BIOETHICS - A NEW SCIENTIFIC CONCEPT REGARDING HUMAN DIGNITY IN A DEMOCRATIC SOCIETY

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Abstract: This paper presents in a synthetically and evolutionary form the subject of research in the field of bioethics in the context of the ethical reflections regarding the application of the biomedical science progress. Thus we want to note the fact that the debates and controversies of recent decades are not limited to the recording of scientific or technological progress concerning the practices increasingly bolder in treating diseases, but concerns also the analysis of the ethical impact that they have on the patient as a human being as well as on the society as a whole. We find that many basic questions in what concerns the reflections of bioethics are neglected at this moment facing the miracle of biomedical achievements that give the feeling that the natural limits of humanity may be changed. Bioethics extends, however, the area of knowledge on those domains that analyze the dignity of the suffering, and correlative with it the responsibilities to be assumed by all the medical, social, economic, legal factors involved in the broad undertakings of the health policies. Vulnerable persons that suffer due to handicap or disease, people facing the end of life or those found in extreme situations in reanimation, who decide to give up the fight with the incurable disease - they all need a special caring. Bioethics focuses primarily on respecting the human dignity and ensuring the primacy of existence and human health that face the benefits of scientific research. This represents, in our appreciation, another way to understand the requirements of bioethics – an expression of a firm commitment of those involved in the medical preceding, and sometimes as a resistance to defend the essential human values.

Keywords: ***bioethics,*** *human dignity, Christian ethics.*

1. Preliminary considerations.

As a branch of philosophy, ethics aims at the systematic study of morality, namely the principles of behavior, to distinguish between good/bad, right/wrong, etc. But ethics is neither science nor an institutional system of rules and neither a way of knowing. Western philosophies, from Socrates to the present, have admitted the impossibility to define ethics and learn it. Thus, ethics is more than a science; it is a rational way of knowing what to do, what is reasonable and necessary for our existence. In this context, the ethics summarizes the possible reasonable reflections that form the basis for the philosophical construction of social values.

Any democratic society requires the citizens a moral behavior which takes into account the respect for freedom and equality of everyone in a state of law based on a social contract. The respect for human dignity is a fundamental principle of any ethical research, especially since the results are likely to influence the very existence and development of human beings.

As a distinct branch of ethics, **biomedical ethics** deals with the study of ethical and moral values from the perspective of medical progress and the analysis of ethical controversies arising in the modern medical practice, such as the issues related to the beginning and the end of life (abortion, euthanasia, assisted suicide, capital punishment), genetic manipulation, cloning, stem cell therapy, assisted reproduction, disability, gender reassignment by the adult, organ donation and transplant of cells, tissues and organs etc.

In this context, in the recent decades a new science has emerged, **bioethics**, which analyzes systematically, pluralistically and interdisciplinary, theoretically and practically the moral issues arising from medical and life sciences related to man, respectively the person's

relationship with the biosphere. The term comes from bringing together the notions *bios* - life and *ethos* - ethics, resulting in *bioethics* or "*moral of life*". For the first time the term "Bioethics" was used by the author Potter van Rensselaer, in 1971, in his work *Bridge to the Future*.

Bioethics is a part of ethics, which emerged as a new discipline in the 1960s in order to respond to interrogations related to the development of biomedicine and technique sciences. Debates on health issues were not new, but, however, bioethics distinguished from the other approaches, especially those of **classic medical ethical nature** - a true code of ethics created by physicians for physicians. Unlike this one, bioethics requires an interdisciplinary approach and involves the interventions of a plurality of actors, along with doctors being the biologists, geneticists, philosophers, lawyers, sociologists, theologians etc.

Bioethics as a field of scientific research developed along with the evolution and application of scientific research that have raised a number of ethical issues. Through the ages, in bioethics, two orientations have emerged: one primarily descriptive, based on the ideas of moral philosophy that follows the clarification of **ethical issues and its proposed values**, and another **prescriptive** one studying the moral norms applicable to sciences that study human beings, especially those from healthcare field, establishing certain rules for the resolution of certain possible dilemma regarding the application of scientific achievements in treating patients.

Te Biomedical ethics reaffirms the principles inserted in the **Hippocratic Oath**, applicable to medicine practice, an integral part of the medical ethics Code of conduct and draws the guidelines in what concerns the exploitation of results in medical research. In the twentieth century, the medical ethics had as a research guide mark *the respect for human rights*, as stated by international bodies (The International Medical Association and the International Health Organization) both standing at the confluence of the two traditions.

2. The Nuremberg Code – an essential reference point regarding the scientific research in the medical field.

In 1947, after the Second World War, an international document of particular importance was adopted: the Nuremberg Code, which summarizes the *10 basic rules of medical research*, drawn from adverse experiments made by Nazi doctors on human beings in extermination camps, defendants in the criminal trial. By synthesizing these rules, the doctors' resistance towards the authoritarian practices of non democratic states was legitimized, resulting in outlined details of the research work carried out only in order to save human life and health. The doctors' trial at Nuremberg began on 9 December 1946, according to the Order no. 68 of the American military government in Germany in 25 October 1946. 20 doctors and 3 researchers were involved in medical experiments performed on human beings in prisons, concentration and extermination camps. The trial followed the Nuremberg trial of the 22 Nazi officials of the management in Germany, being tried and punished for crimes committed in the process of the Second World War. This process set up the political and legal event considered a landmark for further development in the bioethics research.

On 9 December 1946, the Brigadier - General Telford Taylor, evoking the memory of millions of victims, known or unknown of the Nazi medical research, brought the following accusation: common intent and conspiracy to commit crimes (association to commit crimes), war crimes and atrocities committed in Reich prisons and in the concentration camps against civilians and soldiers, without their consent, murder, brutality, atrocities and other inhumane acts and crimes against humanity.

The trial regarding the doctors at Nuremberg set up a model for the organization of a legal event: 133 hearing dates, the hearings of 32 witnesses presented by the incrimination

and 56 witnesses for the defense, invoking a number of 1471 documents. The 23 defendants had 27 lawyers. The judge Walter Burges Beals and his assistants, Harold Leon Sebring, Johnson Grawford, Victor Clearence Swearingen judged the barbaric deeds committed by doctors in concentration camps by invoking their research experimental projects. The defending of the accused was constructed on the exploitation of the following issues: legal liability rests solely on the Nazi policy factors that ordered and organized the research, the disinterested character of the scientific experiments, the using of animals for experiments, the fact that similar investigations were made up to that point in United States, the fact that the purpose of the research was a noble one, namely to improve the knowledge of the human body and also for the prevention and control of diseases.

The medical experiments made in the concentration camps were supported and funded by large German research institutions. Various German researchers benefited from the results, participated in the research without expressing disapproval regarding the use of human beings who were not able to express their consent. Their silence encouraged further barbaric experiments. In 1947, Alexander Mirchrlich wrote: "The 23 defendants are just a part of the iceberg peak that, in fact, comprises the whole German medical field."

The consultant experts of the Public Ministry were Leo Alexander, professor of neuropsychiatry at Duke University School of Medicine, since 1941, Werner Leibbrand, German Catholic psychiatrist, professor of medicine history at the University of Erlanger and Andrew Ivy, prestigious American professor at the University of Illinois. These experts have established during the process the necessary conditions for the practice of human experiments, providing the prosecutors the criteria to be taken into account when qualifying the incrimination regarding the crimes of the defendants. Their proposals formed the basis for the Nuremberg Code.

This process revealed the particular dimension of the medical experiments carried out without the consent of subjects. This drew attention to the dangers brought by the development of scientific research with emphasis on the need to control and coordinate human experiments. It ascertained the "legal void" in the field of experiments carried out on the human body, this highlighting the necessity to adopt international legal documents in this area.

In these circumstances, in 1947, the "Nuremberg Code" was elaborated and contained 10 rules regarding the limits and conditions of the biomedical scientific research. This code is the starting point for the awareness of dangers in what concerns the scientific research and the necessity of overcoming these dangers by establishing a clear legal framework, complete and general with the purpose of preventing the atrocities committed during the Second World War.

The 10 Rules of the Nuremberg Code are the following:

1. *The Voluntary consent of the human subject is absolutely essential.* The person must have full legal capacity to consent, the will to be free, without the intervention of coercive factors like force or fraud. This person must be well informed and aware of the risks he exposes to, in order to be able to make a decision. The information should include the nature, timing and purpose of the experiment, the methods and means to be used, the dangers and risks that the experiment implies, the consequences that it could have on life or health. The obligation to obtain consent and liability belongs to the person who has the initiative of organizing medical experiments without transferring it to others.
2. The experiment must regard a practical result, for the benefit of society, which could not be obtained otherwise, and it should not be performed randomly, without being necessary.

3. The foundations of the experiment must arise from the results of past experiments made on animals for the knowledge of the causes of disease or in such a way as to justify the expected results;
4. The experiment must be made in such a way as to avoid any physical or mental suffering or damages that are not necessary;
5. The Experiment should not cause death or disability in subjects;
6. The risks involved by the experiment must never exceed the humanitarian importance of the problem to be solved;
7. The experiment shouldn't be made when there are *a priori* reasons to believe that this could involve death or disability of the subject, unless the doctors are offering themselves as research subjects for the experiment.
8. The experiment shouldn't be practiced only by qualified persons. All those participating must put forth extreme care and great skill acquired by a long experience.
9. The human subject must be free during the experiment, being able to demand his withdrawal, if he considers that moving forward could affect his physical or mental strength.
10. The scientific experiment must be discontinued as soon as there is reason to believe that by injury, disability, or death of the human subject could arise.

2. History and development of bioethics.

Since the 1960s, a few claims have been reported in European industrialized countries and the U.S., concerning the rights of certain categories of persons, which led to significant social movements. Thus, they asked for suicide, abortion, homosexuality not to be incriminated and claimed sexual freedom, legalization of divorce and contraception.

Some theologians, such as Joseph Fletcher and Paul Ramsey, criticized the paternalism of doctors, others such as Henry K. Beecher, noted the lack of ethical principles governing the research activity in the medical field. In the 1970s, these criticisms have been developed by the philosophers C. Callahan and D. Clouzer respectively by sociologist Renee Fox within a trend "antipsychiatry". Gradually scientific debates were structured in a distinct framework, dedicated to the impact that the progress of biomedical research has on the human being development.

Since 1973, C. Callahan has taught *bioethics* as a scientific discipline at the Institute of Society Ethics and the Life Sciences (which would eventually become the Hasting Center, founded along with the psychiatrist Willard Gaylin in 1969). The Center *Joseph and Rose Kennedy Institute for the Study of Human Reproduction and Bioethics* was established in 1971 and since 1991 it publishes the *Kennedy Institute of Ethics Journal*.

The author Marie-Hélène Parizeau, a professor of philosophy at the University of Laval, analyzing the historical evolution of bioethics debates, summarized the three main trends as follows:

a). The "*principlism"* established by Tom Beuchamp and James Childress presented in *Principles of Biomedical Ethics*, 1979, which establishes four ground moral principles:

• **Beneficence** that requires the practitioner to act only to the good of the patient and to remove evil (disease) when met, aiming to maximize the benefits while minimizing the risks. "*Who benefits from my action and how?*"

• **Nonmaleficence** means to do no harm, as the first condition of the medical care. "*What entity could be affected by my action? What steps can I take to minimize this evil? Did I communicate the risks in an open and honest way?*"

• **Autonomy** refers to the patient's right to self-determination, independence and freedom by exerting a negative obligation of not restricting and controlling the options of the patient, but also a positive obligation based on the patient's right to information and understanding, it is included here also the respect regarding the autonomy of the professional decisions of colleagues. "*Does my action violate the personal autonomy of the individual? Do all the relevant parties consent to my action? Do they know and respect the fact that others may choose differently from me?*"

• **Justice** (the right) requires non-discrimination (on grounds of age, sex, religion, politics, social, ethnic group etc.) for those who will receive medical care and also doctor's obligation to work for the public good, from two perspectives: **utilitarian** (the maximum benefit for society and for the patient) and **egalitarian** (the right distribution of costs and benefits: equal opportunities in what concerns the illness and the equal right of each person to a minimum of medical resources). "*Have I identified all the vulnerable groups that may be affected by my action? Is the action proposed righteous? How can I make it more righteous?*"

b). The p*luralist ethics* consecrated by the author Tristram Engelhardt who refuses to give priority to moral values, founded on reason, intuition and religion.

c). The casuistry and contextual model developed by the authors Albert R. Jonsen and Steph Toulmin.

4. The field of bioethics: biology applied to humans.

In the recent decades, bioethics has become a topic of great interest due to the genetic manipulation performed on food plants, cloning and use of human embryos. The research areas are more diverse with deep ethical meaning regarding life and human evolution. Among these there are:

a). *Human procreation* that studies, above all, *the medical assistance of procreation*, as an object of reflection for its potential eugenics, *contraception* - abortion, organ donation and use of elements or products of the human body (gamete or embryo, sperm donation, egg donation for reproduction), *gestation of human embryo other than from human species*, human cloning for reproduction, *prenatal diagnosis*, the knowledge of genetic characteristics and of genetic therapy, *eugenics* (sterilization of mentally handicapped and of the people with genetic risk), *the status of the embryo and fetus*, embryo research and their use, the study of brain activity, *nanobiotechnology, genetic engineering* – human manipulation (genetic profile, reproductive cloning, improvement) are becoming increasingly debated by the scientific community.

b). *Decoding the human genome* displays interest in knowing the patentable sequence of genes in order to be applied in the manufacture of drugs, tests etc. In this context we discuss about biopiracy, regarding the access of the poor to health care. According to a UNESCO declaration – 1st November 1997, human genome is the heritage of humanity and cannot be subjected to trade. Working out the human genome cannot be patented, although therapeutic applications can be performed on living beings.

c). *Interventions in the human body*, removal of organs and tissues, prostheses, organ banks' management, neurosurgery interventions; - in Russia, the brain intervention is legal in order to limit the neurosurgical behavior;

d). *Assistance for persons found at the end of life or suffering from incurable diseases*, ethical aspects of death and assisted suicide, aging and dying, therapeutic insistence, euthanasia, medical aid in suicide, resuscitation, palliative care, control of mentally ill, senile persons;

e). *Conditions for performing experiments with scientific purpose*: persons on which experiments can be performed - volunteers, prisoners, sick people, mentally handicapped

people; the experiments performed on people in chronic vegetative state or in a state of brain death or using data related to the health of the person subjected to research are prohibited.

d). *Interventions in human beings and non-human environments*, experiments on animals, protection of species (animal or vegetable), issues of biodiversity (the recent studies marks that biodiversity in aquatic environments helps the rapidly restoring of fish stock), genetically modified organisms, biological weapons, cloning of plants or animals, transgenesis.

4. Bioethics and nature

Bioethical studies also aims at the evaluation of the benefits and the risks of scientific research regarding the surrounding nature, aiming at the environmental and human species' protection. Thus, it was ascertained that the selection of genetic characteristics that satisfy human interests modify the rigors of life evolution on earth. In this context, bioethics researchers invoke the need of redefining the moral rules concerning the use of nature by man.

In a traditionalist, anthropocentric view, it is required the intact and clean preservation of human life with minimal invasion in the environment. Supporters of the profound environment consider that man has no more rights than other living species so he must respect the nature. The human activities contribute to the change of the environment. Thus, the first cultivated plants have changed the composition of the Earth's atmosphere by removing oxygen and carbon dioxide.

On the contrary position is found the utilitarian bioethics, supported by Jeremy Bentham and John Stuart Mill that criticize the anthropocentric view. According to those critics, the people are subjects of bioethics with self-awareness, with the ability to communicate, people that have interests, projects, reason. The human beings that don't own these features cannot be considered persons, for instance: embryos, infants, insane people, comatose etc.

There are creatures that are not human beings, such as the primates (apes) who are assigned with certain features of the person without having the right to use this term – human beings. The ethics of self-interest claims that all interests must be equally taken into account. They shouldn't be judged by themselves. The leading principle of this ethics is the principle of a distributive justice. They must satisfy as many interests as possible by seeking happiness and avoiding suffering. The morality of an action is a reality that can be measured and demonstrated by the basic motivations of the sensitive beings.

For this purpose, the utilitarian bioethics introduced the concept of ethical survey. Thus, a life may be saved to somebody's detriment if the quality of life saved rises above the sacrificed one. Sacrificing the life of a pig is morally acceptable. In the same time, the utilitarian believes that certain human lives are inferior to animals in certain cases like ("vegetative", people with extreme, irreversible suffering). For consistency, it is not necessary to use xenografts, but it shouldn't be rejected the use of human organs. A utilitarian approach is reasonable and involves the balance between good and evil to determine the global consequences. An action is morally acceptable the moment it is judged not only from the point of view of the acting person, but also in terms of all persons who may be affected. All the ethical issues consist in the evaluation of an action, thus countless debates and polemics arise from the difficulty of this evaluation.

Despite the advantages it presents, this trend is the subject of countless criticisms regarding the trenchant manner of analyzing the problems. Thus, on the one hand utilitarians consider that euthanasia of the elderly people would be useful because it would be an economy that the whole world would benefit from and on the other hand, it would be less

harmful to those who should care for these suffering people. This approach is wrong because human being is the holder of rights which cannot be overcome. Therefore, this position must be pronounced so that the debates regarding the human qualification to be reported from the scientific point of view.

5. In the history of humanity **several types of bioethics** have (co)existed, corresponding to multiple ethical and moral teachings but also beliefs about man and his role.

a). Hedonism says that happiness consists exclusively in **pleasure, in the satisfaction of senses**. The hedonistic morality displays only one principle – that of the good and the evil: whatever brings pleasure is good, everything else is bad. The definition of pleasure ranged from the rough physical shape (Aristip of Cyrene) to more elevated ones; for example for Epicur the pleasure lies in the ataraxia - peace of mind, a state of tranquility and for Aristotle, the pleasure lies in the philosophical contemplation. The hedonists confuse pleasure with joy or happiness, a fundamental human aspiration. They are not always compatible; in order to achieve a state of bliss you often have to sacrifice the pleasures and well-being.

b). The radical liberal morality was born at the same time with the French Revolution and has as a supreme principle – the unlimited freedom of man, his absolute autonomy. The radical liberalism is a philosophy of freedom without responsibility, of the radical subjectivism and of the unlimited moral relativism. This is a form of Luciferian autonomy: the man sets God aside to take His place. According to this concept there is no God and there shouldn't be a law to regulate morality, therefore the actions cannot be right or wrong in an absolute way. Each person decides in his/her conscience what is right and wrong, depending on the situation. The adherents of this type of morality believe that man is not God's creation neither has a purpose; thus **he has the right to be free to live his life as he chooses.**

c). **Utilitarianism or pragmatism** is based on the empiricist philosophy of the Anglo-Saxon school (John Stuart Mill) and pursues the maximum happiness – understood as **an economic and material wealth** – with minimal suffering. Utilitarian ethics is an ethic of efficiency: "The ends justify the means" (Mill), meaning that the moral value of an action is determined by its result. H. Tristram Engelhardt created the concept of *quality of life*, which replaces the Christian concept of *sanctity of life*. The utilitarianism advocates believe that the individual must be considered a person and therefore he has the right to live only if he has certain attributes, such as cognitive and reasoning ability autonomy, etc. that could provide a standard of "quality of life", decided by the community members. Those who are not able to yield profit or can't achieve this standard anymore are undesirable. There are individuals who have lost the right to live - the elderly, the disabled, people with incurable illness should be euthanized, others haven't yet received this right - for example the embryo (human embryo experiments are allowed for artificial fertilization or for research, even if a large number of embryos must be destroyed); the child with malformations detected by prenatal unfavorable diagnosis should be aborted or, if it was born, the child should be left to die by deprivation of food; patients are divided into categories out of which some of them receive preferential care and others do not, etc. The man takes on the place of God, transforming the fundamental right to life into a relative right as he decides the level of "quality of life" necessary for having the right to live.

d). **Materialism** is closely related to Darwinism and its philosophical derivatives (Comte's scientism, Freud's psychoanalysis, Max Weber's sociological school). Thus, Darwinism attempted to demonstrate that human life is the product of chance, of a blind struggle for supremacy and that **the human body possesses close phylogenetic kinship with the inferior beings**. Materialism asserts that God does not exist, and what we call **soul** is nothing more but a mental condition, in other words a simple function of neurons that occurs the same time with the development of the nervous system. Without this attribute, the fertilized egg cannot be a human being or person, but will become one, little by little.

Therefore, the destruction of that body is not immoral in its first days or weeks (abortion, research on embryos).

Materialism maintains prohibition on animal experiments and proposes a criterion for assessing the living creatures according to their capacity to suffer. As the embryo does not suffer physically during the first weeks of life, it is considered a higher plant and a lower adult animal. The movement for "animal rights" – derived directly from Darwinism – supports the experiment interdiction on animals but does not oppose to experiments performed on human embryos; the movement also opposes meat consumption because it "means crime", but agrees with abortion.

All systems were constructed so in such a way that they ignore the existence of God, anyway it would be naïve to say that the one who embraces them is as an atheist. Once God is cast out, individualism, utilitarianism, hedonism, materialism become idols, the gods that man serves. The result of this situation is the "culture of death" that embraced the world and also opposes, through the "culture of life", the Christian morals and ethics, committed with the purpose of defending human life from its first moment until its natural end.

6. Considerations on Christian ethics. The cornerstone of anthropology and Christian morality is **the human status as person**, namely a creature that bears within image and likeness of God ("Imago Dei"), his Creator (Genesis 1:27). The word *person* comes from the Latin "persona" meaning *mask theatre*. The notion displays the sacred feature of the person: the one who used the mask embodied Divinity and received something from its attributes.

The man is a person as he is the only being capable of reflection and free choice, the only being able to discover the meaning of things. Thus, the distance that separates human beings from animals is infinitely greater than that which separates any other representative of reigns. The value of any human being does not depend on what the utilitarian language calls it: *quality of life*. Life lacking quality doesn't exist. The human being is valuable by what it represents and not by what it accomplishes or possesses. Hence, the value, sacredness and inviolability of every human being are rooted in God. Both Christian Bioethics and the modern notion of "**human rights**" have their foundation in the status of a man as a person.

In **the Christian anthropology** the person has, cumulatively, the following essential characteristics:

• The person is a living being that belongs to the human race (has a soul), regardless of its stage of development;

• The person is an individual (that is indivisible);

• The person communicates and is capable of reflection; the person is conscious of the good and evil, of the past, present and the anticipated future;

• The person is free. Its freedom is a good of great value, but the right to existence is more important than the right to freedom, because in order to enjoy freedom you must first possess life (see discussion on "the right to life of the unborn" vs. "Woman's right to autonomy");

• The person is unique by its genetic characteristics, by its soul/mind or through the life that he builds by using his liberty;

• The human person is a two-dimensional unit. There is neither body, nor soul but both at the same time.

The big question that arises regarding the techniques resulted from the development of biomedical sciences is: **everything that is possible is allowed or useful?** The answer of the Christian bioethics is NO. Since *man is a creation and not the Creator*, he can't pose as the owner of the world, but must have respect for life, for his own body turned into "the temple of the Holy Spirit" (1 Corinthians 6) and for biological laws. Any attempt upon his life is a breach of law and of the purpose established by the Creator.

The Christian Bioethics believes that **science itself is neither good nor bad:** it is good (moral) if the scientific explorer respects the human person; in turn, it is wrong (immoral) if it violates human dignity. The medical experiments performed on patients without their consent and even with their consent are unethical, if it worsens their illness or it is life-threatening. Experiment performed on prisoners or human embryo is immoral from the first moment of existence – abortion, euthanasia etc. Thus:

• The human body is not a mere object that can be manipulated, but is part of the human person.

• The biological acts cannot be neutral from the ethical point of view.

• The value of life does not consist in the "quality of life". The community should not follow the hedonistic-utilitarian principles that sacrifice the one considered inefficient; instead, it will help the sick people.

• The doctor will respect all the people and each one, as a "categorical imperative" because he does not treat bodies, but persons. He will not break nor will degrade a human life in order to make medical experiments, no matter the benefits brought by the experiments.

• The doctor will perform the medical act with responsibility, without guiding himself by the subjective or material criteria, but appealing to his conscience and taking into account the moral laws and ethical norms.

In this context, we have outlined the following **general principles of the Christian Bioethics**

1. The human life is inviolable because it is a person's life (the life of a subject with personal rights). In other words, a man is inviolable not only because he lives (as then even the animal would have such right), but because it is a unity composed of body and rational soul, meaning it is a person – in the image and likeness of God.

2. Any medical intervention that promotes the natural development of an individual human life (intervention "by nature") is ethical, hence lawful – for instance, the organ transplantation, but the intervention that opposes the natural development of an individual human life is not ethical (intervention "against nature") – such as induced abortion. Also, it is not ethical the behavior different from the methods indicated by nature in order to pursue such a development – for example in vitro fertilization (which separates the unitive purpose from the procreative one of the sexual relationship).

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Normative acts, treaties and conventions on bioethics

• The Universal Declaration of Human Rights (adopted by United Nations General Assembly on 10 December 1948)

• The European Convention on Human Rights (adopted by the Member States of the European Council)

• The Charter of Fundamental Rights (proclaimed by the European Parliament, the Council and the European Commission on 12 December 2007)

• The Convention for the Protection of Human Rights and Human Dignity Facing the Application of Biology and Medicine (Convention on Human Rights and Biomedicine signed in Oviedo, 4 April 1997)

• The Protocol of 12 January 1998 additional to the Convention for the Protection of Human Rights and Human Dignity towards the Application of Biology and Medicine, Related to the Prohibition of Cloning Human Beings (adopted by the Council of Europe)

• The United Nations Resolution on Human Cloning no. 59/280 (adopted on 8 March 2005)

• The Universal Declaration of Human Genome and Human Rights (adopted by UNESCO)

• The Universal Declaration on Bioethics and Human Rights (adopted by UNESCO on 19 October 2005)

• The Convention for the Suppression of the Human Trafficking and the Exploitation of the prostitution of others (adopted on 2 December 1949 by the General Assembly of the United Nations)

Documents of the medical organizations

• The Hippocratic Oath

• The Declaration of Geneva

• The International Code of Medical Ethics

• The Code of Medical Deontology in Romania

European Law

• The Directive of 14 June 1989 qualifying blood and human plasma as a raw material that can be put on the market;

• The Directive 2001/20/EC of 4 April 2001 on the application of best practices in the conduct of clinical trials of medicinal products for human use;

• The Directive of 31 March 2004 on the donation of gametes and medical assistance for reproduction