

# Medical Intent and Ethical Uncertainty of a Designer Child in Jodi Picoult's *My Sister's Keeper*

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**Abstract**—Jodi Picoult's *My Sister's Keeper* portrays, a family grappling with the ethical and emotional challenges posed by the conception of a designer child. The story centres on Anna Fitzgerald, a child genetically selected to serve as a donor for her sister Kate who is suffering from leukaemia. This situation raises complex questions about identity, bodily autonomy and the psychological burden placed on children born for medically intended purposes. By applying Beauchamp and Childress's *Principles of Biomedical Ethics*, this study investigates the tension between Anna's individual autonomy and the medical purposes imposed on her existence. It examines how the novel critiques conventional bioethical assumptions by highlighting the psychological and moral impact on children conceived for medical reasons. The research further explores how medical decision making affects personal agency and challenges traditional views of family, autonomy and identity. This study also emphasises the need for ethical frameworks that balance medical necessity with respect for individual dignity and self-determination. This research ultimately contributes to the growing field of literature and bioethics by demonstrating how fictional narratives can offer critical insights into real world ethical debates.

**Index Terms**—bioethics, savior siblings, autonomy, identity, artificial reproductive technology

## I. INTRODUCTION

Scientific and Technological advancements were originally intended to enhance human welfare. It is sometimes misused for personal gain or to harm others. At the same time, these advancements have opened new possibilities in various fields, including parenting. Starting a new family is a personal decision. Some parents choose to leave it to destiny, believing that their children will naturally turn out to be ideal. However, not all parents are blessed with the epitome of children they hope for. Recent advancements in biotechnology have significantly contributed to the rise of assisted reproductive technologies by showing how parenthood is understood and experienced in new ways. These innovations have enabled career-oriented women, same sex couples, single mothers and infertile couples to realise their dreams of parenthood. Among the most ground breaking and controversial developments is the concept of the designer child, where reproductive technology allows parents to shape their children according to specific preferences. A designer child is a child whose genetic composition has been purposefully altered by means of sophisticated reproductive technologies, such as Preimplantation Genetic Diagnosis (PGD) combined with In Vitro Fertilization (IVF). The goal of creating a designer baby is to select or modify specific traits, often to enhance health, preventing genetic diseases or even influencing physical or intellectual characteristics. "The term 'designer babies' may be used to refer to a range of reproductive techniques including the use of sex selection techniques to prevent the birth of children with x-linked diseases" (Aznar, 2014, p. 1). Designer babies have become quite common in the medical world. Most importantly, scientists developed this new method to become the best medical prevention for threatening disease. In the near future through the rapid advancement of technology, designer children will be selected to have specific physical attributes such as hair colour, eye colour and height. The use of this new technology is morally defined by the criteria that society chooses to lead the person. As the advanced technology become more sophisticated, it is also used for non-medical purposes. In an article, "whether or not a medical alternative to the production of designer babies exists, since if so, their generation would be doubly unjustified" (Aznar, 2014, p. 7). Though people are developing continuously, the designer baby method is controversial in this modern era. Some people believe that making their own demands in order to have ideal children is appropriate. Others believe it to be incorrect. Because designer children are essentially different from other children in their family or in society, parents who choose to have a designer baby sometimes fail to think about what will happen to them in the future. This controversy is exacerbated by the possible consequences that may arise in the future for designer children. Parents who opt for designer babies may not always consider the long-term implications. There are ongoing concerns regarding the treatment of children with engineered traits in relation to other family members and within society. There is uncertainty about whether they will receive adequate care and fair

treatment. As these children mature and realise their beginnings, they begin to look for reasons for disparities in treatment which could result in complicated social and psychological interactions. Therefore, the ethical ramifications of producing designer babies extend the parent's immediate decisions and impact on larger cultural views as well as the welfare of people creating using these technologies. Ethical concerns arise regarding individual autonomy and social inequality, as unequal access to these technologies may lead to disparities in the selection of desirable traits among individuals and families. As society deals with these ethical dilemmas and regulations are essential to establish guidelines that balance the probable benefits and risks of designer baby technologies. Striking balance that upholds individual choice, respects ethical principles and safeguards against potential misuse is essential as the field continues to evolve.

Adam Nash who was recognised as the world's first designer baby was born on August 29, 2000 in the United States. Adam's parents picked him as a donor for his sister Molly, who suffers from Fanconi Anaemia, a rare hereditary condition (Alnasir et al., 2019). Molly was at danger of dying if a bone marrow transplant was not performed. She would not have survived till the age of ten. Faced with the challenge of finding the suitable donor, Molly's parents opted to explore new medical technologies. They use In-Vitro Fertilization (IVF) and Pre-implantation Genetic Diagnosis (PGD) to select an embryo that does not contain the disease-causing gene. This embryo would not only become Molly's brother but also serve as a bone marrow donor for her.

The Nashes created 30 embryos and went through four rounds of in vitro fertilisation (IVF) to finally produce Adam, who was the match Mollie needed. Of course, the ethics of the disposition of the 29 other embryos is quite problematic. Adam was chosen, 29 other human lives were not, simply because their DNA was not able to rescue Mollie from a deadly diagnosis. (Center for Bioethics, 2006)

The ethical dilemma highlighted here revolves around the nature of the twenty-nine other embryos that were chosen. It reflects on the value and status of the embryos that were not selected, bringing attention to the challenging choices involved in the process of assisted reproductive technologies. The Nash family's tale drew national attention with Adam's conception and delivery eliciting both approval and criticism, mostly due to ethical concerns over PGD. Ethics guide human behavior by defining what is acceptable or prohibited according to societal norms and perceptions of justice. They shape decisions, setting standards for conduct based on cultural, religious, philosophical and legal perspectives. This understanding of morality is crucial to navigate complex moral landscapes, particularly in medical practices where life and death decisions are involved. The term 'Bioethics' was coined by the scientist Van Rensselaer Porter, "deno(ing) a domain of inquiry that examines the ethical implication of advances in biomedical science and technology for everyday life, as well as for law, social institutions and public policy" (Kass, 1998, p. xviii). To ensure that the advantages of new technologies are realised in a manner consistent with moral standards and social values, this domain is crucial for directing responsible innovation. In the field of biomedical ethics, principles such as autonomy, beneficence, non-maleficence and justice are fundamental to guiding ethical decision making and safeguarding human dignity. When these principles are disregarded or distorted, significant ethical concerns arise. The contemporary landscape of biotechnology, bioethicists and legislators grapple with an ongoing moral crisis linked to unresolved bioethical dilemmas.

Literature has served as a powerful medium for exploring the ethical and emotional upheavals brought about by advancements in biotechnological research. Classic works such as Mary Shelley's *Frankenstein*, often regarded as the seminal texts in science fiction delve into themes of human cloning and the creation of genetically programmed beings. Similarly, Aldous Huxley's *Brave New World* (1932), explore the ethical dimensions of genetic manipulation and cloning, contributing to the discourse on these issues. Numerous novels from the late twentieth century and early twenty-first century explore the themes of cyborgs, clones, robots and genetically altered human beings. These literary works navigate the tension between the artificial and the natural, a tension amplified by advancements in genetic engineering, bioinformatics, genomics and nanotechnology. These technologies challenge traditional notions of human identity, ethics and subjectivity. The genetic code, represented by DNA occupies a central role in shaping the construction of the human. A pivotal moment in the mid-twentieth century marked the discovery by scientists that genes control the biological development of humans. Nancy Farmer's *The House of the Scorpion* (2002), explores the life of Matteo Alacran, a clone of a powerful drug lord in a futuristic dystopia. The novel raises critical questions about personhood, autonomy and the moral treatment of clones in a society where genetic engineering is normalised. Kazuo Ishiguro's novel *Never Let Me Go* (2005) paints a haunting portrait of a dystopian future where the private school Hailsham raises cloned children for the sole purpose of organ donation. Stripped of traditional family structures, these children lack parental ties and even surnames, prompting profound reflections on the potential trajectory of humanity. The narrative raises questions about the impact on family bonds, cultural values and moral frameworks in a society where cloning becomes a primary means of organ provision. Ishiguro's exploration of this posthuman scenario serves as a poignant commentary on global awareness and collective fears regarding the consequences of such a society. The novel contributes to a broader discourse on reproductive cloning, emphasising the clear consensus that it carries significant social, moral and ethical implications, challenging conventional notions of family, autonomy and the ethical responsibilities tied to creating life for specific purposes.

## II. LITERATURE REVIEW

Numerous studies have explored Jodi Picoult's *My Sister's Keeper* by examining its psychological and legal dimensions from various critical perspectives. These include the psychosocial development of Anna Fitzgerald using Erikson's theory (Meriska et al., 2021), legal and ethical tensions in compelled organ donation (Goodwin, 2010), ethical perception surrounding saviour sibling conception in multicultural contexts (Kuek et al., 2021), and the complex interplay between ethics and family relationships, which highlights the emotional dilemmas faced by each family member (Mariano da Maia, 2010). While these studies explore a wide range of perspective on the novel, the intersection of bioethics and the construction of saviour siblings through the framework of bioethics remains relatively underexplored. This study addresses this gap by critically examining *My Sister's Keeper* through the bioethical lens of Beauchamp and Childress's *Principles of Biomedical Ethics*, focusing on how medical decision-making processes affect personal agency, identity and the moral implications of being 'born to save'.

## III. DISCUSSION

Genetic engineering aims to save lives, but it risks treating savior siblings as tools for others' benefit, as shown in Jodi Picoult's *My Sister's Keeper*. The novel offers ethical dilemmas particularly the moral questions surrounding the use of reproductive technologies to create saviour siblings. The story delves into the complex emotions and conflicts faced by a family when a child is conceived through IVF and genetic selection to serve as a donor for her older sibling. It explores the moral complexities of making life altering decisions for the benefit of a loved one, especially when such choices come at the expense of another. The novel vividly portrays the moral and ethical challenges faced by its main characters, with a significant amount of direct narration and description. The story is told through multiple perspectives, including the parents Brain, Sara and their children Kate, Anna, Jesse, Anna's lawyer and a court-appointed guardian. The Fitzgerald family initially leads a normal life, until Kate is diagnosed with acute promyelocytic leukemia, turning their life upside down. In their desperation to find a bone marrow donor to save Kate, the parents are confronted with an unbearable decision.

Anna, as a genetically designed child, she was conceived only to donate her umbilical cord, but soon her role was extended. She became the source of everything Kate requires, often at the cost of her happiness and freedom. Her parents exploited Preimplantation Genetic Diagnosis by conceiving a child solely to be a donor. Sara is an incredibly ambitious and devoted mother, fiercely determined to protect her sick daughter's life at any cost. Despite doctors' uncertainty about the viability of a transplant due to Kate's weakened condition, Sara persists in pursuing the treatment. Her unwavering determination stems from her deep love for Kate and her desperate desire to do everything possible to save her daughter. She is ready to sacrifice her own life, for her daughter Kate's well-being. "I'd give her half of my heart, for God's sake, if it helped. You do whatever you have to when it comes to people you love, right?" (Picoult, 2004, p. 165). Sara struggles with the complex challenge of balancing her attention and affection between a gravely ill daughter and one who is unhappy. According to the bioethics theory: "Equal access to the goods in life that every rational person values" (Beauchamp & Childress, 2013, p. 252). However, in the novel Sara unintentionally prioritises Kate over Anna's well-being, thereby undermining the principle of fairness and equal moral consideration.

In designer children's cases, tissue donation procedures inherently risk harming the donor child both physically and psychologically. "The process of transplantation carries risks due to side effects of the anaesthesia, which ranges from cardio respiratory arrest, strokes, or chronic pain where the stem cells are withdrawn" (Gumede, 2020, p. 33). Psychologically, these interventions prove burdensome, potentially threatening the child's well-being despite their life-saving purpose. When Anna is six years old, she faces another medical procedure because her sister has an infection. Anna is required to provide granulocytes to help fight Kate's infection. She undergoes a painful process involving needles and experiences bruising. The demands on her body do not end there; she also has to donate bone marrow. This process is much more complex and painful than previous treatments, involving fifteen needle sticks into her bones. Moreover, she is given the analgesic so that she will not get hurt. "She was put under general anesthesia because she was so young and needles were put into the crests of her hips to draw out the marrow" (p. 289). Administering analgesics to children carries inherent risks, as anesthesia poses potential dangers ranging from minor severe. As Anna's doctor explains, there are various side effects associated with using analgesics in medical treatment, highlighting the complexity and potential dangers involved in administering these medications to children.

When Anna undergoes bone marrow donation, she receives general anaesthesia to prevent trauma, considering her young age. Though the procedure itself is performed correctly, Anna experiences painful side effects afterwards. Her mother feels that Anna is still in pain due to the medication, decides to administer additional doses. While the extra medicine helps alleviate Anna's pain, it's medically concerning to overmedicate young children, as it can pose risks to their health. While the worsening health of the ill sibling may necessitate prioritisation in medical decision-making, the repeated medical involvement of the saviour sibling compromises their well-being and disrupts normal childhood development. It is raising ethical concerns about inflicting harm on a healthy individual. It shows Anna's parents violating ethical obligations. Anna's experience highlights a unique aspect of her health journey. While she may not be sick herself, she often finds herself hospitalised and needing medication, mirroring her sister's health struggles. Unlike typical hospital patients who arrive sick and leave healthy, Anna enters the hospital with a healthy body but often leaves

in an unhealthy condition due to the medical treatments she undergoes, all for the sake of her sister. “The bruises and the deep bone ache after I gave up my marrow; the shots that sparked more stem cells in me, so that there’d be extra for my sister. The fact that I’m not sick, but I might as well be” (p. 18). Her sacrifices are a testament to her selflessness and the extent to which she prioritises her sister’s well-being over her own.

When Anna is thirteen, her sister Kate faces renal failure that necessitating a kidney transplant. Anna’s mother immediately asks her to donate one of her kidneys, but Anna refuses. Aware of the risks and consequences of kidney transplantation, Anna knows it’s a painful procedure with various potential side effects that could impact her future. She imagines the challenges of living with only one kidney at such a young age, recognising that she’s too young to undergo such a procedure and considering how it would affect her future life. Kidney transplant is a safe surgery, but the process is not simple. Before the operation, the donor must fast and take laxatives. During the surgery, anesthesia is administered, which carries potential risks such as stroke, heart attack and lung problems. After the procedure, the donor is typically hospitalised for several days and requires five to seven weeks for full recovery. Additionally, there are potential risks associated with kidney donation, including an increased chance of hypertension and complications during pregnancy. Due to these risks, individuals who have donated a kidney are advised against participating in contact sports to protect their remaining kidney.

Anna’s passion for sports, particularly hockey adds another complexity to the decision of kidney donation. If she were to donate her kidney, she would likely have to give up her beloved hobby due to the physical demands and potential risks involved. To regain control, Anna takes decisive action to assert her autonomy. Her case highlights a broader issue within the healthcare system. She confronts tremendous obstacles if she decides to pursue a case. She is completely aware of the issues that will arise for her family and herself. Her unwillingness to drop the case demonstrates moral conviction and strength of character. Her actions are never selfish. She is driven by concern for Kate’s wishes, even though others misjudge her motives. Anna’s journey reflects the universal struggle for identity and the ethical need to respect younger patients’ voices in healthcare decisions. “The traits of the autonomous person include capacities of self-governance, such as understanding, reasoning, deliberating and independent choice” (Alnasir et al., 2019, p. 91). Anna’s journey, as she exhibits these traits through her fight for medical emancipation. Torn between her love for Kate and her desire to prevent further suffering, Anna admits that the thought of losing her sister is unbearable. Because her identity is deeply intertwined with Kate’s describing their bond as twins makes the idea of separation even more painful. This connection leaves Anna questioning who she would be without Kate, reflecting the complexities of autonomy in healthcare decisions, where individual rights conflict with profound emotional ties. Anna’s confession, “I really try to figure out who I am without Kate in the equation, I’m not going to like who I see” (p. 175), highlights her internal struggle. Picoult masterfully portrays Anna and Kate’s inseparable bond while exposing the inevitable flaw in Kate’s plan: the expected outcome of her death, leaving Anna to navigate the emotional and existential aftermath. The novel shows Anna fighting for the right to make her own medical choices and asks if this freedom really helps her, especially with Kate’s health worsening. It also reveals the emotional and moral struggles between Anna’s right to decide for herself and her parents’ duty to protect her. The story captures the heavy feelings Anna carries and the difficult choices her family must make between love, sacrifice and respecting her autonomy.

As a mother, Sara uses Anna’s body when necessary for Kate’s treatment, further deepening Anna’s feelings of inadequacy and isolation. This disregard for Anna’s feelings can be emotionally damaging to her. This raises an ethical dilemma, as the story questions the morality of making life altering medical choices for a child without considering their input. As Kant (1993) argues “For, he whom I want to use for my purposes by such a promise cannot possibly agree to my way of behaving toward him, and so himself contain the end of this action” (p. 38). Treating someone as a mere tool for one’s own purpose undermines their autonomy and dignity which is wrong because it fails to recognise their intrinsic worth. As the narrative progresses, it highlights the growing focus on respecting patients’ rights to be informed and make decision about their health. Sara’s action creates situation where Anna feels ignored, unnoticed and unable to express her independence.

In this case, Anna’s mother decides for Anna to donate parts of her body without seeking Anna’s permission. Due to their underdeveloped mental faculties, adolescent patients, like Anna, are often excluded from decision making processes. According to bioethics theory, “Saviour siblings cannot exercise self-determination by refusing medical treatment or being part of the procedure as they are minors” (Gumede, 2020, p. 15). This parental approach represents a conflict of interest, where Anna’s medical needs and personal rights were marginalised in favour of Kate’s. Ethical frame works suggest that this imbalance arises because minors cannot dissent and parents are acting as surrogate decision-makers, prioritise the health of the child in immediate danger over the autonomy of the saviour sibling: “The reason for this is their inability to express dissent, as the parents provide surrogate consent, leaving the savior sibling unable to weigh decisions regarding who can access their body” (Gumede, 2020, p. 30). So, they require someone to act on their behalf. Typically, parents being the closest relatives assume this role as representatives of their children. According to the medical ethics guidelines, Anna as an adolescent should be involved in agreeing to the hospital procedure and her parents are legally entitled to make decision on her behalf. “Parents and guardians should always consider what is best for that child. Where a child has both parents, both of them should be responsible for bringing up the child” (UNICEF). Sara believes Anna is too young to fully grasp the seriousness of the situation and make informed decisions about her medical treatments, limiting Anna’s autonomy in deciding which procedures she can refuse. The

interventions performed on a saviour sibling are not aligned with their best interests, as they carry potential risks and do not provide any direct advantages to the child. Procedurally, this decision is not considered a mistake, as parents are legally authorised to control the medical treatment of their underage children. This requirement is based on the belief that parents know what is best for their children and those children under the age of eighteen are not mature enough to make important decisions on their own. Additionally, children's mental development may not be fully developed, making parental guidance necessary. However, some parents may misuse this responsibility by using it as a means to control their children. This parental approach represents a conflict of interest, where Anna's medical needs and personal rights were marginalised in favour of Kate's. Children are indeed human beings, but they possess limited rights compared to adults. Certain activities, such as smoking, purchasing alcohol, driving, marrying or voting in elections are reserved for adults and not permitted for children of a very young age. Despite these limitations, children still have rights, albeit restricted ones.

Everyone is initially led to believe that Anna filed the lawsuit against her parents for medical emancipation because she no longer wanted to be compelled to participate in Kate's treatments. But the end of the novel, Anna's true motivation is revealed. It was Kate who asked her to file the lawsuit. Kate wished to have control over the end of her life, choosing to die on her terms rather than prolonging her suffering for the sake of others. During the court hearing, Anna discloses for her sister's autonomy. "I was kind of convinced by someone" (p. 364). Although Sara remains unaware that Kate asked Anna to file the petition for medical emancipation until Anna's courtroom revelation at the end of the novel. She had previously been told directly by Kate that she was ready to stop fighting. However, Sara refused to listen to her daughter's plea. Throughout the novel, Sara consistently disregards the voices and needs of others, creating discord with nearly everyone around her. Kate felt unheard and forced to turn Anna to fulfil her final wish of ending her treatment on her own terms. Brain overwhelmed by Sara's controlling nature, temporarily moves out of the family home to find space and reflect on the strain their marriage is experiencing. Meanwhile, Sara's aggressive behaviour during the court case leads the judge to threaten her with a restraining order when she tries to pressure Anna into withdrawing the lawsuit. These events clearly illustrate that Sara's refusal to listen causes serious emotional harm, deepens family conflicts and ultimately isolates her from her loved ones. Dr. Bergen's clarification in the novel provides crucial insight into the ethical dilemma surrounding Anna's medical emancipation. As the head of the ethics committee at Providence Hospital, he outlines the principles guiding their decisions, thereby contextualising Anna's situation within broader biomedical ethics. His explanation sheds light on how such committees function in real-world medical institutions to balance the rights of patients, the duties of caregivers and the moral implications of life-altering decisions, particularly when minors are involved in complex medical procedures. This witness offers valuable insights into the ethical considerations in Anna's case, enhancing the court's understanding of the complexities involved and informing its decision-making process.

Sara's love for Anna is undeniable, but it is complicated by her overwhelming focus on saving Kate. Listening to Anna's concerns would force Sara to confront her guilt, a reality she likely avoids by choosing not to fully acknowledge her daughter's perspective. This avoidance reflects a broader failure to respect Anna's autonomy and recognise her growing capacity to contribute meaningfully to decisions about her own body. By legally exempting Anna from providing formal consent, the system reveals a significant shortcoming in honouring the voices of younger patients and addressing the ethical need to balance parental authority with children's right to actively participate in their healthcare decisions. "To respect autonomous agents is to acknowledge their right to hold views, make choices, and take action based on personal values and beliefs" (Beauchamp & Childress, 2013, p. 106). This oversight emphasises that autonomy should not be overlooked for younger patients, particularly when decisions about their health are made without proper consultation or respect for their wishes. The narrative highlights how children often expected to follow their parents' decision without any questions, especially they are young. But their views and perspectives should be acknowledged and respected as these are essential to their well-being and sense of autonomy. Children should be encouraged to express their feelings, desires and concerns, even if these differ from those of their parents or caregivers (Mariano da Maia, 2010). This recognition of children's autonomy and agency is fundamental to fostering their emotional development and sense of self-worth. Thus, even when intended to save lives, using designer babies as donors poses unavoidable physical and psychological risks that challenge fundamental biomedical ethics. Anna's character serves as a poignant commentary on the fragility of control over one's body and the ethical challenges that arise when autonomy is undermined by external forces. Just as cloning technologies and IVF interventions provoke questions about the manipulation of human life and the impact on identity, Anna's posthumous kidney donation raises moral questions about how far individuals should go for asserting control over their bodies, especially when the needs of others are at stake. The comparison between Anna's unwillingness in life and her involuntary sacrifice in death compels people to rethink the boundaries of autonomy, the complexities of familial duty and the ethical responsibilities carry toward others in life and death. Ultimately, Anna's narrative forces to reconsider the delicate balance between individual rights and collective needs, challenging peoples' assumptions about personal agency in an interconnected, medicalised world.

## IV. CONCLUSION

The study concludes that in *My Sister's Keeper*, Jodi Picoult's depiction of genetic planning and designer child provides significant insight into the moral and emotional problems arising from scientific breakthroughs in genetics. By highlighting these ethical dilemmas, the narrative delivers a fictional yet poignant commentary on the broader societal implications of genetic planning and biotechnological advancements. The novel critiques the erosion of emotional connection and human empathy in the face of such progress, encouraging readers to reflect on the balance between innovation, ethics and humanity in a rapidly advancing technological world. Building upon this analysis, it is evident that the ethical dilemmas portrayed in the novel extend beyond the realm of genetic planning to highlight broader challenges faced by modern medical practice. The risks that patients face while receiving medical care are numerous and multifaceted. The risks can arise from the improper attainment of consent or from personal conflicts of interest that cloud medical judgement. Overtime, protocols regarding informed consent and conflicts of interest have evolved. While advancements in medicine continually improve patient outcomes, they also introduce new ethical challenges. For this reason, it is crucial to continuously examine ethical principles to keep pace with the rapid advancement in medical technologies and procedures. Medical providers must remain vigilant about the ethical implications of their actions to prevent dilemmas and ensure that care remains centred on the patients' best interests. The obligations to prioritise patients should never be overlooked, yet it is often easy to miss instance where this goal is unintentionally violated. "Nevertheless, it is important to have measures that avoid exploitation of the saviour siblings and thereby safeguard their welfare and interest" (Kuek et al., 2021, p. 174). Healthcare professionals should uphold objectivity in patient care to avoid personal bias that might affect their judgement. This approach helps protect the trust between patient and provider and ensures that patients are not harmed due to ethical neglect. As seen in Anna's narrative, the pursuit of innovation can inadvertently erode emotional connection and human empathy, creating moral tensions that families and medical professionals must navigate. *My Sister's Keeper* not only critiques these ethical failings but also serves as a poignant reminder of the importance of balancing medical progress with humanity, empathy and respect for individual rights in ever evolving technological landscapes.

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