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September 8, 2017

At the start of the semester, this I believe . . .

1. I believe that patient autonomy should be continuous in consciousness and follow into unconsciousness of a patient as a rule. Many people, although likely not most people, have made their wishes known as to what they would like to happen after they've become unconscious in the form of signed DNR forms, Advance Health Care Directives, and appointed Health Care Power of Attorneys, Living Wills, and so forth. In cases where these proactive measures have not been taken, I believe that patient autonomy should stop when the patient enters unconsciousness or delirium or incoherence (these need strict definitions), and then their closest family members or friends, acknowledging that some people have no close familial relations, or health care provider should make decisions according to their own best judgement for the patient. So, in my opinion, patient autonomy should stop when the patient cannot speak for himself, and when no contingencies were previously specified.

2. Medical research should extend to research on female subjects. I believe it is unethical, unfair, uncaring, and irresponsible to prescribe and medicate half the population with medicine that was never tested or tried properly on their biology.

3. Genetic testing for the future should continue to be improved and researched and refined. It should be available to anyone interested in genetic testing for themselves or their immediate families. Genetic testing for the future should not be forced on the masses. Currently, we routinely screen newborns for metabolic disorders, endocrine disorders, hemoglobin disorders, et cetera. As terrible as those afflictions would be on an infant if not caught early enough, I don't believe that the decision of screening should be made for the families. In this context of newborn testing, I believe that families should be primarily responsible for educating themselves and for making the final decision about whether to go forward with the testing or not. The consequences will pan out, as heartless as I may sound. I am totally behind education initiatives, but I am against making those decisions for people.

4. Egg and sperm donations should continue to be legal. I know there are limits to the number of times sperm can be donated for ethical reasons, and I think that's fine. If it is to be regulated, it should be done at local or state levels, which I think it probably already is. I don't personally agree with the practice, but I don't in any way think I have the right to impede another's use of donated eggs or sperm.

5. Abortion should be completely legal everywhere. Women should have final say on whether the life inside gets to thrive or cease. Of course, the fathers should have a say, and ideally it would be an equal say, but I don't think they should have executive power (pun not intended) over the decision to keep or terminate the life. It's impossible to know and legislate for every possible scenario, and I am not interested in making such an intimate decision for someone else, as I would not like to be dictated upon. It's not a light decision for the vast majority of women,

that is my true belief. And those women for whom it is a light decision and easy matter to decide should be allowed to do with their bodies as they please, which includes carrying a life or not. There have been cases of women whose life and health was jeopardized and lost because it was illegal to have an abortion even for medically indicated reasons. The whole thing stinks. Abortions should absolutely be left up to the women, usually and preferably with the advice of their physicians.

6. Treating or terminating impaired infants should be decided by the parents. In ideal situations it would be under the council of a competent physician. I know people would be horrified to hear me say this, but maybe too many babies survive into adulthood. The infant mortality rate sure has gone down over time. Of course, low infant mortality rate is one good indicator of how well a society is doing. But what about overpopulation? I believe carrying capacity applies to humans, too, not only other life forms.

7. Euthanasia and physician assisted suicide are separate issues. Physician assisted suicide should be legal everywhere. If people want out, let them out. It's as simple as that for me. Euthanasia is different, because I think it implies that someone other than the person dying is making the decision. I generally am in favor of euthanasia, and of course there's no coming back from it once it's done. But what bothers me about it is that it's usually done in a horrible way. For example, sometimes choosing euthanasia means withholding food and starving the person to death. That's inhumane in my lay opinion.

8. Payment to organ donors or their families should be legal. I think this would greatly increase the number of donors. Of course, it opens up the can of worms that is that wealthy people would skip ahead on transplant lists, and so forth. That could be a big problem. But I believe it doesn't happen already in roundabout way or under the table. Even in certain legal ways it happens. Think about when some women rent out their uterus as surrogate mothers. This issue can't be done justice with a single paragraph, but I do believe that payment to organ donors or their families should be as legal as anything.

9. I don't have a solid opinion on this matter, I'm a flip-flopper. My compassionate side, and it's a big side, says that of course: one's own financial resources should not prevent one from access to health care. My step-father just died after many years of health problems and working and earning not enough money to buy his many medicines and pay his doctor. It was awful. On the other hand, I believe there is such a thing as carrying capacity, and that it must also apply to humans and this world. I mean, in an impersonal sense, I think it would be OK if so many people didn't hold on to life for so long thanks to medicine they can't really afford. Then again, I don't know if capitalistic medicine is the right way to go. But being as it is the way we do medicine in the United States, then in this case, I think more that people should live as well as they can within their means. If that doesn't include life prolonging healthcare, then so be it. I have very conflicted feelings on this issue.

10. Medical research of women should go further. I learned a few years ago how medical testing was historically not usually done on women. This came as especially upsetting news to me at the time, because I have a long history of having medicines not work on me. It's awful, and it

doesn't inspire confidence in medicine for my own treatment nor for my daughters' treatment with medicine. Therefore, I think women should be included in medical trials as a matter of course.

11. Health care for minorities should be available. Health care for minorities should be affordable, as it should be for any demographic, as a matter of dignity. Health care for minorities could possibly be helped by social or government incentives to attract good doctors and health care workers. This includes dentists, optometrists, and other specialists.

12. Those with AIDS/HIV should educate themselves on the affliction, they should help educate their very close loved ones, for example people they live with; and then they should live their lives the best way that they can, just like the rest of us. Just like the rest of us, those with AIDS/HIV should practice safe sex. Just like the rest of us, those with AIDS/HIV should take care of their health as well as they can by seeing their doctors, and by following their doctors' orders as closely as they can.