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Editorial: Bioethics and the meaning of life

One of the common threads of the six papers in this issue of *EJAIB* is a critical one for all of us, and one of responses we could make when we ask what is “the question”? The question I refer to is what is the meaning of life? Each of us through our life journey will ask this question at least once, and although the mundane that constructs most of most people’s lives can

ignore that question, a bioethical life that is one where the love of life demands us to ask questions, will bring us back to that question.

Yuko Yokoseki and Michio Miyasaka attempt to reconstruct the meaning of life among Japanese bereaved spouses through a qualitative study of three peer support groups. This research study is one that does not explore an abstract theoretical topic, but an event and feeling that half the people in the world will experience. One of the joys and pains of life is that we live a life together with our loved ones but for most of that life we will not know who will be bereaved and who will end their life earlier. There are lessons for all relationships that we humans hold to be dear.

Endah Rahmawati et al. explore a related dilemma, but one with the hope of a new life in their paper on shared decision-making and relational identity in a pregnant woman with Eisenmenger syndrome.

Silvia Croydon provides an ethical and regulatory analysis of one of the most hopeful interventions for future life, namely heritable human genome editing. Given the long awaited success in somatic cell gene therapies, we as a species will need to continue to reflect on the correct timing to allow those persons who would like to attempt heritable genomic editing. Peter Ottuh discusses the ethics of human cloning.

From West Asia, Zahira Amir Ali describes some Pakistan cases of medical negligence by health professionals. Sukran Sevimli explores the ethics of unwanted pregnancy in some cases of rape reported in the media with legal restrictions on abortion in Turkey.

- Darryl Macer (Email: darryl@eubios.info)

on patient assessment, reporting findings, planning relevant interventions and reevaluations should be conducted to enhance their knowledge and promote evidence-based practice. This will reinforce health professionals to learn priority setting, use critical thinking and perform problem-solving skills efficiently. Biomedical ethics should be taught as a separate refresher course to all health professionals from all hierarchical levels (subordinates to leaders) to build sensitization. Moreover, medical and nursing faculties should plan undergraduate courses that could give an opportunity to students to understand real-life biomedical ethical dilemmas. At the organizational level, the Quality and Patient Safety department should run frequent quality assurance audits and promote a blame-free error reporting culture by reinforcing a safe disclosure policy. Moreover, keeping the principle of veracity and trustworthiness robust, negligence disclosure and apology should be informed to the entrusted family member of the patient after involving Hospital Ethics Committee (HEC). This would give a gesture of reconciliation and acknowledgement towards the special duty of care. They must be apprised of Tort system for either waiving of fee or monetary compensation for financial loss. To prevent future negligence, clear policies and protocols on the consequences of medical negligence should be formed to ensure professional liability. Human Resource department and managers should assure manageable duty hours and sufficient staffing to prevent work overload and physical-psychological exhaustion. Health professionals' competency checklists should be reviewed annually to verify credentials. Patient wellness programs and support groups should be initiated for psychological, social, emotional, and financial wellbeing. Research could be conducted to prevent negligence in future. A risk management strategy should be utilized to maintain effective communication, expertise in conscientious practice, autonomy, and empowerment among health professionals. Moreover, sufficient investment should be done in health systems to create corruption-free health for all.

Humans are imperfect beings and certainly may cause some errors (human error). Health professionals are the fundamental assets of our society with greater responsibilities to deal with human lives. With this responsibility, health professionals must ensure to follow core ethical principles of providing holistic care and essentially understand that there is no better service than the service you render to others. Therefore, systems to control negligence at individual, institutional and national levels must be formed to ultimately prevent future medical negligence.

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The ethical aspects of unwanted pregnancy: Cases of rape reported in the media with legal restrictions on abortion in Turkey

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Abstract

This study examines the ethical and legal issues faced by girls/women requesting abortions who were victims of rape, aspects which have received little attention to date. This is a retrospective study using a case-based approach to analyze the ethical and legal issues relating to incidents of unwanted pregnancy resulting from rape as reported in Turkish newspapers from 2010-2018. A total of 95 articles were discovered and categorized. These were then evaluated for content and analyzed in terms of the ethical issues related to the cases. Of these articles, 14 involved rape-related pregnancy cases. The six cases chosen for analysis in this study were carefully selected from newspaper reports between 2010-2018. The victims who requested abortions were between 9 and 26 weeks pregnant and aged 14-26 years old. Turkish courts approved

only two of the victims' requests. The cases in this study were evaluated by the authorities solely on legal grounds. The stress experienced by victims of rape is exacerbated by compulsory pregnancy; the fact that these victims were not allowed to terminate their pregnancies resulted in their further punishment. Requests for abortion should thus be assessed not only in terms of legality, but also on the basis of medical and especially ethical issues.

Introduction

The objective of this article is to examine cases in which victims of rape sought to terminate the unwanted pregnancies resulting from sexual assaults. As sexual violence occurs in all parts of the world, unwanted/compulsory pregnancy is therefore a global issue, involving not only biological, psychological, and social health problems but also ethical and legal issues. A report by the World Health Organization has stated that every 2-3 minutes somewhere in the world a woman is a victim of sexual assault (Organization, 2013). Some victims who become pregnant because of sexual assault request abortions; when these requests are denied, the victims are then forced to endure further trauma (Gipson, Koenig, & Hindin, 2008; Holmes, Resnick, Kilpatrick, & Best, 1996; Satin, Hemsell, Stone, Theriot, & Wendel, 1991).

Even governments that support reproductive freedom as a human right may implement legislation restricting the termination of a pregnancy, for reasons pertaining to dominant religious beliefs, accepted morality, scientific conceptions regarding the fetus, concerns about decreasing birth rates, or simply as a continuation of traditional policies on abortion (Shaw, 2010). However, restrictive legislation has not managed to eliminate the controversy surrounding abortion, whether on legal, ethical, or religious grounds. In Turkey, abortion on demand is allowed until the 10th week; however, if the fetus is disabled or a heartbeat is not detected (Appendix1) the pregnancy may be terminated until the 24th week with informed consent (Regulation, 1983). A girl who has not reached majority can undergo an abortion with the written consent of her parents (Hall, 1990).

Unfortunately, outside of the legal limits placed on abortion, many feel that they have a right to involve themselves in women's reproductive choices by virtue of their claim to moral and religious values. For this reason, the status of the fetus must be clearly defined. Firstly, the fetus is an entity that cannot live independently of the mother and is not recognized as having individual rights. Secondly, the brain of a fetus has not undergone sufficient development to enable conscious thought. After fertilization, the newly fertilized ovum develops into a pre-embryo, then embryo, fetus, and finally neonate, who only then has the potential to be a fully autonomous individual to be granted all ethical and legal rights (Gillon, Higgs, Boyd, Callaghan, & Hoffenberg, 2001).

Women may wish to terminate a pregnancy for any number of reasons, including having been a victim of rape or incest, health issues (of the mother or the fetus), family planning goals, economic factors, etc. However, since rape and incest are actual crimes, pregnancies resulting from such actions should be evaluated on a separate basis. The expectations of rape or incest victims with respect to their (entirely unwanted) pregnancies should be seriously considered by the healthcare and justice systems when reviewing such cases; any reason provided by a woman for requesting an abortion should be analyzed on its own merits. To date, there has been little research regarding the issue of rape/incest victims requesting abortions in terms of the legal and ethical issues involved. Due to the lack of statistical data available to analyze such cases in detail, no study has as yet been able to determine the prevalence of pregnancy resulting from rape or incest. The objective of the present study was to incorporate analysis of ethical issues into the legal debate regarding abortion as it pertains to victims of rape, using cases reported in the Turkish press.

What kinds of medical issues require ethical analysis? The availability of abortion often leads to the state and/or society claiming a right to intervene in women's decisions affecting their bodies, as contrary to the principles of bioethics, which grant primacy to the concept of bodily autonomy.

The subject of abortion raises several scientific, ethical, and religious questions pertaining to the concept of the soul. Since every religion and/or belief system has its own definition of the concept of the soul (NCo., 2016), there is no global consensus as to the nature of the soul or the idea of life after death.

The first category of questions involves the embryo or fetus itself. If a fetus or embryo is accepted as human, how does one determine at what point life begins (Harris, 1985)? Is it immediately after fertilization, upon implantation in the uterus, at some point during development of the embryo or fetus, or at birth? The second concerns whose rights take precedence - those of the embryo/fetus or the mother? The third concerns the act of abortion itself. Should laws regarding abortion have definite limits? Who has the right to decide what these limits should be (Harris, 1985)?

The answers to these questions are still being debated, as there is little consensus regarding the ethical-legal, biological, and psychological aspects of abortion. This article addresses abortion in terms of medical ethics, a subset of bioethics prioritizing patient and human rights, and with respect to medical ethical principles (e.g., do no harm, beneficence, autonomy, justice, truth-telling) which hold that every human has a worth irrespective of gender, age, religion, or nationality (Beauchamp & Childress, 1994.).

Ethical conflicts related to abortion may result from the involvement of various institutions, such as social service (especially child welfare) agencies,

religious councils, medical associations, non-governmental organizations, etc. (Denbow, 2005; Fromer, 1982; Patil BA, 2014). In addition to legal restrictions that already limit access to abortion, some individuals and organizations consider it their right to intervene in women's decisions regarding their pregnancies. Can pregnancy thus lead to the suspension of the individual rights of women and girls?

What happens to the victim? Limiting access to abortion punishes women and girls in four ways:

1. The trauma of rape can lead to long-term psychological issues, including post-traumatic stress disorder (PTSD), as well as various physical injuries, such as sexual/pelvic floor dysfunction issues (Postma, Bicanic, van der Vaart, & Laan, 2013; Samsioe & Abreg, 1996). Mutluer et al. (2017) found that children and adolescents who had been sexually assaulted experienced PTSD and had bilaterally smaller amygdala, hippocampus, and anterior cingulate, and a thinner prefrontal cortex (Mutluer et al., 2018), all of which play an important role in the formation and storage of memories and cognitive behaviors. During rape, victims may be conflicted as to whether to surrender or try to escape, and after the assault by negative feelings (e.g., feelings of being objectified, defiled, and/or alienated from their own body) (Halvorsen, Nerum, Oian, & Sorlie, 2013).

2. Secondly, for rape victims forced to continue their pregnancies, full recovery from the trauma of sexual violation is highly unlikely (Halvorsen et al., 2013), resulting in their being doubly punished.

3. The trauma of rape may reach its pinnacle when the victim gives birth (Howlett & Stein, 2016). This increases the duration and intensity of the anguish caused by rape, causing the victim to feel further traumatized at having been violated at the most intimate level and turned into merely a vessel, rather than an autonomous person who possesses inherent value in her own right.

4. After giving birth, the victim faces a new ordeal, having to decide whether to accept or reject the baby. The rapist may even claim parental rights. Individuals in the victim's community may continue to speak of the incident long afterwards, creating an unpleasant and possibly traumatic environment for both the victim and her baby (DG., 2015).

What happens to the fetus? The fetus is a living being that has the potential to be an autonomous person with full moral status only after birth. Unfortunately, as there is no empirical evidence concerning souls, any discussion rests entirely on a priori arguments (Gillon et al., 2001). However, brain development is a meaningful measure of consciousness, without which there can be no concept of moral behavior. A recent study has indicated that infants born at 22 or 23 weeks can survive independently of the mother with appropriate intensive postnatal care (Mehler et al., 2016). Fetuses do not acquire the ability to feel pain until the beginning of the third trimester (Lee, Ralston, Drey, Partridge, & Rosen, 2005). Can

sentience be considered a reasonable criterion for granting personhood?

Moral status, defined as the ability of a conscious being to make judgments regarding the morality of an action, is another important consideration in the ethical debate concerning abortion. According to Warren, the gradualist approach grants greater moral/ethical status to the mother than to the fetus (M.A., 1997). Contemporary bioethics thus makes no distinction between an embryo at 14 days and a fetus at 24 weeks (Patil BA, 2014). Sentience is among the criteria for autonomy, along with consciousness, the ability to think independently, responsibility for one's own behavior, free will, and experience. Gillon noted that other vertebrates also possess sentience, while stressing that they lack moral accountability (Gillon et al., 2001). Although the fetus itself lacks self-awareness, it is at the center of most arguments concerning abortion.

Materials and methods

This research was designed as a retrospective of ethical-legal issues pertaining to cases of compulsory pregnancy resulting from rape as reported in the Turkish press. The approach taken in analyzing the cases was based on human rights and ethical concepts. Key words were used to search Google and Turkish news organizations for the years 2010-2018. An exhaustive systematic review of incidents of sexual assault resulting in compulsory pregnancy was carried out by searching mass media, from newspapers to internet news websites. In determining the selection criteria, attention was paid to such factors as whether the same case was reported by other news agencies, whether a case was followed to its legal conclusion, and how the information was presented to and discussed by the public.

In choosing which cases to analyze, there were two main selection criteria. The first was determining the existence of barriers to the legality of abortion, including:

1. Requests for abortion can only be approved for individuals under the age of 18.

2. Pregnancies exceeding 10 weeks cannot be terminated.

3. Victims of rape/incest must make a formal complaint to the proper legal authorities, officers must collect evidence to prove that a crime occurred, and a medical report must be obtained (Appendix A).

Due to the amount of time involved to fulfill its requirements, a frequent consequence of the third condition, is the expirations of the legal period for an abortion.

Secondly, attention was paid to such factors as whether the same case was reported by other news agencies, whether a case was followed to its legal conclusion, and how the information was presented to and discussed by the public (Appendix B). A thorough legal analysis must take into account such factors as age, duration of pregnancy, and informed

consent, while ethical analysis incorporates a broader spectrum of factors by which to evaluate a case and according to which health care professionals can better understand the needs of the victim (before, during, and after pregnancy). The selected cases therefore included those that presented legal problems and in which one or more legal barrier existed.

We located 95 news items, categorized and counted these articles, evaluated the articles for content, and analyzed the ethical issues. Out of those articles, 14 concerned rape-related pregnancy cases (Appendix B). The six cases chosen for analysis in this study were carefully selected from newspaper reports dating from 2010-2018. When determining the selection criteria, a number of common features were identified that represent a large number of existing cases, including the age of the victim, whether the rapist was a member of the family, and at what stage in the pregnancy the victim requested an abortion, and requests for abortions resulting in different legal outcomes.

In addition, the author of this study also reviewed statistical data collected by the Turkish government. Two important reports were unearthed: (i) The Turkish Statistical Institute (TUIK) reported that accusations of sexual assault, including rape and harassment, have increased at all levels of Turkish society by 30 percent in the last five years (28, 29), and (ii) The Children's Rights Commission of the Human Rights Association's Istanbul bureau reported that 440,000 children under the age of 18 gave birth in the last 16 years. It also stated that 46% of sexual crimes were committed against children, and that the rate of child sexual abuse in Turkey was the third highest in the world. Children were found to have been abused in all settings, including in their dormitories and in schools by their teachers and school staff, as well as in their homes by close relatives. However, in Turkey only 5% of rapists were identified; the statistical reporting on this issue is therefore incomplete. As is often reported in news articles, many victims do not tell their family members until their pregnancy becomes visible, nor do they file complaints with the proper legal authorities. The cases selected for this study thus represent only the tip of the iceberg.

Evaluation of the Data: News reports of pregnancies resulting from rape were evaluated as qualitative data. Analysis of qualitative data includes organizing the data and categorizing it, researching patterns, identifying important points, and deciding how to approach the data for purposes of discussion (Bogdan & Biklen, 1998).

Limitations: This study was restricted to six sample cases due to space limitations. The cases are nonetheless varied enough in their details that they may be viewed as being representative of a much larger number of similar cases.

Results

This study is significant in that it analyzed the issue of abortion from a strictly ethical standpoint. When abortion is evaluated solely on the basis of legality, the autonomy of rape victims is compromised, and justice is not realized. The special circumstances engendered by cases of rape should be assessed from an ethical standpoint. This discussion should increase awareness of this issue and hopefully push societies to take more effective measures to prevent rape and incest, as well as to improve how their legal systems treat the victims. Those who have not had the misfortune to be a victim of rape or incest cannot fully comprehend how traumatic these crimes can be.

The cases analyzed in this study are as follows:

Incident 1: Ms. N.Y. was 26 years old and married with two children. After being sexually assaulted by a male relative, men in her village began referring to her as a "bad woman" or prostitute. To protect her honor she then killed her rapist. However, by that time she was approximately 20 weeks pregnant. She stated that she did not want the child and desired an abortion, even if it were to result in her death. Nonetheless, she was not able to procure an abortion and gave birth in prison in November 2012, after receiving a life sentence for murder (Arkan/Yalvac, 2016; H.N., 2016). The question of whether a 20-week-old fetus can be aborted was evaluated according to Article 99 of the Turkish constitution. N.Y. lived in a small village and was not able to travel to a city without her husband's knowledge to have an abortion. She was five months pregnant when she killed her rapist. Article 99 of the Turkish Penal Code (6) states abortions can be performed for medical reasons between 11-20 weeks (Birligi, 1984). It also (2) states that in the absence of medical necessity, a person who induces a pregnant woman to miscarry a fetus over 10 weeks old can be imprisoned for two to four years, even with the consent of the pregnant woman. Two rights are in conflict here: one is the right of the fetus to live, the other is right of the mother to bodily autonomy.

Incident 2: A 16-year-old girl's petition for an abortion was denied by the magistrates' court in January 2014 on the grounds that "ending the pregnancy is considered a violation of the fetus's right to life" barring exigent circumstances (Newspaper, 2014). The girl was 16 weeks pregnant at the time she submitted her petition, and likely was not aware that she was pregnant much prior to that. The court based its decision on Turkish law, which does not allow abortions after 10 weeks except in cases where the health of the pregnant woman is at serious risk or the fetus has severe disabilities or deformities.

Incident 3: A 14-year-old girl taken to a hospital with complaints of abdominal pain was discovered to be 2.5 months pregnant. The hospital authorities informed the police because they suspected that she was a victim of rape. The girl, accompanied by a psychologist, said that she had been raped several times by her neighbor. The police then detained the

person that she identified. The court granted permission for the pregnancy to be terminated (KAYA/ORTACA, 2016).

Incident 4: A 15-year-old girl was raped by her brother. The family, fearful of legal sanctions, tried to cover up the rape, putting the girl's life at risk by having a maternal aunt induce an abortion when the girl was 6.5 months pregnant. The aunt then buried the fetus. The girl's sister reported this to the police. The mother and aunt were taken into custody and the brother was sought by the police (KOCAER, 2009).

Incident 5: A 15-year-old girl was raped and requested an abortion when she was 9 weeks pregnant. Her request was rejected by the magistrates' court. The judge who examined her file stated that there was no regulation in place for children aged 15 and under in his jurisdiction and thus he could not issue a ruling regarding the termination of her pregnancy (Cumhuriyet, 2014).

Incident 6: The request for an abortion made by a 16-year-old girl who became pregnant as a result of rape was rejected by a local court, which declared that "the right to life of the fetus is more important than the mother's mental health". At the insistence of the girl's family, the prosecutor's office sent the case to a higher court. Citing the legal statute stating that "in the event that a woman is impregnated as a result of a crime, on condition that the victim is not more than 20 weeks pregnant and consents to an abortion, termination of the pregnancy will not be punished," the prosecutor requested that permission for the abortion be granted. The higher court found in favor of the girl. Had the family not persisted however, the 16-year-old victim would not have been able to receive an abortion (DEMİR, 2014).

Discussion

Our research illuminates the need to recognize and understand issues facing victims of sexual assault. Societies should aim to decrease prejudice against and infra-humanization (Baldry, Pacilli, & Pagliaro, 2015) of rape victims.

A report by the World Health Organization (WHO) stated that sexual assault may involve the risk of unwanted pregnancy; however, few studies have examined the likelihood of pregnancy resulting from rape (Organization., 2013). The National Women's Study in the U.S. found that 5.3% of the rapes of adolescent girls aged 12–17 years resulted in pregnancy and reported a similar rate for adult women, with 50% requesting to terminate their pregnancies (Holmes et al., 1996).

This study was carried out in the hope that it may lead to a more open discussion of relevant cases involving sexual assault and compulsory pregnancy, and also contribute to the literature on helping victims. Unfortunately, in many societies rape is explained away if not justified by certain assumptions (e.g., rape is somehow encouraged by the victim; it is merely an attempt to satisfy the rapist's sexual appetite or a misguided expression of

love) (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Keogh, 2007). In fact, tolerance of rape only serves to protect the rapist and further punish the victim; such punishment includes actions to protect the fetus if the rape results in pregnancy. In Turkey, there have been numerous reports of rape victims forced to marry their rapists in order to protect the honor of the victims and their families.

The World Health Organization considers sexual violence to be a serious public health and human rights problem. In particular, female rape victims face not only the violence of the assault itself but also the possibility of becoming pregnant and being forced to carry the child to term. Although many rape victims request abortions, the age of the embryo/fetus may present a significant legal obstacle. The victims discussed in the current study tried to hide their sexual assaults, preferring to keep it secret, out of shame or simply in an attempt to forget such a traumatic experience (Machado, Fernandes, Osis, & Makuch, 2015). The cases selected for the present study all occurred within the past 8 years, and the rape victims all faced the possibility of compulsory pregnancy as a result of the inadequacies of the legal system in this regard. Three of the victims whose cases are reviewed herein were not able to obtain a legal abortion because of the legal limits placed on the procedure with respect to the age of the fetus. These cases are worthy of special consideration as they call attention to the ethical issues pertaining to compulsory pregnancy. Examination of these ethical issues is the first step in a process that will ideally lead to legislation to address the injustices associated with compulsory pregnancy.

Reproductive and abortion rights are closely related to population policy. Evolving concepts of human rights, women's rights, and children's rights beginning in the second half of the nineteenth century have resulted in challenges to current population policies. The adoption of principles of medical ethics and bioethics and the codification of patient rights have led to the emergence of new perspectives regarding population control.

Rape is a serious offense whose negative effects, which include psychological damage and a significantly diminished quality of life (Mehler et al., 2016), are compounded further when pregnancy results. While rapists go free or, more rarely, receive prison sentences, their victims must deal with the trauma of rape and, sometimes, the problem of unwanted pregnancy as well (Arkan/Yalvac, 2016; Cumhuriyet, 2014; DEMİR, 2014; Kaya/Ortaca, 2016; Kocaer, 2009; Newspaper, 2014). Victims of rape who become pregnant as a result can request an abortion to at least end the trauma of unwanted pregnancy. This request should be assessed in terms of its medical, legal, and ethical dimensions, in accordance with the nature of the case.

Article 28/1 of the Civil Code of the Constitution of the Republic of Turkey states that the rights of the individual begin with live birth and end with

death (Meclisi, 1982). Civil Code 28/2 regulates the child's right to exist in the mother's womb. In other words, when a baby is born and takes his/her first breathe, he/she is granted full human rights in addition to legal rights. The Universal Declaration of Human Rights expresses the fundamental nature of inalienability in Article 1 thusly: "All human beings are *born free* (author's emphasis) and equal in dignity and rights." The use of the word "born" indicates that human rights do not apply to a fetus. The European Commission on Human Rights (1967) declared that "the life of the fetus is intimately connected with, and cannot be regarded in isolation of, the life of the pregnant woman" (Gillon et al., 2001).

The medical definitions of the terms "fetus" and "neonate" are consistent with those of legal and ethics regulations. However, doctors have an ethical obligation to protect both the patient and her fetus from harm (Lyerly, Little, & Faden, 2008); a conflict may thus arise between the interests of the pregnant woman and those of the fetus. In fact, the main basis for legal and medical principles regarding the status of the fetus is the fact that the fetus cannot survive independently of the mother before approximately 22-23 weeks, after which it is only possible with intensive neonatal care (Ishii, Kono, Yonemoto, Kusuda, & Fujimura, 2013). A fetus also cannot accept moral responsibility, because it has not undergone the brain development necessary for conscious thought. The ethical dimensions of fetal development are critical to an ethical understanding of the abortion debate. Does society place more importance on fetal rights than on the rights of the pregnant woman?

Doctors evaluate this issue within a legal-ethical framework. Principles of medical ethics (do no harm, beneficence, autonomy, decision making, and justice) provide a framework in which to assess the rights of the pregnant woman/girl (Flagler, Baylis, & Rodgers, 1997), fetus, and the specifics of a given case. Pregnancy should not mean loss of bodily autonomy for a pregnant woman, nor should society have the right to intervene in a pregnant woman's decision regarding her own body. The physician's priority should be to treat the rape victim while respecting her decisions. In order to prevent further harm to rape victims, physicians and ethicists must proceed from an ethical standpoint when making their evaluations.

In the first incident, a 26-year-old married woman killed her rapist. She was sentenced to life imprisonment and was not allowed to undergo an abortion because she was more than 20 weeks pregnant.

The victim in the second incident was a 16-year-old girl who only realized she was pregnant at 16 weeks. The court did not grant her permission for an abortion.

The third incident involved a 14-year-old girl who was 2.5 months pregnant. The court approved her

abortion because she was less than 10 weeks pregnant.

In the fourth incident, a 14-year-old girl who had been raped by her brother tried to solve the problem by herself instead of going to family court or requesting medical assistance from a healthcare professional. More comprehensive legislation is needed to protect such victims and should incorporate ethical principles with a view to human rights.

In the fifth incident, a 15-year-old girl was 9 weeks pregnant when she requested an abortion. The court rejected her request because there was no law pertaining to children 15 and under in its jurisdiction, and thus no regulation regarding the termination of pregnancy for minors.

The sixth incident concerned a 16-year-old rape victim who was 10 weeks pregnant at the time of her request for an abortion. Her request was rejected by the regional court on the grounds that a fetus's right to life was more important than the mental health of the mother. The family appealed the decision and permission for an abortion was granted by a higher court.

Although all the victims in the selected cases requested to terminate their pregnancies, only victim was initially granted permission for an abortion by the legal system. The social-legal community needs to understand that the relationship between a pregnant girl/woman who has been raped and her fetus is not adversarial; rather, both are victims of rape. When discussing the rights of the fetus, it should be kept in mind that a fetus is not granted personhood and moral responsibility, while the primary victim of the rape, the pregnant girl/woman, does have personhood and full human rights (Organization., 2013). The woman and girls in cases 1, 2, and 4 were raped and their requests for abortion were assessed solely on the basis of legality, whereas evaluations of their cases should have included ethical principles as well. The outcome of these incidents was loss of autonomy on the part of the rape victims, who were also subjected to psychological trauma, while the rapist either received either minimal or no punishment (Daro, 2006.; Flagler et al., 1997; Howlett & Stein, 2016).

Why is the importance of the victim's life not taken into consideration? Why is a fetus considered more important than the mother? Why are special medical and ethical evaluations not required for these women and girls? Goodwin (2016) has addressed these issues, stating that preventing access to abortion is a form of punishment of pregnant women. According to a report on human embryo research by the Nuffield Council on Bioethics, the modern bioethical approach is based on the concept of gradualism, which distinguishes the moral status of the embryo/fetus from that of the mother, and as such accords each a different worth (8).

In conclusion, requests for abortions by victims of rape and incest should be evaluated in terms of a medico-ethical-legal framework, so that the victims, rather than their rapists, are in a position to determine their future. Evaluations made on the basis of ethics will protect women's autonomy, prevent further harm, may improve the prospects for some form of justice, and help the healing process. Governments should consider ethics consultations when victims of rape or incest request abortions and expand legal regulations to that end.

Appendix B. Legalized abortion in Turkey.

1. Is it a legal right? Yes, abortion is legal in Turkey until the 10th week of pregnancy. Abortion that is not medically necessary is available upon request with the informed consent of the pregnant woman/girl.

2. If the mother is under 18 years of age, both she and her guardian must consent to the procedure. Girls under 15 years of age cannot be granted permission for an abortion solely with the consent of their guardians; they must first make a report to the judicial authorities.

3. Is a married woman required to receive permission from her husband? Yes. If the husband cannot accompany his wife to the procedure, then he must provide signed authorization. He must also provide documentation that he accepts full legal responsibility for the procedure. Without the permission of the husband, legal responsibility for the abortion resides with the physician.

4. If a pregnancy exceeds 10 weeks, under what conditions abortion is legal? Abortion after 10 weeks is only allowed if the pregnancy threatens the life of the mother, or in cases where the fetus is severely deformed, or the baby would be severely disabled.

5. If a woman (or girl) becomes pregnant as a result of being raped and wants to terminate her pregnancy before 10 weeks, is her declaration sufficient? A simple statement declaring "I was raped" is not sufficient; the woman must prove that she was raped. She must first file a complaint with the public prosecutor or the police, then undergo a medical check-up to furnish evidence of rape. Her pregnancy cannot exceed 20 weeks. According to Article 99 of the Turkish Penal Code (TCK) 5, obtaining an illegal abortion is punishable by imprisonment for a period of five to ten years.

If there is no medical necessity but the woman has given her consent, the prison sentence is for two to four years. If the woman is more than 10 weeks pregnant, the abortion is not legal. In such situations, a woman consenting to an abortion shall be sentenced to imprisonment for up to one year or be imposed a judicial fine.

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Cloning prospects in 21st century humanity: An ethico-theological discourse

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Abstract

Ethical and theological debates about human cloning are getting hotter in recent times. Nowadays, cloning research is more common than ever before because of developments in biotechnologies, public outrage, and religious and ethical issues. Yet, despite concerns about its effectiveness and safety and the potential danger, studies demonstrate that human cloning does not produce a class structure. This paper aims to contribute to the research and debate on human cloning from the perspectives of ethics and Christian theology. Using the descriptive and critical analysis methodology, the paper reveals that while it is unethical, human cloning still has the prospect of benefiting future humanity by appealing to sick persons, infertile couples, those who want to avoid undesirable genetic traits, single and same-sex couples, and parents who want to clone a dead child. It concludes by calling on public authorities around the world to exercise their statutory responsibilities to maintain the unity, coherence, and organization of new technologies in society along the dictates of the United Nations Universal Declaration of Human Rights, which recognizes the dignity, rights, and freedoms, and moral growth of humanity.

Introduction

Religion has been rattled by science, which has called into question human conceptions of God's might and the role that humankind plays in the cosmos. The popularity of cloning research is rising because of developments in biotechnology, public debate, and religious and ethical issues. Future generations may benefit from the advancements that result from these debates. Since the Industrial Revolution (IR), there have been both cautionary and optimistic expectations of technological and societal transformation. Although it is important to support the freedom of inquiry and discovery, opponents of human cloning technology have advocated that immoral scientific adventurism has to be reined. The moral limits of the United Nations (UN) declaration concerning human cloning may be called into question by biotechnological advances in the twenty-first century. For instance, the social teachings of the