

Birth, Sustenance and Death; A Brief Introspection on the Journey from Surrogacy, Aging to Euthanasia

Dr. Urmi Ray¹; Dr. Suddhendu Chakraborty^{*2}

¹Assistant Professor, Department of Philosophy; Women's Christian College, Kolkata

²Senior Research Officer; Department of Psychiatry; KPC Medical College and Hospital, Kolkata

Abstract:

Life is a journey undergoing birth, sustenance and death. The complex process of birth has been revisited both ethically and philosophically after the technological advancements in medical science. Surrogacy is a new adjunct in this field. The process of aging with its various psychological shades gradually leads one to death and Euthanasia or Physician Assisted Death also remains a newer topic for discussion. This article endeavours a philosophical errand into all of these three domains and in the end tries to introspect the meaning of life.

Introduction:

Life is a journey undergoing birth, sustenance and death. The complex process of birth has been revisited both ethically and philosophically after the technological advancements in medical science. Surrogacy is a new adjunct in this field. The process of aging with its various psychological shades gradually leads one to death and Euthanasia or Physician Assisted Death also remains a newer topic for discussion. This article endeavours a philosophical errand into all of these three domains and in the end tries to introspect the meaning of life. We would now go on to discuss *Surrogacy, Ageing* and *Euthanasia*.

Surrogacy

With advent and progress of science and technology today men can practically do what God can; although through his limitations. Process of fertilization has today become artificial, threatening the notion of motherhood. A surrogacy arrangement or agreement is the carrying of pregnancy for intended parents. Intended parents may seek a surrogacy arrangement when either pregnancy is medically impossible or can lead to unacceptable death of mother or in case of same sex couple. There are two main types of Surrogacy¹: Gestational surrogacy (also known as host of full surrogacy) achieved in April 1986 and traditional surrogacy (also known as partial genetic or straight surrogacy). In the former, pregnancy results from the transfer of an embryo created by invitro fertilization, in a manner that the resulting child is genetically unrelated to the carrier. In traditional surrogacy the surrogate is impregnated naturally or artificially, but the resulting child is genetically related to the surrogate. Gestational surrogacy is more common than traditional and accepted as less legally complex.

If the surrogate receives money then it is called **commercial surrogacy**, and if she receives no compensation beyond reimbursement of medical and other reasonable expenses then it is referred to as **altruistic surrogacy**².

Ethical issues of Surrogacy³

The question at this juncture arises that to what extent it is possible for the society to exploit, commodify and coerce women to deliver babies, yet not become mothers and also especially where there are large wealth and power differentials between intended parents and surrogates? Again does it not hamper human right to use women bodies later on forcefully detaching the so-called mothers emotionally from their foetus? What does the state say about abortion in surrogacy if the surrogate wants to, on demand of specific situations? Is not motherhood then becoming a paid labour merely? The obvious question also arises it is then possible to socially or legally conceive multiple modes of motherhood? And most importantly should a surrogate child have the right to know the identity of any/ all of the people involved in surrogacy?

The answers too many of these questions are legally determined on being nation specific, but what about the morality of psychology of the child, carrier and mother to whom the surrogate child is delivered?

Psychological Concerns⁴

A study by the Family and Child Psychology Research Centre at City University London, in 2002 concluded that surrogate mother rarely had difficulty relinquishing rights to a surrogate child and that they showed greater warmth to the child than mothers conceiving naturally. Anthropological studies show that surrogates are not traumatized on giving up child but an overwhelming majority describe feeling

empowered by their surrogacy experience. A recent study (involving 32 surrogacy, 32 egg donation and 54 natural conception families) examined the impact of surrogacy on mother-child relationships which could be manifested at the age of seven. Researchers found no differences in negativity, maternal possessivity, or child adjustment.

Ageing

Also spelled as aging—is the process of becoming older. In the narrow sense the term refers to biological ageing, especially of humans and many animals. In a broader sense ageing can refer to single cells within an organism which have ceased dividing (cellular senescence) or to the population of a species (known as population ageing). Human ageing represents the accumulation of changes in a human being over time⁵ encompassing physical, psychological and social change. Ageing is one of the most risk factors for most human diseases⁶ of the roughly 150,000 people who die each day across globe, about two-third die from age related causes. The causes of ageing is unknown, current theories assign to the damage concept whereby the accumulation of damage (such as DNA breaks or oxidised bases) may cause biological systems to fail, or to the programmed ageing concept whereby internal processes (such as DNA telomere shortening) may cause ageing. The discovery in 1934, that calorie restriction can extend life span by 50% in rats has motivated research into delaying and preventing ageing.

Ageing versus Immortality

It is remarkable that humans, the most superior species on earth die but negligible bacteria fission are immortal to produce daughter cells, strawberry plants grow runners to produce clones of them and animals in the genus of Hydra have a regenerative ability which prevents them from dying at old age. Again in humans there are cells which do not die such as cancer cells in mature stage, although causing the humans to die.

Effects of Ageing⁷

Teenagers lose young child's ability to hear high frequency sounds above 20k Hz. Cognitive performance decreases after a peak performance of the mid-twenties. By thirty wrinkles develop due to photo ageing, especially affecting the sun exposed areas. Around thirty-five female fertility declines sharply. Around fifty hairs turn grey, many men become bald and women enter menopause. In sixty to sixty-four, age cohort osteoarthritis rises to 53%. Only 20% report disabling osteoarthritis at this age. Between seventy to seventy-five severe hearing loss affects daily communication. By eighty cataracts prevails. Over eighty thirst perception decreases, frailty defined as loss of muscle and mobility affects 25% of those over eighty-five.

Dementia becomes very common at this age. Visual impairment and non-verbal communication are prominent.

Solution⁸

The problem of ageing cannot be solved but delayed by life style management and reversal. Calorie restriction and exercise are two ways to activate autophagy and inhibit mTOR which can help resolve common age related health problems. Positive self perception of health has been correlated with higher well-being and reduced mortality in the elderly.

Euthanasia

It is the practice of intentionally ending life from relief from pain and suffering⁹. Euthanasia can be divided into¹⁰ **Voluntary-Non voluntary** and also into **Active-Passive**. Voluntary euthanasia takes place with the consent of patient, but non-voluntary one takes place in absence of patient's consent when the patient is not in a condition to give consent at all. In that case euthanasia is decided by the close associates of the patient. Again active euthanasia comprises use of lethal substances whereas its passive variety occurs by withholding common treatments and ongoing antibiotics.

Ethical Arguments for and against Euthanasia¹¹

Arguments for: People have a right to self determination—thus can choose their own fate. Assisting a subject to die is a better choice than to make him suffer unbearably. Third, the distinction between active which is considered as inhuman and passive euthanasia which is still permitted—such an attitude is not proper. People should be sensible enough to rationalize that permitting euthanasia will not necessarily lead to unacceptable consequences.

Arguments against: Not every death requires euthanasia as all are not painful. A luck factor can work which can perhaps cure the suffering of the patient. To eradicate excessive suffering from disease, now much advanced treatments and pain reliefs are available. Also the distinction between active and passive euthanasia is morally significant and the active variety can be vehemently criticized. Lastly, legislating euthanasia which many countries have done already might place society on a slippery slope, which will lead to unacceptable consequences. In fact, in Oregon, in 2013, pain wasn't one of the top five reasons people sought euthanasia. Top reasons were a loss of dignity, and a fear of burdening others.

Conclusion:

In this write-up I have tried to show that in the three natural processes of life that is, birth-sustenance and death, how Science has intervened. Science can deny the role of womb (IVF), it can further deny the role of a biological mother, it

attempts to prevent damage control of DNAs to increase life span not only so, also aiming to stop death due to ageing, and at some other time it can also take life not waiting for the Universal creator to annihilate it. Everything has its pros and cons, biomedical interventions are coming in way of natural things of life helping in many aspects but simultaneously carrying along with them their side effects and also various ethical questions which shaken up the minds of rational yet emotional human beings.

References

1. Imrie, Susan; Jadva Vasanti (July 4th 2014). “The long-term experiences of surrogates: relationships and contact with surrogacy families in genetic and gestational surrogacy arrangements”. *Reproductive Bio Medicine Online*. 29 (4): 424-435.
2. “Reproductive Law”. Lis a Feldstrin Law Office. Retrieved March 4, 2016.
3. Tong, Rosemarie (2011). “Surrogate Parenting”. *International Encyclopaedia of Philosophy*.
4. Mac Callum, F; Lycett, E; Murray, C; Jadva, V.; Golombok, S. (June 2003). “Surrogacy: the experience of surrogate mothers”. *Human Reproduction*. 18 (10): 2196-204.
5. Bowen Richard L.; Atwood, Craig S. (2004). “Living and Dying for Sex”. *Gerontology*. 50 (5): 265-290.
6. Dillin A, Gottschiling D.E, Nystrom T (2014). “The good and the bad of being connected: the integrons of agin”. *Curr Opin Cell Biol*-26:107-12.
7. Salthouse, Timothy A. (2009). “When does age-related cognitive decline begin?” *Neurobiology of Aging*. 30(4):507-14.
8. Guarente L, Picard F (2005). “Calorie Restriction—the SIR2 connection”. *Cell*. 120(4):473-82.
9. Stanford Encyclopedia of Philosophy. <http://plato.stanford.edu/entries/euthanasia-voluntary>.
10. Rachels J (Jan 1975). “Active and Passive Euthanasia”. *N. Engl.J.Med*. 292(2): 78-80.
11. Philippe Letellier, chapter: History and Definition of a Word, in *Euthanasia: Ethical and Human Aspects* by Council of Europe.
