

# 臨床醫學倫理議題之判斷與處理方式的探討-比較醫護人員、宗教界 與法界人士的看法

## Study of Ethical Judgment and Decision-making of Controversial Clinical Issues - A Comparative Study of the Perspectives of Medical Professionals, Legal Professionals and the Religious Personnel

### 中文摘要

本研究旨在探討我國醫護人員、宗教界及法界人士對器官移植、安樂死、人工生殖(代理孕母與複製人)及人體實驗等臨床醫學倫理議題的判斷和處理方式的觀點，並比較其差異情形；同時亦進一步分析個人屬性對器官移植、安樂死、人工生殖及人體實驗等臨床醫學倫理議題的判斷和處理方式的相關性。採立意取樣，以台北地區的醫護人員、宗教界人士-佛教法師、基督教牧師和傳道人、天主教之神父、修士、修女和法界人士-律師、法官、檢察官及法學教員為研究對象，採結構性問卷收集資料，研究工具包括：臨床醫學倫理問卷和個人屬性二部份；共發出問卷 1282 份，回收問卷 582 份，有效問卷 558 份，有效回收率 43.5%。研究結果發現：**1.**醫護人員、宗教界及法界人士在已經立法的「器官移植」和「人體實驗」的看法上爭議性較低，三組均持同意的態度，認為器官的分配原則應以公平和效益並重；但對「生前無明顯反對器官捐贈者，死後由其親屬代為同意捐贈」和「死刑犯器官捐贈」的看法較不贊成。在「安樂死」的看法上則是介於不同意與勉為同意之間，對末期或瀕死病人「為避免急救造成病人更多痛苦，應不予施行急救、要求實施自願積極安樂死、生命權和死亡權利」的看法仍有爭議，以宗教界人士最反對安樂死。在「代理孕母」的看法上是介於不同意與勉為同意之間，主要爭議來自對「由丈夫提供精子，妻子提供卵子，由無血緣關係的女性成為代母不會產生亂倫應合法化」、「不孕婦女可藉由代理孕母擁有自己的孩子」、「未婚婦女在本人同意下即可出借子宮代為懷孕」及「代孕只是出租子宮，提供勞務以換取金錢報酬與道德無關」等議題的觀點有所不同。以宗教界人士在代理孕母的倫理議題看法上最反對，而法界人士則傾向於同意代理孕母。在「複製人」的看法上，三組均是持不同意；但仍有少數人認為複製科技可使疾病治療技術提昇、複製小孩並帶來利益而持贊成的看法。

**2.**宗教界人士在「臨床醫學倫理議題的判斷和處理方式」的看法與醫護人員、法界人士的看法有顯著差異；且除「人體實驗」議題外，其組內人員的看法亦均有顯著差異。

**3.**個人屬性不同對臨床醫學倫理議題的判斷和處理方式看法之差異方面，對「器官移植」的看法在婚姻、教育程度、宗教信仰和職業；對「安樂死」的看法在性別、年齡、婚姻、教育程度、宗教信仰、職業和工作年資；對「代理孕母」的看

法在年齡、婚姻、教育程度、宗教信仰、職業和工作年資；對「複製人」的看法在年齡、教育程度、宗教信仰和職業；而對「人體實驗」的看法在年齡和職業均有顯著差異。

本研究的結果，可作為醫學倫理教育課程及在臨床醫學倫理議題的判斷和處理方式上的參考。

關鍵詞：臨床醫學倫理、器官移植、安樂死、代理孕母、複製人、人體實驗

## 英文摘要

The purposes of this study are to : explore the perspectives of medical professionals, legal professionals and the religious personnel regarding their ethical judgment and decision-makings on controversial clinical issues; compare the differences among them; investigate the relationship between demographic factors and the variety of ethical judgment and decision-makings on controversial clinical issues. The target research population was set at the three groups of people in Taipei area. Through the process of convenient sampling, 207 nurses and doctors were selected from two regional hospitals, 152 legal professionals from lawyers, judges, and law school teachers, and 199 religious personnel from priests, nuns, monks and other religious preachers. The tool of this study includes clinical ethical questions and demography information. 1,282 questionnaires were sent out, and 558 valid questionnaires were collected. The response rate is 43.5%.

The major findings of the study are the followings. (1). On issues that have been legalized, such as organ transplantation and human experiment, professionals from all three sectors tend to agree. All parties also agree that the principle governing organ distribution should be based on fairness and efficacy. There are slight disagreements on whether the decedent's family can decide to donate his or her organs when the decedent had not clearly indicated his or her intention on this matter before death, and on the issues regarding organ donation from the death roll. The euthanasia issue was split between "totally disagree" and "reluctantly agree". There is no consensus on whether resuscitation could be withheld so as to avoid sufferings for the dying and terminal patients, on the right of active euthanasia , and on the right to death. The religious personnel strongly oppose euthanasia. This study also reveals the aggregate opinions of all three groups center between "disagree" and "reluctantly agree" on the issue of surrogate mother, with the religious group scoring the lowest and the legal professionals tilting toward "agree". The following arguments are most pointedly contested: surrogate mother should be legalized in the situation where husband offers sperm and his wife offers ovum to the surrogate mother since there is no risk of incest; the infertile woman could have her own baby by surrogate mother; single woman can rent out

her uterus on her own will; surrogate mother offers services in exchange for money, which has nothing to do with moral. In the area of human cloning all three sectors disagree; however some people do agree considering the benefits of human cloning may bring in disease treatment, and in procreation.

(2). There was not much difference between the perspectives of medical and legal professional for all matters, but a significant deviation was noted from the religious sector. (3). Factors affecting the ethical judgment and decision-makings on organ transplantation include marital status, educational level, religious belief and profession. Euthanasia issue was affected by age, sex, educational level, religious belief, profession and work experience. Surrogate mother issue was affected by age, marital status, educational level, religious belief, profession and work experience. On the human cloning issue, the results vary with age, educational level, religious belief and profession, while those on human experiment vary only with age and profession.

In summary, the results of this study can serve as a reference for medical ethics education and for the medical profession on clinical ethical judgments and decision-makings when facing controversial issues.

Key words: clinical ethics, organ transplantation, euthanasia, surrogate mother, human cloning, human experiment