

Human Dignity and Assisted Human Reproduction: Bioethical Challenges within the Nigerian Context

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Abstract

The question of human dignity is a question of profound significance for human persons. Reproduction also, is a fact of life and assisted human reproduction signifies all those techniques which involve the manipulation of germ cells, as a substitute for natural procedures, with the finality of achieving reproduction. Most of the techniques – “intra-corporeal,” “extra-corporeal” and “micro-assisted-techniques” – developed in assisted human reproduction have emerged as part of the response to the challenges of human infertility. Infertility is a major reproductive health problem in Nigeria, the bulk of the burden of the negative impact of infertility is borne by women. Most techniques of assisted reproduction are available in Nigeria. It is important to have an open bioethical reflection in the country with regard to these techniques and their use. There is virtually no regulation with regard to assisted reproductive technologies in the country, the recommended prospect is that the question of the current “legal vacuum,” needs serious attention. It is important for us as a society to examine the question of human dignity and assisted human reproduction. The expression “human dignity” remains complex; however, its complexity as an over-arching principle also gives it the profundity which is important in dealing with ethical issues, especially those that touch upon human life, human responsibility and human reproduction.

Keywords: Human dignity, Assisted reproductive technologies, Infertility, Bioethical challenges, Legal vacuum, Human life, Responsibility.

1. Introduction

“Human life” writes St. John Paul II, in *Evangelium Vitae* “finds itself most vulnerable when it enters the world and when it leaves the realm of time to embark upon eternity” (44). This existential vulnerability at the beginning and terminus in the temporal order of human existence is a matter of serious concern, because what touches human life touches each and every one of us in one way or another. We all share in the vulnerability and splendour of being human, bearing in mind the famous expression of St. Irenaeus of Lyons: *Gloria enim Dei vivens homo* (IV, 20, 7.). The glory of God is the living man. From another perspective, in a celebrated phrase, Terence once declared: “*Homo sum: humani nil a me alienum puto*” (1, 1, 25). I am a man therefore nothing human is alien to me. This is the central motivating factor for this paper. As a human being the question of human dignity as well as human assisted reproduction are matters of serious concern. It is good to develop a global vision, but for the sake of brevity, our concern will focus on bioethical challenges within the Nigerian context. It has to be noted that the topic presents itself in a certain order, consequently, we will pay attention to the question of human dignity, assisted human reproduction and the bioethical challenges within the Nigerian context, and we will conclude by envisioning a prospect on the basis of the fundamental principle of the dignity of humankind as a whole, towards the development of those projects which will remain perennially valid and humane.

2. The Question of Human Dignity

The question of human dignity has arisen to great prominence within the context of contemporary philosophical, bioethical, legal and political debates. An examination of International Declarations, Covenants, Resolutions and Charters, could bring clearly into focus the fact that human dignity is a prominent topic. On 10th December, 1948, the United Nations General Assembly adopted and proclaimed the *Universal Declaration of Human Rights*. In the Preamble of this *Declaration* it affirmed that: “...recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world.” And the first article of the same *Declaration* stated emphatically that: “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood” (1)

The *Universal Declaration of Human Rights* is significant in a variety of contexts. But as significant as it may be it is not bereft of difficulties, it could easily be perceived that this *Declaration* did not clarify the problems raised within the philosophical sphere with regard to the question of *person* and what it means to be a bearer of personal dignity, in order to apply it to the human being as a subject of fundamental rights in relation to the more fundamental question: what is the truth about the human person? (Herranz, 33). In the classic expression given by St. Thomas Aquinas in the *Summa Theologiae*, person as the highest expression of perfection in nature, expresses the excellence of dignity. “*Persona significat id quo est perfectissimum in tota natura, scilicet subsistens in rationali natura*” (1a. q.29. a3). That is to say *Person signifies that which is most perfect in the whole of nature, this means, that which subsists in rational nature.*

3. Human Dignity: A Philosophical Trajectory

The anthropological turn in philosophy initiated by Socrates, *gnothi seauton, man know thyself* (Durrant, 9), as well as the unique definition of man as a *rational animal* given by Aristotle have remained dominant themes in the history of Western thought (Guthrie, 417). Within the context of the Renaissance, humanism became one of the major intellectual hallmarks with an emphasis on the dignity of man, drawing upon both the Hellenistic and the Roman legacy. Giovanni Pico della Mirandola's *Oration On the Dignity of Man* could be seen as an eloquent proclamation of the humanist agenda, in a sophisticated elaboration of the grandeur of man: "Legi Patres colendissimus in Arabum monumentis interrogatum Abdalam Sarracenum, quod in hac mundana scaena, admirandum maxime spectaretur: Nihil spectari homine admirabilius respondisse. Cui sententiae illud Ascelpi miraculum est homo" (313). With Thomas Hobbes a new understanding of human dignity emerges, it is not the profound dignity celebrated by the Renaissance humanism in Philosophy, Arts, Culture, Letters and Poetry. It is what one could describe as *mercantile dignity*, the importance of which lies in its utility. Every man for Thomas Hobbes has his market value, and the dignity of every man is based on his market value and upon the value that the commonwealth places upon him. The value or worth of every man Thomas Hobbes affirmed, is above all his price (151-152). Against such a utilitarian perception of human dignity as a marketable commodity, Kant affirmed that every other thing has its market price but a rational agent is beyond price he is distinguished by dignity, *würde*:

Was sich auf die allgemeinen menschlichen Neigungen und Bedürfnisse bezieht, hat einen Marktpreis; das, was auch ohne ein Bedürfnis voraussetzen einem gewissen Geschmacke, d. i. einem Wohlgefallen am bloßen zwecklosen Spiel unserer Gemütskräfte, gemäß ist, einen Affektionspreis; das aber, was die Bedingung ausmacht, unter der allein etwas Zweck an sich selbst sein kann, hat nicht bloß einen relativen Wert, d. i. einem Preis, sondern einen inneren Wert, d. i. Würde (Kant, *Grundlegung*, IV, 434-435).

In line with this affirmation of dignity the Kantian practical imperative indicates: "Act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end." („Handle so, daß du die Menschheit, sowohl in deiner Person als in der Person eines jeden anderen, jederzeit zugleich als Zweck, niemals bloß als Mittel brauchet“ *Grundlegung*, IV- 429). Immanuel Kant is a serious man who deserves to be taken seriously or not taken at all. In this regard Jacques Maritain affirmed in his historical and critical survey of the great moral systems that: It is with Kant that something really and positively makes its appearance in post-Renaissance moral philosophy. In the process of summing up and concentrating in himself the complex heritage and the long effort of three centuries of thought, he performed a revolutionary task in the realm of ethical philosophy, as in that of speculative philosophy (95).

In the light of the above affirmation, Maritain, moves on to state that: "The ethics of Kant is the greatest and most powerful work of genius that modern times have erected in the field of moral philosophy" (113). The philosophical significance and originality of Kant cannot be denied. The most important ethicist in the whole rationalist School is Kant, many experts hold him to be the greatest moral philosopher of the modern epoch (Maritain, 167). The insight offered by Kant into the question of human dignity could be of significance in dealing with challenges even in the field of bioethics. For Kant the whole scope of the human intellect whether as practical or speculative settles down to three fundamental questions: "1. What do I know? 2. What should I do? 3. What may I hope?" „Alles Interesse meiner Vernunft (das spekulative sowohl, als das praktische) vereinigt sich in folgenden drei Fragen: 1. Was kann ich wissen? 2. Was soll ich tun? 3. Was darf ich hoffen?“ (*Kritik der reinen Vernunft*, A805 B833).

In this embracing scope the philosophy of nature pertains to everything that **is**, that of moral only to that which should be (Kant, *Kritik der reinen Vernunft*, A 840, B868). Man is certainly unholy enough, Kant maintains, but humanity in his person must be holy to him. Everything in creation which he wishes and over which he has power can be used merely as a means; only the human person, and with him every rational creature, is an end in itself (*Kritik der praktischen Vernunft*, V – 87).

4. Reproduction and the Challenges of Infertility

All living beings are oriented towards the propagation of their own species. Reproduction as a fact of biology remains as intriguing as it is important. Reproduction is both complex and fascinating it stands as a guarantee to survival and development of the species, a symbol of what one can refer to as biological immortality.

The process of reproduction has long fascinated mankind, particularly from philosophical and scientific perspectives. For example, Aristotle devoted a considerable amount of his time to study the process of reproduction, and William Harvey (1578-1657) performed exacting trials on the King's herd of deer and wrote a major treatise on the subject ('*De generatione animalum*', 1651) which contains in the frontispiece a drawing of Jove releasing a plethora of creatures from an egg on which is inscribed his famous dictum: *Ex ovo omnia* (Clarke, 1645).

Assisted human reproduction does not emerge in a vacuum; most of the techniques developed in assisted human reproduction have materialized in part as a response to the challenges posed by infertility. Though infertility

may be common in the world, it remains a complex human problem. "... approximately 10% of couples have difficulty conceiving a child. In young, healthy couples, the probability of conception in one reproductive cycle is typically 20-25%, and in 1 year it is approximately 90%. An evaluation is commonly recommended after 1 year of unprotected intercourse without conception, the standard clinical definition of infertility" (Van Voorhis, 379).

The negative impacts of infertility, socio-culturally and psychologically should not be ignored. In Nigeria, most often than not the bulk of the burden of the negative impact of infertility is borne by women. Most women in infertility relations experience various degrees of maltreatment from the husband, which include, isolation, marital infidelity, expulsion from the matrimonial home, beatings, divorce, and the adoption of a second wife – officially or unofficially, with or without divorce. Most infertile women in Nigeria are under social and psychological pressure to get pregnant, the sources of this pressure include husbands, friends, mothers-in-law mothers, neighbours, fathers-in-law, and colleagues some of these women are cajoled, despised and isolated (Umezulike and Efezie, 178-80).

Infertility is a major reproductive health problem in Nigeria. It is estimated that about 15% of couples experience infertility while up to 60% of gynaecological consultations in many tertiary health institutions in Nigeria are for problems of infertility. Moreover it has been observed that the prevalence of infertility is increasing and that this is related to rising incidence of STIs and complications of abortions and unclean deliveries. Misconceptions regarding the cause of infertility has often resulted in gender bias and discrimination, inappropriate interventions and a great deal of social, psychological pressures and financial wastages (Federal Ministry of Health, 21-22).

5. Assisted Human Reproduction

Human reproduction is a biological fact in human existence; however, natural reproduction and assisted reproduction are distinct realities, both aim at the same reproductive end, but uses different means. Assisted human reproduction signifies all those techniques which involve the manipulation of germ cells, as a substitute for natural procedures, with the finality of achieving reproduction. "Human reproduction, as it naturally occurs, is characterized by sexual intercourse, tubal fertilization, implantation in the uterus, and subsequent in utero gestation. The expression reproductive technologies can be understood as applicable to an array of technical processes that would replace the various steps in the natural process of reproduction, to a lesser or greater extent" (Mappes and Degrazia, 510). The techniques of assisted human reproduction could be classified in relation to the *locus* where fertilization takes place or in relation to the source of the gametes used in the procedure. ("Le diverse tecniche di fecondazione artificiale possono essere classificate in base al "luogo" ove avviene la fecondazione o in base alla provenienza dei gameti utilizzati nella procedura" Cassini, et. al., 306-307). We do not intend to exhaust all the techniques of assisted reproduction in their intricate elaborations.

Intra-corporeal techniques of assisted human reproduction refer to those techniques of assisted reproduction, which aids fertilization to occur within the reproductive system of the maternal body. The important distinction here is that fertilization takes place *in vivo*. Some of these techniques include: 1. Artificial Insemination – AI, 2. Intrauterine Insemination: IUI, 3. Peri-Cervical Insemination- PCI, 4. Intra Cervical Insemination- ICI, 4. Direct Intra-Peritoneal Insemination – DIPI, 5. Transuterine Intra-fallopian Tube Insemination-TITI, 6. Direct Intra-Follicular Insemination-DIFI, 7. Gamete Intra-fallopian Transfer – GIFT, 8. Gamete Intra-Uterine Transfer – GIUT

Extra-corporeal techniques of assisted human reproduction are those techniques of assisted reproduction in which the oocyte is fertilized outside the maternal body and then transferred into the body, for possible implantation and gestational development. The important distinguishing characteristic here is that fertilization occurs *in vitro*. Some of the methods of extra-corporeal techniques of assisted human reproduction include: 1. IVF - In vitro Fertilization, 2. IVF-UET – In vitro Fertilization –Uterine Embryo Transfer, 3. IVF-ZIFT – In Vitro Fertilization – Zygote Intra-fallopian Transfer, 4. IVF- PROST – In Vitro Fertilization – Pronuclear Stage Transfer.

Micro-Assisted Reproductive techniques involve the use of microscopic equipment and knowledge in the treatment of oocytes, spermatozoa and embryos for the purpose of achieving reproduction. When micro-assisted reproductive techniques are used on gametes- oocytes and spermatozoa, the main reproductive aim is to achieve fertilization, when they are used on embryos, the main reproductive aim is to achieve successful implantation and gestation. Some of the known methods of Micro-Assisted Reproductive Techniques include: 1. PZD – Partial Zonal Dissection, 2. ZD - Zona Drilling, 3. SUZI – Sub Zonal Sperm Injection, 4. ICSI – Intracytoplasmic Sperm Injection, 5. MESA- ICSI- Micro-Epididymal Sperm Aspiration- ICSI, 6. PESA-ICSI – Percutaneous Epididymal Sperm Aspiration –ICSI, 7. TESA-ICSI Testicular Sperm Aspiration–ICSI, 8. TESE-ICSI- Testicular Sperm Extraction –ICSI, 9. VASA –ICSI – Vas Deferens Sperm Aspiration-ICSI, 10. ROSNI- Round Spermatid Nuclear Injection.

6. CHALLENGES WITHIN THE NIGERIAN CONTEXT

Controversies abound in history, and the history of assisted reproductive technology in Nigeria is not lacking in its own wealth of controversies, however, the claim is that Prof O. Ashiru and his team in collaboration with Prof. F. O. Giwa-Osagie of the Department of Obstetrics and Gynaecology of the Lagos University Teaching Hospital (LUTH) started the process of Assisted Reproductive Technology in humans in Nigeria in 1983 (Gbenga-Mustapha, <http://www.thenationonline.net>). Nowadays most techniques of assisted human reproduction are available in Nigeria.

But the challenge is that there has been no significant bioethical reflection in the country with regard to these techniques and their use. In the country there is virtually no regulation with regard to assisted reproductive technologies, and there are people who are not medical professionals who are engaged in quackery, under the pretext of doing assisted reproductive technology. In Nigeria donors are anonymous and there has also been allegation of unethical practices by “experts,” some who even go to the extent of using their own spermatozoa in assisted reproduction. There is no law with regard to assisted human reproduction in the country and people can do virtually what they like (Gbenga-Mustapha, <http://www.thenationonline.net>).

Significantly, the 1999 Constitution of the Federal republic of Nigeria expresses a commitment which obliges the government to safeguard the health and the wellbeing of the citizens (*The Nigerian Constitution*, § 17, 3, d). The constitutional declaration of commitment to the health and well-being of the citizens cannot ignore the well-being of citizens faced with the problem of infertility. The question of the current “legal vacuum,” needs to be addressed, with regard to issues in assisted human reproduction, the status of the human embryo, the rights and obligations of all the parties involved in assisted reproduction, and the well-being of both the present and the future citizens.

7. Towards A Conclusion

It is evident that the challenges that emerge from assisted reproductive technologies are many and varied. Nigeria is a member country of the United Nations Organization, the very positive affirmation of the importance of human dignity given by UNO in its Universal Declaration, together with the insight offered by philosophers into the question of human dignity could be of help in articulating some of the bioethical challenges emerging from assisted human reproduction.

A deeper examination of the question of human dignity could give us an interpretative key towards a constructive analysis that could enable us to confront some of the challenges that emerge in bioethics. “Precisely because the stakes are so high, precisely because the new biotechnologies touch not only our bodies and minds but also the very idea of our humanity, we should ask ourselves how we as a society want to approach questions of human dignity and flourishing” (President’s Council on Bioethics, <http://www.bioethics.gov>). Human dignity is important, but at the same time, the theme of human dignity is not without difficulties with regard to foundation, content and meaning, and this anthropological perception presents further difficulties as one moves into the area of ethical evaluation and application.

Nel vocabulario a cui attinge la bioetica per sviluppare le sue argomentazioni, la pagina in cui compare il concetto di ‘dignità’ viene molto sfogliata di frequente. Quello che colpisce è, però, l’uso che si fa di tale termine porta molto spesso ad esiti opposti nel senso che ‘in nome della dignità umana’ si possono valutare in modo completamente differente se non addirittura contrario – le situazione di cui si occupa la bioetica (Di Pietro and Moltisanti, 69)

In the face of such difficulties associated with the “dignity” vocabulary Ruth Macklin published an article with an equally interesting title: “Dignity is a Useless Concept.” In this article Macklin affirms that:

Appeals to human dignity populate the landscape of medical ethics. Claims that some feature of medical research or practice violates or threatens human dignity abound, often in connection with developments in genetics or reproductive technology. But are such charges coherent? Is dignity a useful concept for an ethical analysis of medical activities? A close inspection of leading examples shows that appeals to dignity are either vague restatements of other, more precise, notions or mere slogans that add nothing to an understanding of the topic. (1419-20).

In this understanding discussions on “dignity” are merely verbose tautologies, which rather than give clarity, merely contributes to muddle the waters within the context of the cacophony of voices in contemporary bioethical debates. In this regard, it is also important to pay attention to the very instructive article by Adam Schulman.

Human dignity – is it a useful concept in bioethics, one that sheds important light on the whole range of bioethical issues, from embryo research and assisted reproduction, to biomedical enhancement, to care of the disabled and the dying? Or is it, on the contrary, a useless concept – at best a vague substitute for other, more precise notions, at worst a mere slogan that camouflages unconvincing arguments and unarticulated biases? (3)

In the light of these pressing interrogatives, it is the contention of this paper that dignity is a concept which is important as much as it is complex, though there has been abuses of the dignity concept it still can play a significant

purpose within the context of bioethical discourse, in the full understanding that the abuse of a concept should not delegitimize the concept or deprive the members of the community of its rightful use.

There are certain challenges in the realm of assisted reproductive technologies, which include: the problem of technological agency in human procreation, third party interventions in a couple's reproductive life, the sanctity of human life, the integrity of the family, the significance of fatherhood and motherhood, eugenic manipulation of human embryos, human embryonic experimentation, the well-being of children born through assisted reproductive technologies, the well-being of persons who make use of assisted reproductive technologies, the question of the standardization of human life, the problem of the objectification of the child, the problem of the politics as well as economics of the fertility industry, international partnership, globalized assisted reproduction, reproductive tourism, surrogacy, gamete and embryo barter, egg sharing, anonymous gamete "donation", sex selection, often presented under the euphemistic camouflage of "family balancing" commercialization of human reproduction, selective abortion at times with the façade of "multi-fetal reduction" and many other problems, all these raise serious ethical questions. These problems also raise serious questions with regard to justice, human rights and public policy. In the face of all these challenges it is important to make the affirmation that: *The primary good that presents itself as essential in any living organism is life. Whatever takes away the life of any living organism destroys such an organism as a living organism. In relation to human persons, this is the greatest harm that could be afflicted upon any person.* ("Il primo bene che si presenta come essenziale all'organismo vivente è la vita; ciò che toglie la vita distrugge l'organismo in quanto tale ed è questa la più grande privazione che possa essere inflitta alla persona" Sgreccia, 155). It is the contention of this paper that in the light of this affirmation, significant criteria could be deduced for the purpose of practical ethical decision. The growing technological powers that enable scientists to intervene in the human body and mind, justly celebrated for their contributions to human welfare, are also available for uses that could lead to the dehumanizing path toward what Leon Kass citing C. S. Lewis refers to as: *The Abolition of Man* (3-4). Insight and courage are demanded, in order to be able to judge what is transient and ephemeral and what would retain lasting importance for the present and the future.

Die menschliche Gesellschaft und die Ethik aller Glaubensgemeinschaften beruht auf der Achtung der Menschenwürde und auf der Ehrfurcht vor dem Leben. Mut zur Ethik bedeutet daher Eintreten für das Lebensrecht des Menschen in allen Phasen des Lebens. Das verlangt heute Mut, Mut zur Ethik im besten Sinne. Er ist von uns allen verlangt (Jäger, 442).

In the light of the demands for courageous existence, it would be important to sketch a prospect, towards a conclusion. The expression human dignity remains a complex expression. Centuries of efforts have been made towards its full un-concealment, but the depth of the promises it holds remains perennially valid and appealing. Its complexity also gives it the profundity which is important in dealing with ethical issues, especially those that touch on human life, human responsibility and human reproduction. It is our modest proposal that the affirmation of the dignity of the human person, would offer us the opportunity, for a broad reflective bioethical equilibrium (Callahan, 278-87), in dealing with bioethical challenges that emerge in assisted human reproduction, especially in a developing nation like Nigeria.

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