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Where Should Bioethics Go? The Rejection of Two Extreme Positions

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ABSTRACT

In this short paper I try to indicate the main lines of a plausible "third position" in bioethics, which, while on the one hand rejects as obsolete the old ethics of the sanctity of life, on the other is suspicious of an ethics of the quality of life that no longer recognizes any limits to the principle of autonomy or self-determination. To exemplify this third approach, I will refer to the debates on the beginning of life and the end of life, and more precisely on the issues of the moral and ontological status of the fetus and euthanasia.

Keywords: Bioethics; Ethics of the Quality of Life; Ethics of the Sanctity of Life; Principle of Autonomy or Self-Determination; Moral Status of the Fetus; Euthanasia

Introduction

Bioethics is a branch of practical ethics that applies the criterion of right and wrong to humans' activity in the biomedical sphere. Classical topics in bioethics are the moral problems connected with abortion, euthanasia, artificial insemination, in vitro fertilization, cloning, stem cells, etc. The development of bioethics in the last few decades has confronted us with a profound crisis of values. The reflection in this area of research has led to an evident difficulty in the dominant paradigm, the ethics of the sanctity of life, challenged by an ethics of the quality of life that has called into question its main assumptions. If at one time, with regard to acts such as abortion, euthanasia, artificial insemination, in vitro fertilization, etc. there was an absolute (namely unconditional) prohibition, nowadays this approach has shown its limits and tends to be abandoned, replaced by a liberal attitude which - on the other hand - seems to be permissive about everything, i.e. it seems to exceed in the opposite direction and presenting itself as an ethics of absolute rights.

Faced with these two extremes (ethics of absolute prohibitions vs. ethics of absolute rights), in this short paper I try to indicate the main lines of a plausible "third position" which, while on the one hand rejects as obsolete the old ethics of the sanctity of life, on the other is suspicious of an ethics of the quality of life that no longer recognizes

any limits to the principle of autonomy or self-determination. To exemplify this third approach, I will refer to the debates on the beginning of life and the end of life, and more precisely on the issues of the moral and ontological status of the fetus and euthanasia.

On the topic of the status of the fetus (what is the nature of the product of conception in the time span that goes from fertilization to birth?), if it is wrong to attribute to the fetus the same status as a person, as for example an extreme anti-abortion position claims, it is wrong to deny her or it any status, at least from a certain stage of her/its development onwards. An adequate position on the status of the fetus is based on a gradualist approach, while the prevailing options are connected to instantaneous approaches, namely to the idea that there is a *magic moment* when a human being immediately comes into existence and, therefore, immediately acquires a full moral status. Instead in a gradualist approach the status is acquired gradually.

Rather than arguing that the fetus has the same value as us or arguing that the fetus counts for nothing, with positions that go so far as to justify infanticide, it is more reasonable to hold a gradualist and non-instantaneist theory of the status of the fetus and to ascribe to it/her an intermediate value. If the genetic approach, which attributes our own value to the fetus starting from fertilization, presents many problems, it is far from unreasonable to attribute some value to

the fetus from the fourteenth or sixteenth day of pregnancy onwards (in technical terms from gastrulation onwards). And to think that this gradual value grows until it becomes a full value with the formation of the central nervous system, i.e. with the formation of the brain.

From this perspective, removing a post-gastrulation embryo does not appear to be a morally neutral act, such as removing a tooth. It needs some justification, being addressed to an entity endowed with some moral status. However, not being the status of the fetus before the formation of the central nervous system, full, but lower, relevant interests of the person who is connected to it/her take precedence.

On the topic of euthanasia, if an attitude of absolute closure does not appear convincing, neither is an attitude for which any choice about ourselves, if made with full information and awareness, is automatically permissible from a moral point of view, a cardinal principle of the liberal position. A plausible third way lies in replacing the sanctity of life (but also the quality of life) with respect for the person (but in a broader sense than that indicated by liberals, who refer only to their choices). This substitution is realized if we adopt a Kantian approach to euthanasia. An approach that derives its name from the German philosopher lived in the eighteenth century, although Kant gives it a rather limited and conservative development. According to Kant persons have value in themselves and for this reason they deserve respect. Every act that violates respect for persons is wrong. His

followers today apply this concept to the problems connected with the end of life. And they assert that respect is due to persons not to life. Today's Kantians do not care about the continuation of life at all costs, but about respect for the person. In their view, several cases of suicides or euthanasia violate respect for the person, but not all cases. Sometimes euthanasia can be morally justified.

The Kantian approach appears to be the most balanced from the moral point of view, because it rejects the excesses of the other two positions (traditional and liberal). In particular way, against liberal approach, that ascribes an absolute relevance to autonomy, Kantians point out that in ethics there are other important moral principles. For liberals it is sufficient that an action concerning ourselves is freely chosen and in full awareness, to be morally justified. But such action could harm us or not respect our value as persons. Like when a subject harms hugely his body with drug use.

Instead the Kantian approach prescribes that an individual ought to respect the value of his person, and therefore not irreparably harm his body or mind. But respecting the value of person does not mean that we are never justified in anticipating our death. There are anticipations of death that does not violate the respect for the value of our person. For example, in cases of altruistic suicide or when the level of suffering is unbearable and we are at the end of our existence (and therefore we have no more important chapters of our life to write).

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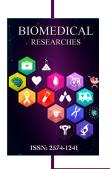
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