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Mini Review

Hans Jonas' Thought on The Ethics of Research on Human Subjects: Implications for Contemporary Medical Research in Nigeria

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ABSTRACT

Hans Jonas' thought on the ethics of research on human subjects and its implications for contemporary medical research in Nigeria was examined. The thinking and teachings of Hans Jonas was on the need for medical research to advance beyond the use of animals for research and experimentations to research on human subjects. Jonas upholds the established view that medicine is an experimental science and that most medical advances are product of trial and error but goes further to argue that the use of animals such as rabbits, pigs, guinea pigs, rats and the like that share the same biological characteristics with human for different forms of medical research should be discarded because such do not give the appropriate information to the researcher. However, medical researches and experimentations in most developing countries seem not to have advanced beyond the use of experimental animals. Jonas argues that modern medical researches and experimentations should be carried out on human subjects with the view that it is humans alone that can give the appropriate information for treatment of diseases that plague human beings. Jonas also thinks that research on human subject seems to be necessary on the grounds that such appears to be one of the best avenues for training of contemporary medical students and for treatment of some debilitating diseases in the future.

Keywords: Human Research ethics, Nigeria, Hans Jonas

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INTRODUCTION

Research involving human subjects is a vital part of modern medicine. Many, if not most, of the new therapies produced at one point or the other required some amount of human experimentation. Small pox vaccines, the use of anaesthesia, organ transplants, the treatment of certain birth defects have at various points required human research. One of contemporary problems in modern bio-medical research is that modern medical and bio-technological experts tend to use and abuse human beings as raw materials for researches and experimentations.

Hans Jonas stated that humans, and not animals, should be used as objects of research since they are the beneficiaries of such researches. He also believed that human being himself is the best material to be used in testing the workability of drugs and others means of acquiring information about human life. He held that in the end human beings must furnish knowledge

about themselves. Jonas further justified himself by arguing that the individual good should be subsumed under the common good of the society. If his thought is something to go by, why must human beings be experimented upon? Are human beings means to an end? More so, what will be the justification for wanting the individual interests to be subsumed under the common good without any measure of compensation? What should be our justification for using individuals to test the workability of any drug? What should be our long-term benefit for the individuals who are used for such practices? What are the efforts of the legislating bodies in Nigeria towards containing the circumstantial and situational issues involved in research involving human subjects in most developing countries? What are the implications of such experimentations on human beings and health policies in Nigeria?

This review is expository in nature, analytical in approach and objective in assessment. It exposes the thought of Hans Jonas on the experimentation on human subject, analyses the

issues involved in such matter and objectively assesses the thought of Hans Jonas with a view to understanding his reasons for arguing that researches and experimentation need to advance from the use of animals to that of human beings.

Overview of Researches and Experimentations on Human Subjects

During the second world war, it was found that some German doctors and scientists performed fatal experiments on inmates at the concentration camp without their consent. The subsequent trial of the Nazi doctors and scientists in Germany (1946-1947) culminated in the first attempt to define boundaries of scientific research involving human subjects. The Nuremberg Code, brought about by the trial, set the standard for future legislations on the conduct of human experimentation (Flaherty & Stevens, 2001; Nwabueze, 2003). However, the Nuremberg code suffered a major setback when it was observed that it lacked legal force on the individual states or countries. Subsequently, four other major international guidelines for the protection of human subjects' right of informed consent in experimentation were evolved - the Declaration of Helsinki (World Medical Association, 1964; 2013), the International Covenant on Civil and Political Rights, (ICCPR, 2013), the World Health Organization's CIOMS Guidelines (CIOMS, 2002), and the Belmont Report (1976).

Although there are established rules regarding trial of drugs and other forms of experimentations in the developed countries of the world, such rules are hardly found in the developing countries. Nathanson (1992) stated that the efficacy of most of the drugs and other new therapies that are produced by multinational companies in Europe and America are tested in African and other developing countries of the world. It is also an established fact that developing countries such as Nigeria had several tastes of human experimentations (Lurie et al, 1994). The immunization trial test in Kano, Nigeria left several children dead (Jegade 2007), the vaccination activity in Oturkpo (Benue State, Nigeria) (Dzurgba 2005), the widespread distribution and applications of abortifacients by several government hospitals and clinics to women in Nigeria (Ehusani 1990) are ready examples.

There are several practices in modern medical and biological sciences that touch the life of human beings at different stages of development in recent times. While Hans Jonas thinks that such experimentations should be encouraged some others think that such practices commodify humanity and negate the humanity of human beings. Research on human subject has to do with experimentations that are carried out on human beings at different stages of development. These studies are carried out with the thought of therapeutic interest and sometimes for the purpose of acquiring new information regarding such problems so as to tackle similar problems, should they occur. Such studies could be carried out on a fertilized ovum, foetus, infants, toddlers, adolescents, teenagers, married men and women, pregnant women, physically challenged people, elderly members, mentally retarded people, and even cross fertilization of human and animal germ cells. These researches are said to be done so as to understand problems of that nature in order to learn and to teach future medical and biological experts on the measures to

take in future. Meanwhile, such researches are most often carried out without the clear knowledge and consent of those research subjects.

An Italian Daily Newspapers (Avvenire, Wed., 18th Feb., 1998) reported a case of over sixty embryos that were transplanted into some women who were not their biological mothers and at the same time, they were not consulted. That report calls to question the issue of consent in ethics. There was a case of the trial of a immunization drug by Pfizer Pharmaceutical Company in Kano, Nigeria where several children were killed and many others maimed (Wise, 2001; Kovac, 2001; Lenzer, 2006). This also calls into question the issue of the right time to use human beings for research purposes. The issue is: why should such experimentation be carried out on such persons? We acknowledge the fact that modern medicine is a product of trial and error with the available drugs but why should human beings be deprived of their basic dignity and rights because of the desire of the medical experts' interest in learning?

Hans Jonas (10 May 1903 – 5 February 1993) was a German-born Jewish philosopher and medical ethicists. He was the chairperson of the American Bio-Ethical society. He has argued in some of his articles that the best species of being to be used in testing the workability of some of these drugs and others means of acquiring information about human life is the human being himself. The physical experiment employs small-scale, artificially devised substitutes the knowledge to be obtained, and the experimenter extrapolates from these models and simulate conditions to nature at large. Accordingly, nothing deputizes for the human being and that no such substitution of that nature is possible in the biological sphere. He insisted that we must operate on the original itself, the real thing in the fullest sense, and perhaps affect it irreversibly (Jonas 1993a). Jonas (1993b) further noted that no simulacrum can take the place of man in medical research. Accordingly, experimentation in the human sphere loses entirely the advantage of the clear division between vicarious model and true object. Jonas further argues that animals may fulfil the proxy role of the classical physical experiment. But in the end, man himself must furnish knowledge about himself, and the comfortable separation of noncommittal experiment and definitive action vanishes. In his book titled *The Phenomenon of Life*, Hans Jonas argues that we act so that the effects of our actions are compatible with the phenomenon of life. Man is presented as a matter that could be used as a means to some other ends. But is man purely a matter without forms? But man in the African perspective is thought of as an embodiment of different components? In his book titled "*The Imperative of Responsibility*," Jonas asserts that the nature of human action has changed over time due to the growth in technological powers, and since ethics concerns action, the nature of ethics must change as well (Jonas 1984a). In another sphere, Jonas (1984b) stated that technological change forces us continually and unavoidably into none but unprecedented situations for which the lessons of our experiences are powerless.

Why does Jonas insist that we have to experiment on human beings knowing full well that humanity share the same biological nature with lower laboratory animals. Does his phenomenon of life show that human beings are mere material

objects? What was his conception of human being? And what are the implications of his thought for Nigerian nation knowing full well that there are endemic problems such as malaria in Nigerian that require studies and experimentations on non-human subjects in order to resolve them?

Jonas thinks it is only human beings that can furnish medical experts with the appropriate knowledge about humanity. His teachings are organized in stages and one needs to follow his thinking so as to decode his reasoning and arguments properly.

The Peculiarity of Human Experimentation

According to Jonas (1993c), experimentation was originally sanctioned by natural science. Then it was performed on inanimate objects, and this raises no moral problems. But as soon as animate, feeling beings became the subjects of experiment, as they do in the life sciences and especially in medical research, this innocence of the search for knowledge is lost and questions of conscience arise. The depth to which moral and religious sensibilities can become aroused is shown by the vivisection issue. Jonas (1993d) is of the opinion that human experimentation must sharpen the issue as it involves ultimate questions of personal dignity and sanctity. One difference between the human experiments and the physical experiment is that the physical experiment employs small-scale, artificially devised substitutes for that about which knowledge is to be obtained. The experimenter extrapolates from these models and simulates conditions to nature at large. In this case, something deputizes for the "real thing", electric discharges from a condenser is taken for real lightning, and so on. For the most part, no such substitution is possible in the biological sphere. No simulacrum can take its place. Especially in the human sphere, experimentation loses entirely the advantage of the clear division between vicarious model and true object. Up to a point, animals may fulfil the proxy role of the classical physical experiment. But in the end man himself must furnish knowledge about himself, and the comfortable separation of noncommittal experiment and definitive action vanishes.

Accordingly, an experiment in education affects the lives of its subjects, perhaps a whole generation of school children. Human experimentation for whatever purpose is always also a responsible, non-experimental, definitive dealing with the subject himself. And not even the noblest purpose abrogates the obligations this involves. But can both that purpose and this obligation be satisfied? If not, what would be a just compromise? Which side should give way to the other? The question is inherently philosophical as it concerns not merely pragmatic difficulties and their arbitration, but a genuine conflict of values involving principles of a high order. In principle, Jonas felt that human beings ought not to be dealt with in that way (the "guinea pig" protest); on the other hand, such dealings are increasingly urged on us by considerations, in turn appealing to principle, that claim to override those objections. Such a claim must be carefully assessed, especially when it is swept along by a mighty tide. Putting the matter thus, Jonas (1993d) thought that we have already made one important assumption rooted in our "Western" cultural tradition: The prohibitive rule is, to that way of thinking, the primary and axiomatic one; the permissive counter-rule, as

qualifying the first, is secondary and stands in need of justification. We must justify the infringement of a primary inviolability, which needs no justification itself; and the justification of its infringement must be by values and needs of a dignity commensurate with those to be sacrificed.

Issues in Jonas' thought on Research on Human Subjects

Karl Peschke (1993) classified Studies on human subjects as either therapeutic or non-therapeutic. It is therapeutic if treatments that are not sufficiently established are undertaken for the benefit of the patient. It is non-therapeutic if the procedures tested have the advancement of medical science and the benefit of others as their purpose. Such view of Peschke is also held by Andrew Varga (1990), Thomas Shannon (2009), and some other scholars in bio-ethics. Peschke and other Scholars' divisions of experimentation on human subjects as either therapeutic or non-therapeutic will assist us in our analysis and assessment of human experimentation. However, it is also worth noting that there are studies that are neither therapeutic nor non-therapeutic.

Primitive men, women and ancient healers, trying to treat diseases, must have acted on a trial and error basis until an accepted medical practice had developed with respect to the cure of certain illnesses. According to Andrew Varga (1990), governmental supports of some of the experiments on human subjects have brought about further use and misuse of the human being. And the fundamental issue that tend to generate debates on the use of human beings for research purposes is the question of the humanity and personhood of some human beings. According to the United Nations Declaration of Human Rights (Varga 1990), every human being is an absolute and an inalienable being with dignity, respect and rights. If that is acceptable, who then has the rights to experiment on other human being? And who permits researches on other human beings? Werner Wolbert (2006) is of the opinion that every human being is a human person by virtue of belonging to the human family. Accordingly, every human person has the dignity that is accruable to human beings and such dignity ought to be respected, protected and promoted. He further argues that to respect, protect and to promote such dignity is the obligation of all human beings in position of authority. If the view of Wolbert is to be upheld in such a radical manner, what becomes of medicine as an experimental science in which trial and error has been its bane? Meanwhile, Wolbert's view will assist us in our discourse of Jonas' position on the rationality of human experimentation.

The issue of consent is one of the central issues in the research involving human subjects. According to Thomas Shannon (2009), the key issue in research is consent. Accordingly, it protects the patients' autonomy. By consenting (or not consenting) to the research, the patient has assumed control over his or her life. He goes further to state that consent protects human dignity. The patient is recognized as a centre of value that cannot be used as an object. For Shannon, consent is functional in that it reassures the public that they are not being manipulated or deceived. Consent is seen as promoting trust between the subject and the physician. Shannon further opines that consent can help research project, that the subject can perhaps provide better information, be

more cooperative, and especially be more diligent in fulfilling the requirement of the study. According to Chintu (2005) individual human rights should be preserved and respected in research. It is therefore important that participants in any research should be informed about the research, its objectives, risks and benefits.

It is pertinent to note that the issue of consent takes different dimension in an African setting. According to Chintu (2005), in an African setting and certainly in some other ethnic groups, community decisions assume more importance than individual opinions. In certain conditions, people are isolated in certain countries. In essence, the issue of individual and community informed consent is one which should be considered when designing research in Africa. In most societies in Africa, the traditional rulers decide for his subjects. In such a situation, whose consent should be sought? How could one explain research situation in most developing nations of the world where poverty is their bane? Is it feasible to have a voluntary consent without overt or covert situations or better still, concealed coercion? Where employment situation is so difficult, is it possible to (or to refuse to) consent to the demand of the employer for research considering job situations in most developing countries of the world and Nigeria in particular?

It is an open knowledge that human beings including the physically challenged, toddlers, infants, children and even adults, have become objects for various forms of researches and experimentations. And not only that, they have become sources for acquisition of various organs for transplantation and for replacement of the debilitating ones in some human beings. Litchfield and Kentish (1999) have proceeded to present a report of an experiment carried out on a matured, living human foetuses, to study the metabolism of glucose in the human brain. Some aspects of the methodology were described as follows: *The large blood vessels in the neck (carotid arteries, vertebral arteries and jugular veins) are prepared anatomically and tubes of adequate width are inserted into them. All these have to be done without anaesthesia to avoid the brain from being altered by the anaesthetic. The child's head is cut off. The blood is collected treated with anti-coagulants and put into a pump which functions like a "heart". The pumps, connected to the aforementioned system of tubes and cannulas makes the blood circulate in the baby's head. The blood flows, being oxygenated and deprived of carbon dioxide by means of an apparatus which functions as a "lung". Samples of venous and arterial blood are collected, and the "glycaemia" is measured. The difference between the glucose content in the arterial and the venous blood shows how the brain uses up glucose in a given period of time. The head of the child was kept alive throughout the period of the experiment. When it dies it becomes useless because, at death, the metabolism of glucose stops, together with all the other biochemical functions. However, while living it perceives painful stimuli from the rest of the body, despite being separated from it. The stimuli derive from sensitive nerves which have been cut and the brain "projects" them towards the periphery as if the body were still there (of the phenomenon of "ghost" joint in amputations).*

The peculiarity of human experimentation was originally sanctioned by natural science (Hans Jonas, 1993). Then it was performed on inanimate objects, and this raised no moral problems. But as soon as animate, feeling beings become the subjects of experiment, as they do in the life sciences and especially in medical research, this innocence of the search for knowledge is lost and questions of conscience arise. The depth to which moral and religious sensibilities can become aroused is shown by the vivisection issue. Human experimentation must sharpen the issue as it involves the ultimate questions of personal dignity and sanctity. But should humanity stop thinking of progress in medical science because of the fact that it hurts the feelings of some persons in the society? And if we must use others for the advancement of the society, who should be the 'others' that are good for communal sacrifice and what should be our justifications for such act?

The key issues that emanate from Hans Jonas' arguments for experimentation on human subjects can be discussed under two broad categories. They are: the object of experimentation (the persons to be experimented upon) and the grounds for such experimentations.

Object of Experimentation: Hans Jonas is conscious of the fact that animals such as rabbits, mouse, guinea-pigs, and some others have been the objects of experimentations in medical, pharmaceutical and biological sciences from ancient times. Jonas admitted that such experimentations have been sanctioned from ancient times because of the fact of some biological and genetic affinities with humanity. But Jonas felt that such experimentations, though good in themselves, do not give humanity and the biological experts the much-desired result as most of the product of such experimentations do not produce the much-desired satisfaction.

The desire for better result and positive effects of researches and experimentation appear to have influenced Hans Jonas' arguments for research on human subjects. Accordingly, it is only research on human beings that can give proper and accurate information regarding human nature. Jonas argues that experimentation involving animals and other beings can only give some information but not all the necessary information that is needed for proper and authentic human development. The first question that such thought generate is the question of the person to be used as 'guinea pig' for the advancement of others. In the words of Jonas (1993) "We must operate on the original itself, the real thing in the fullest sense, and perhaps affect it irreversibly." In essence, it is only human beings that can give the most important and the most desired information about human life and all that is needed for authentic human development. It also follows that any human being that could be experimented upon should know that he or she is contributing to the welfare of the human community. He or she should be made to know that prosperity would never forget his genuine contribution to the common good of humanity. Such persons should know that there could be irreversible effects of such experimentations on his life. It must be noted also that if a person should be affected positively or negatively for the purpose of advancement of the good of humanity such a sacrifice should be a welcome development. The question is: how do we select such human beings for experiment? Where

should such a being come from? What should be the gender? What should be the person's social, political and economic position? And why do we think such a person should be selected? Jonas believes that anybody could be used for research purposes. He goes further to ask a question: "Who is conscriptable?" The spontaneous answer accordingly is: the least and last of all the sick- the most available source- as they are under treatment and observation (Jonas, 1985). In essence, it is the sick that are always available for various forms of researches and experimentations. Accordingly, the use of such human being is an inescapable necessity. Jonas holds that in acknowledging this inescapable necessity, we enter the most sensitive area of the whole complex, the one most keenly felt and most searchingly discussed by the practitioners themselves. This issue touches the heart of the doctor-patient relation, putting its most solemn obligations to the test. Some of the oldest virtues of this area should be recalled.

In the course of treatment, the physician is obligated to the patient and to no one else (Jonas, 1981). He is not the agent of society, or of the interests of medical science, the patient's family, the patient's co-sufferers, or future sufferers from the same disease. Jonas holds that the patient alone counts when he is under the physician's care. By the simple law of bilateral contract (analogous, for example, to the relation of lawyer to client and its "conflict of interest" rule), he is bound not to let any other interest interfere with that of the patient in being cured. We may speak of a sacred trust; strictly by its terms, the doctor is, as it were, alone with his patient and God. There is one normal exception to this that is, to the doctor's not being the agent of society vis-a-vis the patient, but the trustee of his interests alone, the quarantining of the contagious sick. This is plainly not for the patient's interest, but for that of others threatened by him. (In vaccination, we have a combination of both: protection of the individual and others.) But preventing the patient from causing harm to others is not the same as exploiting him for the advantage of others. And there is, of course, the abnormal exception of collective catastrophe, the analogue to a state of war. The physician who desperately battles a raging epidemic is under a unique dispensation that suspends in a no specifiable way some of the structures of normal practice, including possibly those against experimental liberties with his patients.

Jonas argues that no rules can be devised for the waiving of rules in extremities. And as with the famous shipwreck examples of ethical theory, the less said about it the better. But what is allowable there and may later be passed over in forgiving silence cannot serve as a precedent. Accordingly, we are concerned with non-extreme, non-emergency conditions where the voice of principle can be heard and claims can be adjudicated free from duress. We have conceded that there are such claims, and that if there is to be medical advance at all, not even the superlative privilege of the suffering and the sick can be kept wholly intact from the intrusion of its needs.

Grounds for Experimentation: According to Jonas the desire, interest and the needs of the society determines the needs, interest and desire of the individuals. Jonas (1993) argues that we concede, as a matter of course, to the common good some pragmatically determined measure of precedence over the individual good. In essence, the desire of the

community supersedes the desire of the individual. In other words, the desire of the community which may be the health of her members could necessitate the vicarious sacrifice of one of her members. In terms of rights, Jonas argues that we let some of the basic rights of the individual be overruled by the acknowledged rights of society. As a matter of right and moral justness and not of mere force or dire necessity (much as such necessity may be adduced in defence of that right). In view of the following, the right of the community supersedes the acknowledged rights of the individuals. In essence, the community needs and interest are superior to the individual needs and interests. How can we defend such a position that the social good supersedes, determines and even subsumes the individual goods? What then is the face of the society? What is the good of the society that necessitates the sacrifice of some persons in the society? Why should some members of the community be selected and sacrificed for the common good? What should be the yardstick for such selection? What becomes of the individual consents and how do we sacrifice such consent for the common good? What constitutes a common good and how do we determine a good that is common to all humanity? If such a good exists where could we find it – could it be among the whites, blacks, Indians, Talibans and so on?

Jonas (1993) also holds that we must face the sober truth that the ultimate ratio of communal life is and has always been the compulsory, vicarious sacrifice of individual lives. Jonas is of the opinion that the primordial sacrificial situation is that of outright human sacrifices in early communities. Accordingly, these were not acts of blood-lust or gleeful savagery; they were the solemn execution of a supreme, sacral necessity. One of the fellowship of men had to die so that all could live, the earth be fertile, the cycle of nature renewed. The victim often was not a captured enemy, but a selected member of the group. Human sacrifice was a common practice among the primitive societies in the ancient time. Such act was carried out as a way of best sacrifice for God in view of placating him and making him more friendly and helpful to them. According to Mbiti (1990), African people respond to the spiritual world through sacrifice and offerings. Items for such sacrifices include human beings among other things.

Human sacrifice was one of the best sacrifices that humanity in ancient times, and Africans in particular, has given to God as a way of making God friendlier. As a practice in ancient time, a member of the community may have to be sacrificed for the common good of the community. In most African societies, it was thought of as the best way to appease the Supreme Being, the deities and other lesser gods. More so, human sacrifice was understood in most African societies as a way of cleansing the land. Such could be thought of in most primitive societies. Meanwhile, the same act of human sacrifice that was carried out by the Africans was termed barbaric and savagery by the early missionaries and explorers. One of the basic facts that we need to affirm is that human sacrifice was part and parcel of the ancient societies. It was understood as one of the best sacrifices that humanity ever offered to the Supreme Being. It is worth noting that such sacrifices were common place in the primitive era and not contemporary times. But do we need to sacrifice some members of the community for the communal progress and

development in the contemporary times? In a quick response to the question raised above, it is worth stating that the sacrifice in question is the need for experimentation on some members of the community to determine which particular drug or vaccine is helpful to the general functionality of the human system. What then is the connection between the sacrifice of a member with the fertility of the land?

One of the issues that will emanate from Jonas' thought is the discourse on the trans moral dedication wherein he stated that if he was called upon to offer himself for medical experimentation in the name of the moral law and he said that he would wish to give his own body as well. How does he intend to achieve that and how realistic is such a view taking into cognizance the fact that human beings are egoistic by nature?

The central issue in the ethics of research on human subjects runs around the problematic area of individual good versus the community good. In Jonas' thought, the individual good needs to be sacrificed for the communal goods. It is to be borne in mind that moral issues are principally individual issues, reason being that moral issues starts from the individual action, reaction and decision. According to Joel Feinberg (1990) man is naturally egoistic and pleasure-seeking. Also, man seeks self-gratification and self-promotion. He noted that all human actions when properly understood can be seen to be motivated by selfish desires. The only thing anyone is capable of desiring or pursuing ultimately as an end in itself is his own self-interest. Man does these at the detriment of his fellow man. Man can be altruistic in that they desire things other than their own welfare but they do such as means to their own happiness. In essence, the use of human subjects for research purposes seem to be meant to give the researchers their desired satisfaction and not for the good of the objects of research.

On the other side, the rightness and wrongness of human actions are more often determined by the community. This seems to be the thought of Hans Jonas in his arguments for research on human subjects. According to Menkiti (2005) as far as Africans are concerned, the reality of the communal world takes precedence over the reality of individual life, activities and history. And this primacy is meant to apply not only ontologically, but also in regard to epistemic accessibility. It is rootedness in an on-going human community that the individual comes to see himself as a man, and it is by first knowing this community as a stubborn fact of the psychophysical world that the individual also comes to know himself as a durable, more or less permanent, fact of this world. In essence, Menkiti argues that communal good is superior to the individual good. In line with the thought of Jonas, communal good supersedes individual good.

From the foregoing, it may be inferred that Hans Jonas belongs majorly to the group of ethicist known as deontologist with some soft spots for consequentialist theories, particularly utilitarianism. This is based on the fact that his thoughts on research on human subject are centrally humanitarian and are based on the desire for common good of all. He argued that there is the need to experiment on human being since that is the only means by which we can acquire the requisite information and knowledge for the advancement of the human being and human community. On the one hand, he argued that

any human being can be experimented upon for the good of humanity. On the other hand, his argument that the sick may be experimented upon is also opened to every human being since any person could be sick and could need the assistance of the medical experts.

Hans Jonas' thought could be looked upon as being universal in nature. In line with his argument, human race needs to be protected. Meanwhile, there is no way for a person to protect all without losing some members of the community for majority of the people to survive. And one of the major ways of doing this is that there is the need to experiment on human subject so as to know how to take care of human problems in general and the African predicament in particular. It is in this way that the future of humanity can be saved. In this way, Jonas also displayed his deontological thought system. It is obvious that different illnesses and diseases have plagued human life and history from ancient times till the present and there is the urgent need for knowledge and control of such ailment in the contemporary society.

The presence of diverse ailment in the human society at large has continued to put humanity under undue pressure regarding the control of such diseases and the survival of humanity. Some of these diseases are tropical. For example, malaria fever, typhoid fever, sickle cell. These diseases are prevalent in the sub-Saharan Africa and would need particular approach to treat them. It is in view of this thought that Hans Jonas' argument that one should act so that the effect of his action does not only reflect the phenomenon of life but also enhance the joy of the living is very timely.

Implications of Jonas' thought for Nigeria

The overarching objective of clinical research is to develop generalizable knowledge to improve health and/or increase understanding of human biology; subjects who participate are the means of securing such knowledge. By placing some people at risk of harm for good of others, clinical research has the potential for exploitation of human subjects. Ethical requirements for clinical research aim to minimize the possibility of exploitation by ensuring that research subjects are not merely used but are treated with respect while they contribute to the social good.

Based on Jonas thinking and teachings, human beings as not only seen as ends in themselves, they are also serving as means to some further ends for the entire humanity. Accordingly, it is only human subjects that can give the appropriate, accurate and much needed information regarding humanity. This line of thinking and teaching no doubt have their implications for Nigerian society.

From an understanding of the various strands of his thought and arguments, Jonas believes that is both a primary good and a public good. It is a primary good because without health all other goods are no longer important for the individual and the society. Health is also a national good for a country such as Nigeria that is in dire need of healthy individual, healthy environment and freedom from social and economic sicknesses. All necessary efforts are made to improve on the health of the people so as to bring about the much-desired quality of life of the people and the entire society.

Being an experimental science, medicine cannot afford to stop experimenting with human subjects. And the high prevalence of malaria, hepatitis, HIV/AIDs and other endemic diseases in the African society and Nigeria in particular, makes such experimentation a necessity. How could the Nigerian nation get rid of malaria fever and some other notorious illnesses in the country with the view of bringing about a healthy nation? There is need to experiment some of the new medical discoveries and therapies on some sick members of the society and even on some healthy members for the good of the Nigerian nation. But in trying these therapies, there are issues that should be guided against some of which have been pointed out earlier.

Those to be experimented upon need some form of incentives and these should be employed as a preferred tool of policy in many areas of public life: with incentives, those to be experimented upon would not appear to be used as tools but will feel that their sacrifices are not only known but they are taken care of. Most of the time and in most areas of life, incentives are employed without ethical qualms. Indeed, incentives are generally taken to be an ethically unproblematic approach to achieving public policy objectives especially as it relates to the health of the nation. If human beings must be used for experiments, the subjects need to be given incentives as a form of motivation and compensation.

Conclusion:

As a primary good, health is the prime focus of every society. Health of the nation is (or ought to be) the prime focus of every nation in Africa. It is the basic belief of most Africans and Nigerians in particular that the government of their nation is put in place to provide among others, the health needs of the Nigerian citizens. This implies that Nigerians cannot shy away from their primary need which is the health of their members. If health of the nation is a primary need, how do we run away from the means of achieving that primary need of the Nigerian nation? Jonas also sees health as a public good; as a result, health tops the developmental needs of every nation. In that light, health of the Nigerian nation ought to be placed above every other need of the Nigerian nation. In essence, there is need for government of the nation to provide good health of mind and body to her teeming population before she can think of good road, portable water, and other developmental needs of the nation. This also implies that the government needs to place the issue of the health of her citizens over and above other developmental needs. If the government of a nation such as Nigeria is to achieve this desired goal, she must create enabling environment that will encourage human experimentation without jeopardising the rights of individuals.

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