

Doctoral Theses (Summaries)

Human Dignity and Animal Well-Being. A Kantian Contribution to Biomedical Ethics

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From the Department of Theology, University of Uppsala, Sweden, 1991

This study examines a cluster of ethical issues which arise in connection with prenatal diagnosis, transplantation of fetal tissue, embryo research, certain methods of assisted reproduction and genetic intervention in human and non-human life. Of central importance are those questions about our duties towards human beings and animals. In ethical discussions related to these areas of biomedicine reference is often made to the notion of human dignity. One example is the recently passed law in Germany for the protection of human embryos. It is, however, not clear how this notion is to be understood. It is not immediately evident that the 'protection of human dignity' is an argument against embryo research. If it is the dignity of the embryo which is concerned one has to show that the embryo is 'human' in a sense that the notion is usually understood. If it is the dignity of the researchers or society as a whole which is concerned, one has to show that their actions – experiments on human embryos intentionally produced for this purpose – are expressions of a disrespect for human beings. It may be claimed that the research produces important benefits for humanity in terms of curing diseases and alleviating suffering, usually considered to be dignified ends for medical research and practice. A third line of argument might refer to the dignity and the autonomy of the woman who will, as provider of the eggs, serve as a means to the ends aimed at in embryo research.

The first chapter presents a detailed inventory of ethical problems related to embryo research as well as the other areas where ethical argument often ends up in a discussion about our duties toward human embryos and fetuses. Different normative standpoints on these problems are presented. Arguments from utility and arguments from rights have been frequently applied in order to settle controversies in these fields of biomedicine. In chapter two a critical analysis is pursued of how Peter Singer, a utilitarian, and Judith Jarvis Thomson, arguing from rights, justify their normative positions. The main theoretical part of the thesis is a Kantian contribution which represents a constructive effort to suggest an alternative position. With regard to ethical theory the position of the author is not dogmatic. The Kantian ethical system emerges as a fruitful alternative in biomedical ethics but it is up to the reader to make his or her own informed choice.

In the study a new insight is gained into the frequently applied concept of potentiality which has important corollaries for ethical judgments regarding unborn human life. The concept of potentiality – contrary to the interpretation commonly adopted within utilitarian theories – is not reducible to a mere enumeration of possible future occurrences according to external factors. Within the Kantian system, these potential human beings are objects worthy of our moral concern in their own right. The usual description of the ethical problem related to abortion, with or without prenatal diagnosis, as a conflict of the rights of the fetus versus the rights of the pregnant woman, is, however, strongly questioned. What is concerned in these situations is the need of a fetus for care and nurture in order to attain a healthy life as an infant and the ability of the pregnant woman to provide such care. From this perspective the common distinction between indiscriminate and selective abortion is questioned. It is, furthermore, argued that research on human embryos *in vitro* should be permitted up to three to four weeks after fertilization and only for ethically acceptable purposes. Arguments to the effect that genetic intervention is against ‘natural processes of life’ will not sustain closer scrutiny. Kant’s duty of beneficence, nevertheless, places restrictions upon this practice.

For further arguments and normative standpoints the reader of this summary is referred to the thesis which can be obtained from Almqvist & Wiksell International, Stockholm, Sweden.

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First Sexual Intercourse.

An Epidemiological Analysis of the Beginning of the Reproductive Career

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From the Institute of Community Health, University of Odense, Denmark, 1990

The thesis¹ views data about first sexual intercourse from the investigation “Sexual experiences, contraceptive usage and unwanted pregnancy among 16–20 years old in Denmark”^{1–11}.

The Study

Every year a representative sample of 16–99 old Danes is quarterly selected at random to be interviewed about different subjects by the Institute of Social Research. As a part of these “omnibus investigations” personal interviews were obtained among 16–20 years old females and males in May, August and October 1984 and January 1985. These young respondents were asked several questions about sexual maturity, sexual experience, family planning, contraception, social conditions and smoking. Totally, 286 young women (response rate = 75.3 %) and 336 young men (response rate = 77.8 %) participated.

In the hope of shedding some light on the reasons behind unwanted pregnancy among teenagers corresponding information was collected from females

admitted for legal abortion on Funen in a one year period in 1985–86. The study involved 216 unintentionally pregnant women aged 20 years old or less. They were all invited to fill in a questionnaire before the operation. In all 159 participated (response rate = 73.6%). Among them 140 were older than 16 years at the time of the interview.

Age at First Sexual Intercourse

The age-profile at first sexual intercourse was similar for females and males. The median-age was close to 16.8 years for both sexes⁵. It indicates a declining debut age among females during the preceding 20 years while it has not changed substantially for males.

Partner at First Sexual Intercourse

Generally the age difference between the partners at first intercourse was only a few years⁷. However, only a very few females mentioned to have had debut with a partner younger than herself. A significant greater proportion of females reported their first partner to be experienced. In order to analyze this difference we took two homogeneous subsamples of 47 females and 80 males who attained first sexual intercourse with a non-experienced partner. In these subsamples self reported age among the males differed significantly from the age of first sexual partner as stated by the females. It points to a bias in the reporting of age of first partner which manifests itself predominantly as a systematic misreporting of an older age of male partners by debutante females.

Biological Aspects

Median-age at menarche in the comprehensive sample was 13.1 years. In each of the 5 investigated cohorts the fluctuations of median-age at first sexual intercourse followed the median-age at menarche. It indicates a relationship between a biological factor (menarche) and a social event (first sexual intercourse)⁶.

Sexual development among females was elaborated by the 'waiting time' for regular menstruations. Within the first year after menarche 80% had regular menstrual cycles (median 'waiting time' was 5.5 months). Experience of sexual intercourse was related to short time to regular menstrual cycles suggesting an association between biological and social development.

The median-age at first sexual intercourse could only be estimated in 3 of the 5 male cohorts. The median-ages at debut among males followed the median-ages of menarche and debut among the females. It suggests parallel sexual development in females and males⁶.

Social Aspects

The investigation did not collect the extensive information necessary to evaluate the influence of social conditions on sexual behaviour in adolescence. However, no differences in relation to first sexual intercourse could be demonstrated regarding region of residence, education of the respondent or education of parents. Respondents who mainly grew up with only one of their biological parents (59 [21.2%] among females and 62 [18.7%] among males) appeared to have a younger median-age at debut. Females from these singleparent families also

seem to have a slightly younger median-age at menarche. It points to a possible influence of social conditions in childhood and adolescence on the sexual development.

Contraception at First Sexual Intercourse

The majority – 8 out of 10 – employed contraception at first sexual intercourse. Condom was the method most frequently used (36.5 % among females and 42.1 % among males) followed by oral contraception (36.1 % among females and 32.8 % among males). By and large, these 2 contraceptive methods seem to be the only alternatives in teenagers^{10,11}.

First Intercourse Among Females Admitted for Induced Abortion

Reports from the 140 unintentionally pregnant women were compared with parallel data from a reference sample consisting of 201 sexually experienced, non-pregnant females who intended not to have children before 20 years old.

Sexual development was described by age at menarche, 'waiting time' till regular menstrual cycles and age at first sexual intercourse. No major differences between the two samples could be demonstrated except that a greater proportion of the abortion sample had attained sexual intercourse within two years after menarche.

Among the unintentionally pregnant women 73.9 % did employ contraception at first sexual intercourse compared to 82.1 % among non-pregnant women⁸. The prevalence of oral contraception was significantly lower in the abortion sample. Since most of the young women in both samples obviously have tried to avoid pregnancy, lack of knowledge is not a main factor behind unwanted pregnancy in adolescence.

In conclusion, the thesis includes discussion and counselling advice on how to reduce unwanted consequences of sexual behaviour in adolescence: A higher proportion of teenagers might seek contraceptive counselling if the already existing public clinics in Denmark would improve their youth-related activities. On the individual level, the medical professional should individualize choice of contraceptive method in cooperation with the young person. The implied dialogue provides an excellent opportunity to discuss the individual behaviour and give a relevant instruction on a person basis.

Post Scriptum

The investigation was repeated in 1989 addressing the issue of whether the behaviour of adolescents regarding sexual intercourse and use of contraception had changed after the extensive public information about prevention of HIV infection (the AIDS campaigns)¹²⁻¹⁷. The second investigation in 1989 involved new cohorts of 16–20 years old and here 359 females (response rate = 77.9 %) and 400 males (response rate = 76.3 %) participated.

The use of condom at first sexual intercourse increased significantly from 1984 to 1989¹². In all, 64.8 % among females and 62.1 % among males employed condom at debut. Among females 26.7 % and among males 30.8 % used oral contraception. No sex difference in the distribution of the various contraceptive methods could be revealed.

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