Of Conjoined Twins and Cut Offs

The Lakeberg conjoined twins case deals with the moral issues of separating twins who share a six-chambered heart. In the event that no surgery is performed on the twins, it is estimated that they would continue to live until the age of two. The separation of the twins would result in one twin dying and the other, at max, a one percent chance of surviving the experimental surgery. The parents of the twins do not have the funds to pay for any of the medical care that the baby’s are and would receive. This meant that the money would have to come from the beneficent funds of the institution. It is decided by Loyola University that they would not perform the surgery even when the parents requested the surgery. In countries with forms of universal health care, there is never enough money to pay for all the health care wants and needs. In such a system it follows then that care needs to be rationed. The tight girth of money in such countries gave rise to forms of rationing. One such form is a policy in which babies born under a certain weight and before a certain time would not be given neonatal intensive care. A policy that generally reserves intensive care to very premature babies of which, the survival rates are low and there is an increased possibility for disability and disease, does not have enough benefits for the high costs. In socialized medicine such a policy is not unmoral. The opposing moral arguments of this policy are analogous to the disparity in the views on what action should be taken concerning the twins. Like the policy, the cost benefit of the surgery on the twins is not entirely worth the money. Therefore, I believe that the surgery should not be performed on the conjoined twins.

The Lakeberg twins are predicted to obtain two years of life out of their six-chambered heart before it would not be able to sustain their lives. If the surgery was performed and one twin dies while the other has the slightest possibility of surviving, the quality of life for that
surviving child could be diminished. The parents and physician of the children would have to decide which child they should try to save even if the success of the operation is equal in both twins. The parents would have to live with that choice. The feelings generated by their past choice could effect the child, especially if the parents feel that they should have saved the other child. The child would then feel as if they do not deserve to live and are unloved. Those feelings would be indicative of a diminished quality of life. In addition to the parent situation, if the child is able to live through the surgery there is no telling of the complications that could arise: long term disabilities. Such complications could potentially impede upon one of the twins volition and consequently not want to continue to exist. If the child only lived for a short time then there could be some serious complications. The child would be receiving intensive care and possibly even more surgeries so that the child is always on life supporting medical care. The quality of such a life though short would be severely diminished. The diminished quality of life if the surgery is enacted is more morally unjust than doing nothing and letting the children die a natural death.

This moral situation is similar to some of the policies in some nations with socialized medicine where rationing occurs. The policy is that unless it is determined that the child has good prospects and does not need extensive life supporting care then premature babies under a certain weight or born before a certain point in pregnancy are not given intensive and active neonatal care. Many of the very premature babies born have many health problems and or disabilities that can diminish the quality of life for the individual. The imbedded moral issue pertains to giving all the resources to attempt to continue a life that will end soon or will be diminished in quality, or make the child comfortable and let it die a natural death. It seems
morally right to not cause lasting harm in the form of diminished quality on a baby. Therefore, it is not morally unjust to withhold intensive care to immature infants.

There is also the necessity for a cost benefit analysis in both of the instances. The policy that was created in an environment where socialized medicine is prevalent it is necessary to consider the limited amount of money when there are limitless health needs. Rationing of care is thus utilized and cost benefit analyses are important in the distribution of money and care. The cost to save a premature baby is extensive and such funds for one baby that has a very high chance of not surviving could be diverted elsewhere more beneficial and where people were most likely to live. Also if they did give the money to that baby and they had a severe disease that further costs the system vast sums of money then it becomes less beneficial to fight vigorously for that one life. In the case of the conjoined twins, the surgery would cost at least a million and is experimental where the benefit was the extremely slim chance that one of the children would survive and be normal, and that medicine would be moved forward. This would cost the University a ton of money since the couple did not have any insurance to cover the costs. Then one needs to take into account the cost of any and all complications and disabilities that would arise as a result. Those lasting consequences would cost over a lifetime a great deal. For the amount of benefits it is not worth the costs, which would be at the expense of others that could use that money. Looking at the costs and benefits it is found morally defensible to not give expensive and intense life sustaining care to the twins.

An important argument against this position is that choosing not to give extensive care is killing, murder. In the cast of the twins letting one die for the other to live is not morally right. One life is not equal to another. In fact one life cannot be priced or valued. This idea is called the pricelessness of life. The problem that I see with this is that the argument does not
distinguish between killing (murder) and letting die. Some feel that there is no difference, but I see that there is. An example that is well accepted in American society is the idea of the ‘Good Samaritan.’ Say that I see two kids dying on my way to work in the morning. Though I am not the only one to see this situation I have two decisions ahead of me. One is to go and help being and be the ‘Good Samaritan.’ The other is to continue on with my life and potentially let this person die. This happens in the U.S. where we choose the latter since we are not held morally responsible for their death and that is not considered murder. In this case that would make letting both twins die not any ones responsibility. In the case of saving one in a sense you are being a ‘Good Samaritan’ by trying to save one even if you let the other one die since trying to help is still valued.

I have explained that it is morally just enough to ration the care given to premature infants. In addition there is no solid moral reason why one should go through with the surgery on the conjoined twins that has very little benefit. The rational stated for my view is not without flaw nor is it entirely right, but no moral dilemma has a clear right or wrong. The best that can be done is to strive for the most right for everyone.