.

The ethical question is whether a physician should participate in intentionally ending a life. Proponents argue that respect for autonomy allows a competent patient to choose death when suffering cannot be relieved. They also appeal to compassion and the duty to prevent unnecessary pain. Opponents argue that the physician’s role is to heal and comfort rather than kill, and that vulnerable patients may feel pressure to request death because of disability, cost, family burden, or inadequate care.

Safeguards are important wherever assisted dying is legal. These may include confirmation of diagnosis, assessment of decision-making capacity, voluntary repeated requests, independent medical opinions, waiting periods, and documentation. Access to palliative care should be ensured so that a request for death is not caused by untreated pain, depression, loneliness, or lack of support.

End-of-Life Care

End-of-life care includes treatment and support for people approaching death. It involves symptom control, communication, spiritual support, family assistance, and decisions regarding life-sustaining treatment. Patients may use advance directives to state their wishes if they later lose the ability to decide.

Healthcare professionals should discuss prognosis honestly while maintaining hope that is realistic. Families may disagree about whether treatment should continue. The patient's values and previously expressed preferences should guide decisions. When treatment no longer provides benefit, withdrawing or withholding it may be ethically acceptable, provided comfort care continues.

Do-not-resuscitate orders are sometimes misunderstood as orders to stop all treatment. In reality, they apply specifically to cardiopulmonary resuscitation. Patients with DNR orders should continue to receive appropriate medication, nursing, nutrition, and other care according to their goals.

Organ Donation

Organ transplantation saves lives, but the demand for organs exceeds the supply. Ethical issues include consent, allocation, commercialization, and determination of death. Deceased donors may have registered their wishes, or families may be asked to authorize donation.

Organ allocation should use fair and transparent criteria, such as medical urgency, likelihood of benefit, waiting time, and compatibility. Wealth, race, social status, or perceived social value should not determine priority. Policies must also prevent discrimination against people with disabilities.

Living donation involves risks to healthy donors. Donors should receive complete information, independent evaluation, and protection from pressure. They should not be financially disadvantaged by donation, but payment for organs raises concerns about exploitation and trafficking.

The determination of brain death is crucial because organs may be recovered while circulation is maintained artificially. Brain death should be diagnosed according to accepted medical standards by professionals independent of the transplant team.

Organ Trafficking

The shortage of organs has created illegal markets in which poor individuals may be exploited. Brokers may arrange transplants without adequate screening, consent, or follow-up. Recipients may also face infections and poor outcomes.

Governments should enforce laws against organ trafficking and improve legitimate donation systems. International cooperation is needed because transplant tourism crosses borders. Public trust is damaged when donation is associated with corruption or unequal access.

Abortion

Abortion remains one of the most controversial ethical issues because it involves competing claims regarding fetal life, bodily autonomy, health, religion, and social responsibility. Views differ regarding

when moral status begins and when the state may regulate pregnancy.

Supporters of abortion rights emphasize that a pregnant person should control medical decisions involving their body. They point to circumstances such as rape, fetal abnormality, threats to health, poverty, and inability to care for a child. Opponents emphasize the moral value of fetal life and argue that abortion intentionally ends an innocent human life.

Healthcare providers may experience conflicts between professional duty and personal conscience. Conscientious objection may be permitted, but it should not result in abandonment, misinformation, discrimination, or dangerous delay. Emergency care must be provided when a patient's life is at risk.

Ethical policy should include access to accurate information, contraception, prenatal care, social support, and safe medical services. Reducing unintended pregnancy can reduce abortion without relying solely on punishment.

Maternal and Fetal Conflict

Sometimes a pregnant patient refuses a treatment that may benefit the fetus. Examples include cesarean delivery, blood transfusion, or medication. The patient retains decision-making authority and should not be treated merely as a vessel for the fetus.

Coercive treatment can damage trust and discourage prenatal care. Healthcare professionals should provide information, explore concerns, and seek ethics consultation when necessary. Court intervention should be rare because forced medical procedures involve serious violations of bodily integrity.

Genetic Testing

Genetic testing can identify inherited disease, predict risk, guide treatment, and inform reproductive decisions. It also creates concerns about privacy, discrimination, psychological harm, and family relationships.

A result may reveal information about relatives who did not request testing. Patients should be counseled about possible outcomes before testing. They should understand limitations, including uncertain variants and the possibility that no effective prevention is available.

Employers and insurers may misuse genetic information. Legal protections are therefore necessary. Medical records should be secured, and patients should know who can access their results.

Genetic Engineering

Genetic engineering involves modifying genetic material. Somatic gene therapy aims to treat disease in an individual without affecting future generations. Germline editing changes embryos, eggs, or sperm, and alterations may be inherited.

Somatic therapy may be ethically justified when risks are reasonable and informed consent is obtained. Germline editing is more controversial because future persons cannot consent and unintended effects may pass to descendants. It may also create social pressure to select traits and increase inequality between those who can afford enhancement and those who cannot.

Research should distinguish treatment from enhancement. Correcting a severe genetic disease differs ethically from selecting height, intelligence, or appearance. International standards are needed because experiments conducted in one country can affect humanity more broadly. (National Human Genome Research Institute, n.d.)

Designer Babies

The idea of designer babies refers to selecting or modifying embryos for preferred traits. Preimplantation genetic testing is already used to avoid some serious inherited conditions. However, extending selection to non-medical traits raises concerns about eugenics, discrimination, and reduced acceptance of diversity.

Parents naturally make decisions intended to benefit children, but extensive genetic control may treat a child as a product designed to satisfy preferences. Society should consider how such technologies affect people living with disabilities and whether they imply that some lives are less valuable.

Cloning

Reproductive cloning attempts to create a genetically similar individual. Therapeutic cloning creates embryos for research or stem cells. Reproductive cloning presents safety risks, including developmental abnormalities and high failure rates observed in animals.

It also raises questions regarding identity, parenthood, and exploitation. A cloned person would still be an individual shaped by environment and experience, not an exact copy of another personality. Nonetheless, creating a person through a highly risky experiment would be unethical.

Research Ethics

Medical research requires scientific value, informed consent, fair participant selection, risk minimization, and independent review. Historical abuses show the harm that occurs when vulnerable people are used without respect.

Institutional review boards evaluate proposed studies. Participants should know the purpose, procedures, risks, benefits, alternatives, confidentiality protections, and right to withdraw. Consent documents should be understandable rather than merely legal forms.

Researchers must report negative results and adverse events. Selective publication can mislead clinicians and patients. Financial conflicts of interest should be disclosed and managed.

Use of Placebos

Placebos may be used in clinical trials when no effective treatment exists or when withholding treatment does not expose participants to serious harm. Using a placebo when proven therapy is available can be unethical.

Participants should be informed that they may receive a placebo. After the trial, access to effective treatment should be considered, particularly in low-income countries where research participants might otherwise receive no benefit.

Vulnerable Populations

Children, prisoners, people with cognitive impairments, economically disadvantaged individuals, and patients dependent on medical care may be vulnerable to coercion or exploitation. Their participation in research may be necessary to develop relevant treatments, but additional safeguards are required.

Consent from a legal representative does not eliminate the need to seek the participant's assent when possible. Incentives should not be so large that they override reasonable judgment.

Confidentiality

Patients disclose sensitive information because they trust healthcare professionals. Confidentiality supports honest communication and effective treatment. Information should generally not be shared without permission.

Exceptions may apply when disclosure is required by law or necessary to prevent serious harm. Even then, only relevant information should be disclosed. Electronic records and telemedicine create new

security risks that require encryption, access controls, and staff training.

Truth-Telling

Patients have a right to accurate information regarding diagnosis, prognosis, and treatment. Historically, clinicians sometimes withheld serious diagnoses to protect patients. Modern ethics emphasizes autonomy and informed decision-making.

Truth should be communicated with sensitivity. Patients may choose how much information they want and may ask that family members receive information. Cultural preferences should be respected without assuming that every person from a particular culture wants the same approach.

Medical Errors

Medical errors can cause injury and death. Ethical practice requires disclosure to patients, investigation, and prevention. Fear of litigation or punishment may discourage reporting, but secrecy damages trust.

A just culture distinguishes human error from reckless behavior. Systems such as confusing labels, poor staffing, inadequate communication, and unsafe workflows contribute to mistakes. Improvement should focus on both individual accountability and system design.

Resource Allocation

Healthcare resources are limited. Decisions must be made about beds, medicines, staff, organs, and public funding. Ethical allocation seeks fairness, efficiency, and benefit.

During emergencies, triage may prioritize patients most likely to benefit. Policies should be developed in advance and applied consistently. Decisions should not be based on wealth, political influence, race, disability, or social worth.

At the policy level, resources may be directed toward prevention, primary care, or expensive treatments for rare conditions. Public participation and transparent reasoning improve legitimacy.

Healthcare Inequality

Access to healthcare differs according to income, location, race, insurance, and social conditions. Ethical healthcare systems should reduce avoidable inequality. People should not be denied essential care because they are poor.

Rural communities may lack specialists and hospitals. Language barriers and discrimination can reduce quality. Solutions include public insurance, community clinics, transportation, interpreters, telehealth, and recruitment of diverse healthcare workers.

Public Health Ethics

Public health measures protect populations but may restrict individual liberty. Examples include vaccination requirements, quarantine, smoking restrictions, and disease reporting.

Restrictions should be necessary, effective, proportionate, and the least restrictive option available. Governments should provide support to people affected by quarantine or mandates. Transparent communication is essential for trust.

Vaccination

Vaccines protect individuals and communities. High vaccination coverage reduces transmission and protects people who cannot be vaccinated. Some people object because of safety concerns, religion, or distrust.

Healthcare professionals should provide accurate information and acknowledge uncertainty. Mandates may be justified for serious contagious diseases, but exemptions and enforcement should be designed carefully. Compensation systems for rare vaccine injuries can support fairness.

Antimicrobial Resistance

The misuse of antibiotics causes resistant infections. Prescribing antibiotics when they are not needed may satisfy a patient temporarily but harms society by reducing future effectiveness.

Hospitals should use stewardship programs, infection prevention, surveillance, and education. Agriculture also contributes through antibiotic use in animals. International cooperation is required because resistant organisms cross borders.

Artificial Intelligence in Healthcare

Artificial intelligence can assist diagnosis, prediction, and administration. Ethical concerns include bias, privacy, transparency, accountability, and loss of human judgment.

Algorithms trained on unrepresentative data may perform poorly for some groups. Clinicians should understand limitations and remain responsible for decisions. Patients should be informed when AI significantly influences care.

Companies should protect health data and avoid using it for unrelated purposes without consent. Independent evaluation is necessary before systems are widely adopted.

Telemedicine

Telemedicine improves access but may exclude people without internet, devices, privacy, or digital literacy. It also creates challenges in licensing, confidentiality, emergency response, and physical examination.

Clinicians should decide when remote care is appropriate and when in-person assessment is necessary. Platforms must meet security standards. Patients should receive clear instructions and alternatives.

Commercialization of Healthcare

Profit motives can conflict with patient welfare. Hospitals, pharmaceutical companies, insurers, and professionals may benefit financially from particular decisions. Conflicts of interest should be disclosed and controlled.

Advertising may exaggerate benefits or create demand for unnecessary treatment. Direct-to-consumer genetic tests and wellness products may provide information without adequate counseling. Regulation should protect consumers from deception.

Pharmaceutical Pricing

High drug prices limit access. Companies argue that revenue supports research, while critics point to marketing costs, patents, and monopoly power. Essential medicines should be affordable.

Policies may include price negotiation, generic competition, transparency, and support for public research. Patients should not be forced to choose between medicine and other basic needs.

Conscientious Objection

Healthcare professionals may object to procedures such as abortion, contraception, sterilization, or assisted dying. Respect for conscience is important, but patients also have rights to legal care.

Professionals should disclose limitations early and provide referral where required. Objection should not be based on discrimination and should not apply during emergencies. Institutions must ensure service availability.

Cultural and Religious Beliefs

Patients may make decisions based on religion and culture. Some may refuse blood transfusion, prefer traditional medicine, or request same-gender clinicians. Respect does not require accepting every request, but professionals should communicate and seek reasonable accommodation.

Cultural humility involves asking rather than assuming. Interpreters should be used instead of relying on children or untrained family members for sensitive communication.

Pediatric Ethics

Parents generally make medical decisions for children, but their authority is not unlimited. The best interests of the child guide care. The state may intervene when refusal creates a serious risk of preventable harm.

Children should participate according to age and maturity. Adolescents may have rights to confidential services for sexual health, mental health, or substance use depending on law.

Disability Ethics

People with disabilities have historically faced discrimination in healthcare. Quality-of-life judgments made by people without disabilities may underestimate the lives of disabled people.

Treatment decisions should be based on clinical benefit and the patient's own preferences, not assumptions about disability. Facilities, communication, and equipment should be accessible.

Mental Health Ethics

Mental health care involves autonomy, confidentiality, involuntary treatment, and stigma. A person may be treated without consent when they pose a serious danger or cannot meet basic needs, but legal safeguards are necessary.

Coercive measures such as restraint and seclusion should be minimized and monitored. Community services can reduce hospitalization and support recovery.

Forensic Ethics

Healthcare professionals working in prisons, courts, or law enforcement may face dual loyalty between patients and institutions. They should not participate in torture or unethical interrogation.

Prisoners are entitled to healthcare. Confidentiality may be limited by security requirements, but patients should understand those limits.

Professional Boundaries

Healthcare relationships involve unequal power. Sexual or financial exploitation of patients is unethical. Professionals should avoid relationships that impair judgment or take advantage of vulnerability.

Social media creates new boundary challenges. Clinicians should not share patient information or engage in inappropriate online relationships. Personal opinions posted publicly may affect professional trust.

Burnout and Duty to Care

Healthcare workers have duties to patients but also rights to safety and health. During epidemics, professionals may face personal risk. Institutions should provide protective equipment, training, staffing, and mental health support.

Burnout can reduce empathy and increase error. Addressing workload and organizational culture is an ethical responsibility, not only an individual wellness issue.

Education and Competence

Professionals must maintain competence through continuing education. Practicing beyond one’s skills can harm patients. New technologies and guidelines require regular learning.

Supervision is necessary for students and trainees. Patients should know when learners are involved and have the right to refuse participation without losing care.

Conclusion

There are many ethical issues that have adversely affected our society for many decades. Among the issues discussed are abortion, organ donation, euthanasia, genetic engineering, and end-of-life care. These matters involve conflicting values and cannot be solved through simple rules alone.

Ethical decision-making should use principles of autonomy, beneficence, nonmaleficence, and justice. It should also consider law, evidence, culture, and the specific circumstances of the patient. Communication, informed consent, transparency, and independent review help reduce harm.

Healthcare systems must protect vulnerable people while respecting individual rights. Technology and scientific progress create opportunities but also new risks. Continuous public discussion and professional education are necessary to ensure that innovation serves human welfare rather than undermining dignity. (World Health Organization, 2021)

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