Human Experimentation in Medicine: Moral Aspects

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To avoid ambiguities, a theologian generally begins a consideration of this kind by defining as precisely as possible the terms of the discussion as he understands them. For it often happens that moralists and physicians use the same terminology in somewhat divergent senses. If these possible differences of meaning are not made initially apparent, the unfortunate result will be mutual misunderstanding.

To the theologian, medical experimentation usually connotes either the use of treatments which are not as yet fully established scientifically, or the use of procedures precisely for the purpose of discovering some truth or of verifying some hypothesis. And the notion for us further presupposes that the subject is thereby exposed to some significant degree of risk or inconvenience; for if this latter element is lacking, there is little or no moral problem involved.1

By definition, therefore, experimentation admits of two possible purposes: benefit to the individual patient who submits to experimentation, and/or the advance of medical science and consequently benefit to the common good of future patients in general. According as one or the other purpose is sought exclusively, or at least is paramount in the intention of the physician, two distinct moral problems present themselves. The first yields more easily to solution, both medically and morally. The second, which currently represents the more urgent problem in medical circles, is considerably more involved as a moral question.

Experimentation for Benefit of Patient

When the good of the individual patient is the physician's exclusive or predominant concern, the canons of good medicine will dictate the course of treatment which it is the doctor's moral obligation to provide. For the doctor is always first and foremost his patient's agent in the sense that he is contractually committed to the total best interests of that patient. Thus, for example, if there is a sure cure available in a given instance, it should ordinarily be employed in preference to treatment of doubtful efficacy. Or if the only choice of remedy lies among several which are at best doubtful, the most promising of these should generally be used. In other words, the patient is entitled in justice to the surest means reasonably available for achieving the object of his medical contract, viz., the cure or control of his malady. And since this is the patient's right, the doctor's corresponding obligation is immediately clear.

However, it is also true that if a proven remedy would entail exceptional expense, pain, or other inconvenience, the patient may be justified in choosing instead a procedure whose effectiveness is as yet incompletely established, but which circumvents the considerable disadvantage presumably inherent in his using the proven procedure. The patient, in other words, may legitimately run the risk, even though it be considerable, of a less certain remedy, provided that there is sufficiently serious reason for so doing. A fortiori, if there is little or no risk involved in accepting a remedy of dubious efficacy, no one would deny the patient's right to make such a choice for any reasonable motive. Actually this latter would not be experimentation in the strict sense of the word.

But it should be clear that any such decision or choice is the patient's prerogative and not the doctor's. Hence the doctor must prefer the certain to the uncertain remedy, the more probable to the less probable, unless the patient's legitimate choice to the contrary is explicitly expressed either by the patient or his juridical representative, or unless this consent to another procedure may be reasonably presumed. And since by supposition the patient in this instance represents the doctor's sole or primary concern, common sense alone would make the same requirement.

Experimentation for Benefit of Others

In order to discern the limitations which must be placed on human experimentation undertaken for the benefit of others, one must appreciate two basic moral truths. These are not exclusively Catholic convictions, even though they have more than once been enunciated in the authoritative teaching of the Catholic Church. Rather they are fundamental philosophical principles which should be evident merely upon analysis of the nature of man in his various relationships to others. In combination they protect society and its members from each of two socio-moral extremes of thought, neither of which is compatible with our human status viewed in proper perspective.

The first of these principles is simply a denial of that extremist attitude which we have come to identify as totalitarianism and which would subject the individual completely to the community or state by subordinating all individual rights to the prior claims of the common good. Such a philosophy in its most blatant form found expression in the experimental excesses encouraged and practiced under Nazism and later...
repudiated by the free world in the formulation at the Nuremburg medical trials of a 10-point statement of limitations to be placed on medical experiments performed on human subjects.

To put the same principle positively: with regard to his life and bodily integrity, each individual possesses a God-given right of immunity from unprovoked attack by any other person. Such is the dignity of the human person that even civil authority must respect that immunity as long as the individual does not, by crime against society, become a serious threat to the common good. No individual subject, therefore, can legitimately be considered an expendable member of the body politic to be exploited for the common good. For this reason it follows, in the words of Pius XII, that:

... the doctor can take no measure or try no course of action without the consent of the patient. The doctor has no other rights or power over the patient than those which the latter gives him, explicitly or implicitly and tacitly.2

The practical impact of this truth lies in the fact that, as laudable as may be the desire to contribute to the advance of medical science, doctors are nonetheless initially restricted in their human experimentation by this inalienable right. The same principle was repeated by Pius XII on many occasions in such language as this:

... by virtue of the principle of totality, by virtue of his right to use the services of his organs as a whole, the patient can allow individual parts to be destroyed or mutilated when and to the extent necessary for the good of his being as a whole. He may do so to ensure his being’s existence and to avoid or, naturally, to repair serious and lasting damage which cannot otherwise be avoided or repaired.2

But in a context of investigative procedures undertaken exclusively for the benefit of others, the more pertinent question relates to the ordination, if any, of our bodies and their members to the good of our fellow men. (Note that the patient consent, in some genuine sense of that term, for the right to intervene in any way which affects the subject’s bodily integrity.3

The second pertinent principle denies what might be called extreme individualism on our part and imposes certain fundamental limitations on each one’s right to dispose of his own life and bodily members. Because of the dignity of his human nature, as already explained, man enjoys a large measure of independence from his equals, fellow men. But because of his creaturehood, he must admit himself to be essentially dependent upon his Creator. In context this dependence means that man is not complete and absolute master of his life and being. He is not proprietor of himself, but rather a steward entrusted with the care of “property” which strictly belongs to God. He may, therefore, administrate this trust only in compliance with the divine will as manifested to him in various ways.

The first practical corollary from this principle is the natural-law prohibition against suicide. To intend directly the termination of one’s own life is the usurpation of a right which belongs exclusively to God; for our earthly existence is our trial for a future life, a trial whose duration can rightfully be decided only by the Creator. There are circumstances in which we are justified in risking our lives by actions which are necessary for the achievement of some momentous good; but in such cases death, if it should occur, is the unintended by-product of an act legitimately performed for another purpose and is not imputable as a moral evil. Even for the very laudable purpose of advancing medical science, no one would be justified in making his own death the intended means to that end.

A second consequence of the same principle relates to bodily damage short of death which for one reason or another one might inflict upon himself or allow another to inflict. We are responsible to God not only for life itself but also for our physical integrity, and only within certain limits may we legitimately mutilate our bodies or suppress their natural functions. Pius XI expressed this age-old truth in these words:

... Christian doctrine establishes, and the light of human reason makes it most clear, that private individuals have no other power over the members of their bodies than that which pertains to their natural ends; and they are not free to destroy or mutilate these members, or in any other way to render themselves unfit for their natural functions, except when no other provision can be made for the good of the whole body.3

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Implicit in the statement that the patient does not have unlimited power...
term used is "ordination" and not "subordination" for to admit sub-
ordination would logically lead to corollaries of an inadmissible to-
talitarian character.) It would 
seem to be theoretically beyond 
doubt that the principle of charity 
— i.e., love — toward one’s fellow 
man does legitimate a certain de-
gree of bodily self-sacrifice for 
 altruistic motives. For example, 
not only are blood transfusions, 
skin grafts, and the like, unani-
mously admitted by theologians to 
be permissible, but the donors in 
these instances have been singled 
out for explicit commendation in 
papal documents. Going a sub-
stantial step further on the 
strength of the same principle, a 
good many moralists of highest 
repute vigorously defend some 
forms of organic transplantation 
inter vivos, always with certain 
qualifications which good medicine 
would likewise stipulate. And fi-
nally, although one may never 
intend his own death as a means 
of saving another’s life, it is some-
times permissible deliberately to 
perform an heroic act which will 
have two immediate results, viz., 
the preservation of another’s life 
and the unintended, but in the 
circumstances inevitable, loss of 
one’s own. In none of these in-
stances does any bodily benefit 
accrue to the donor subject — in 
fact, quite the contrary is true, 
especially where the sacrifice of 
an organ or risk to life is con-
cerned.

To the theologian, therefore, it 
is clear that the “immanent tele-
ology” of our corporal being does 
exist and is a certain ordination to 
the benefit of others. In terms of 
experimental medicine, it is also 
evident that as the genuine neces-
sity of investigative procedures 
becomes increasingly more urgent 
one is morally justified in submit-
ting to considerably more than 
a modicum of risk to life or bodily 
integrity. But where draw the 
line beyond which one may not 
possibly go in this regard? No 
mathematical answer, applicable to 
all cases indiscriminately, is possi-
ble. As does the physician in any 
good medical decision, the moralist 
must weigh the pros and cons of 
individual cases, chiefly in an 
tempt to judge whether there 
is reason sufficient to justify the 
necessary risk or harm entailed 
in the particular procedure con-
templated.

In attempting to come to 
his decision as to the morality of an 
experimental procedure not 
designed to benefit the subject, the 
threat of the procedure would accordingly 
operate on such generic norms as 
these:
1) When bodily damage and or 
risk to life are insignificant, there 
is a valid moral reason to for-
bidding the subject to submit to 
the procedure in question.
2) No one may legitimately con-
sent to a procedure which entails 
dangerous death as a necessary means 
of achieving the experiment’s pur-
pose. (Although there is good 
reason to suggest that a criminal 
already justly condemned to death 
might licitly choose this form of 
execution, such a contingency re-
prents the sole possible exception 
to an otherwise universal abso-
lute.)

3) In the vast intermediate area 
where hazard to life or health may 
range from notable to very serious, 
the maximum limit of permissible 
risk is not as yet sharply defined. 
Many of the specific problems in-
volved are relatively new and still 
require more thought and discussion 
before they can be settled with 
total satisfaction. But at the 
present time it seems safe to say 
that a subject may for the benefit 
of others authorize and submit to 
any experimental procedure which 
will not seriously and permanently 
impair his functional integrity or 
cause a grave risk to his life. Im-
plicit in this concession is the sup-
position that the procedure has 
been adequately tested short of 
human experimentation: that it 
promises reasonable hope of 
achieving a good proportionate 
to the risk: that there is proportionate 
utility here and now for 
employing human subjects, and 
that all reasonable care is taken to 
avoid even unintended harm to 
any who submit to the experiment.

References
Louis, Catholic Hospital Association.
2. To the First International Congress 
on the Histopathology of the Nervous Sys-
tem, Sept. 13, 1952. The official text of 
this address, delivered in French, will 
be found in Acta Neurologica ADHD 44: 
779-789 (1952); an English version is 
contained in Catholic Mind 51: 305-313 
(1952).
3. For a detailed discussion of requisite 
patient consent from a moralist’s point of 
4. Encyclical letter, Casti connubii (On 
Christian Marriage). A.A.S. 22: 539- 
592 (1930); cf. Catholic Mind 29: 21-64 
(1931).

SUMMARY AND CONCLUSION
No attempt has been made in 
the course of this discussion to 
assess the morality of individual 
concrete cases of human experi-
mentation. So numerous and var-
ied are its species that such a 
treatment would be prohibitively 
lengthy. Rather an attempt has 
been made to indicate the generic 
moral principles which should 
comprise the basis of such an 
assessment whenever one is made.

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