



The Future of the Sanctity of Life

- Balancing Progress, Rights, and Responsibility

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Abstract. This paper seeks to re-examines the sanctity of life ideal as a practical standard for governing contemporary risks to life, rather than as a theological claim or an absolute prohibition. It argues that late-modern controversies, such as end-of-life decision-making, health-system constraints, climate-related mortality, disaster governance, as well as high-risk technologies such as advanced AI and bioengineering, reveal a persistent implementation gap. Here ethical commitments are affirmed, whilst institutional capacity, governance arrangements, and enforceable legal duties fail to translate these same commitments into protections at scale. For the purpose of addressing this gap, this paper presents an integrative framework of nested layers. These include ethics, governance, and law, hereby linking justificatory reasoning and side-constraints to collective capability, and then to justiciable obligations, including positive duties to protect life and procedural duties to investigate avoidable deaths. It also reframes “sanctity of life” within a pluralist justificatory space, in which dignity, vulnerability, and distributive justice inform priorities in preventable mortality. This includes both structural violence as well as inequality-driven loss of life. Building on these foundations, the paper proposes a four-stage decision-and-design test for hard cases that specifies: (1) the life-risk baseline and affected populations, (2) capability and resource feasibility, (3) legal accountability pathways, and (4) iterative review through transparency and oversight. The result is a disciplined route from value to enforcement that supports proportionate innovation governance and prevention.

Keywords: Sanctity of life, human dignity, positive obligations, preventable mortality, governance and accountability.

1 Introduction

Across all societies, throughout religious, philosophical, and legal traditions, one can find the sanctity of life as a core anchor [1-3]. In its classical sense, the idea of the sanctity of life is grounded in doctrines like the *Imago Dei* [4-6], and reinforced by deontological ethics, which view human life as inviolable. As such, this principle has historically demanded a form of respect for life which is irrespective of downstream consequences [43][7][8]. However, societal shifts have seen the twenty-first century being more and more defined by pluralism, technological acceleration, and intensifying global interdependence [9-11]. However, despite these shifts, the sanctity of life is not obsolete [3][56][2]. Instead, it is, however, important to reinterpret it in light of these changes [12-14]. This is where this paper finds its central claim, namely that the sanctity of life needs to be understood as a living value, a value that honours the worth of people, whilst continuing to be responsive to dignity, autonomy, vulnerability, as well as the concrete conditions in which lives are lived or lost [15][88][14].

Yet this task is not always straightforward, and there are certain pressures which sharpen the need for reinterpretation [16-18]. Most notably, biomedical and digital technologies have resulted in a destabilisation of inherited categories [16][19][13]. Matters such as advanced life support systems are able to sustain biological function even when consciousness is irretrievably gone [16][20][21]. This forces a distinction between living and merely existing that older versions of this concept did not foresee [22][20][3]. In other areas there are clear blurrings of boundaries [23][17][12]. Conceptual terms such as, for instance, gene editing, which raises questions about if the elimination of certain heritable diseases is a fulfilment of respect for life or betrayal thereof [12][17][23]. Moreover, algorithmic triage, or predictive analytics, could be seen as ways to enhance efficiency in healthcare while at the same time risk opacity, bias, as well as the erosion of person-centred judgement [19][24][13].

As such, the complexity that develops can be found in a shift in the questions surrounding the sanctity of life, whereby the question now no longer simply is whether life is protected or not, but instead how this protection is exercised and at what moral cost this is done [25][88][26].

A second area in which pressure is placed on the need for reinterpretation can be found in global political economy and security realities [46][14][27]. As such, contemporary conflicts disproportionately harm civilians [28-30]. These harms extend beyond mere combat, and include other issues such as structural injustices that range from poverty and fragile health systems to climate-driven displacements, which may all relate to preventable deaths on a mass scale [31][18][32]. Value in relation to life suddenly becomes contingent on power, identity, or geopolitical interests instead of a universal commitment to dignity [33-35].

For the purpose of this research paper, a three-lens framework is applied [7][36][93]. The subject matter at hand is so broad that it could easily fill an entire book in itself [3][37][38]. The brevity of this research paper has required a reduction, to exemplify the issues at hand, in Three key strands [3][14][93]. The first examines the issue through the lens of philosophy and bioethics, in which the sanctity of life is reframed as compatible with autonomy and compassion instead of being merely a rigid absolutism

[3][88][7]. The second lens will focus on international relations and global governance, and examines the systems which enable or frustrate the protection of life at scale [36][39][40]. Finally, the third lens examines the matter with a focus on human rights law, thereby aiming to illustrate how the sanctity of life translates into enforceable norms, most prominently via the right to life, and the duties that stem from this provision [93][41][42]. Taken together, these three lenses form an integrated thesis, which is that the sanctity of life in the twenty-first century has to be operationalised through ethically defensible practices, institutionally competent governance, as well as legally enforceable duties, with equity as a cross-cutting constraint [43][14][93].

It is important to note at this point that this paper does not seek to propose a single algorithm for hard cases, but instead aims to offer a structured way of reasoning about them [25][14][88][36][9][26]. Accordingly, ethics supplies the justification discourse relating to why and on whose terms we honour life [43][26][7]; governance adds a layer of coordination in relation to actors, the tools, and the scale of the protection of the sanctity of life [37][33][36]; while the legal layer examines the discipline of reasons and remedies in relation to what is required by whom and how compliance could be evaluated or judged [93][41][44-47].

First, three research questions have guided this analysis, which have been developed, again, upon three separate lenses, namely the conceptual, the institutional, and the doctrinal:

1. How should the sanctity of life be reframed to remain faithful to the intrinsic worth of persons while accommodating moral pluralism, technological complexity, and the imperative of compassion?
2. Which global governance arrangements most effectively close the gap between aspirational declarations and protection in fact, especially for civilians in conflict, populations facing structural deprivation, and communities at the climate-health nexus?
3. How are the contours of the right to life evolving, particularly the scope of positive obligations, and what implications follow for end-of-life decisions, reproductive health, environmental protection, and counter-terrorism?

In relation to the methodology applied to tackle these research questions, this research has brought together synthesis on normative arguments, institutional analysis, as well as doctrinal reviews, by using a triangulated approach which are able to inform technology, governance, health systems designs, conflict restraints, as well as climate life protection strategies.

2 Conceptual and philosophical grounding

2.1 From inviolability to pluralist justification

As already mentioned in the introduction of this paper, the sanctity of life has been classically grounded within the traditions that treat people as bearers of intrinsic and non-instrumental value [3][55][56]. Examined through theological views, ideas most

famously influenced through the *Imago Dei*, human life is considered sacred because people mirror a divine image, and thus respect is owed to life as such, which is not conditional upon capacities, achievements, or any social valuation [4][5][57][60].

The secular reconstruction of this concept by Kant preserved the structure of inviolability of life while at the same time shifting its foundation [43][61][62]. The idea was that because rational agents possess dignity, they have to be treated as ends in themselves instead of a means, which yields stringent constraints on matters such as intentional killing or degrading instrumentalization [43][63][62].

In both instances, inviolability acts as a side constraint, whereby some acts are excluded regardless of any aggregate benefits [97][64][65].

More modern understandings in moral and political philosophy have questioned if an absolute prohibitionism can be considered coherent or action-guiding within pluralistic, technologically mediated societies [9][66][67]. Notable critics such as Singer and Nussbaum argue that moral weight cannot be detached from experiences and interests, thereby taking a more consequentialist critical stance [68][15][14]. In these views, in circumstances in which suffering prevention and wellbeing promotion are involved, hard cases may justify certain choices which would otherwise be condemned by inviolability [1][22][69].

In a similar notion, McMahan's time-relative interest account rejects the idea of a uniform value of life, and instead argues that the badness of death varies in relation to psychological connectedness, as well as the remaining interests a subject could realise, which may result in differentiated judgments over developmental and clinical contexts [22][70][69].

Particularly relevant in relation to public justification, Dworkin's reframing of the subject matter states that sanctity is not only an unqualified prohibition, but instead forms a complex ideal that incorporates both the detached value, so, in other words, the intrinsic investment a life represents, as well as the critical interests that are tied to the kind of life a person has reason to want. In his argument, Dworkin places autonomy and life authorship close to the centre of respect for life [3].

However, this pluralising turn is not without criticism [56][12][71]. Kass and Sandel, for example, argue that an ethic that is preoccupied with mastery or enhancements may potentially erode humility before human finitude, while weakening the moral grammar which limits instrumentalisation [56][12][71].

There is also a middle course which is supported by contractualist or neo-Kantian approaches, which argue for preserved stringent constraints to prevent harm, while at the same time allowing for autonomy, consent, and fair terms of cooperation, for the purpose of structuring exceptions which are conditional to reasonable disagreement [26][72][9]. A practical example can be found in Beauchamp and Childress's principlism, which functions as a form of working equilibrium within the area of clinical ethics [88][73][74]. Here, autonomy, nonmaleficence, beneficence, as well as justice are balanced through case-sensitive reasoning instead of a single master principle [74][88][73].

Overall, when examining these ideas together, it is evident that none of these views abandon the idea of sanctity of life [3][72][1]. Instead, they seek to relocate it within a framework that mandates answering to autonomy, suffering, and fairness [88][15][26].

2.2 Technology, medicine, and the pressure to recalibrate

Advances in technology have seen how contemporary medicine has fueled the theoretical disagreements in this area by contributing to a significant growth in borderline cases, in which historical moral rules no longer apply in a straightforward manner [16][75][76]. Life-sustaining technologies such as long-term ventilation, Extracorporeal membrane oxygenation (ECMO), can now maintain biological functions even when higher cortical activity is no longer present, in some cases even irreversibly lost [77][16][75].

These matters raise the question if mere organic integration is in the patient's interests, or whether they conflict with the same person's critical interests and life narrative [3][78][88]. A key tool to navigating this blurry terrain has been to structure any decisions in this area around previously expressed wishes of the person in question, for example with advance directives, thereby institutionalising autonomy as the key component to honour life [79][80][52].

Further parallel tensions can be found in genomic and reproductive technologies [17][23][81]. In this regard, germline interventions which are aimed at eliminating certain heritable diseases could be framed as a form of life-respecting mechanisms, in the sense that they prevent certain forms of suffering [81][17][23]. However, at the same time, critics state that there is a fine balance to be struck between healing and enhancement, in which the potential instrumentalisation of the future person could lead yet again to a manifestation of injustice [71][12][56]. Scholars such as Sen and Nussbaum have explained that in this area the treatment of life as sacred, within public policy plausibility, necessitates enabling capabilities, such as health, bodily integrity, or practical reason, instead of merely preserving biological duration in itself [14][82][15].

A further layer can be found in digital health systems such as algorithmic triage, predictive analytics, and AI-supported diagnostics [52][24][83]. Here, a balance must be struck between the efficiency gains that could reduce preventable mortality and the opacity, bias, as well as the erosion of clinician-patient deliberations, which could undermine person-centred care as well as distributive justice [52][24][83]. It could be argued that these kinds of grey areas require technology disciplining, whereby the sanctity of life demands a form of human oversight, especially in areas of lethal or high-stakes decisions [84][52][53]. In doing so, it is important to ensure clinical tools and governance structures are in place that avoid a concentration of benefits and harms along familiar axes of disadvantage [24][52][53].

Finally, an area of discussion that has been at the forefront of these philosophical debates can be found in areas such as palliative care, which illustrate the links to professional judgement [85-87]. As such, in circumstances in which treatment is non-beneficial or disproportionate to burdens, a justification is often seen in the withdrawal or withholding thereof, in a way that is consistent with nonmaleficence and respect for the patient's values and life story [85][86][88].

2.3 Sanctity as a living value: a compatibilist framework

A defensible contemporary account can be found within a compatibilist framework whereby the sanctity of life is treated as a living value, which preserves inviolability-type constraints [3][43][26]. At the same time, it seeks to integrate autonomy, beneficence, and justice within the settings of moral pluralism [88][14][82]. This kind of framework is built upon three key principles, namely non-instrumentalisation, autonomy and compassion, as well as justice and capabilities [43][3][82]. Each of these will be addressed briefly in turn.

Within non-instrumentalisation, people need to be treated as ends rather than means [43][61]. This idea captures the Kantian principle and finds application in areas such as intentional killing, degrading treatment, as well as coercive biomedical practices [88][85][86]. However, this constraint does not mechanically decide on each life-ending decision; instead, any permissible exceptions need to be based on a person's own reasons, or in harm-avoidance justifications, which cannot be reasonably rejected on the basis of fair terms of cooperation [26][3][88].

Autonomy and compassion components incorporate the idea that respect for the sanctity of life needs to address identity-constituting commitments, critical interests, as well as thresholds of tolerable suffering [3][79][86]. When applied in institutional settings, these ideas support advance directives, shared decision-making, as well as a proportional balancing between burdens and benefits [80][89][85]. A key understanding within this is that compassion does not equate to sentiment, but instead forms a disciplined refusal to allow the respect for the sanctity of life to become a compulsory life-extending practice regardless of the person's evaluative standpoint [3][86][85].

Finally, justice and capabilities ideas are built on the idea that life is sacred and institutions need to be structured in a way that prevent deaths as a result of circumstances such as poverty, fragile health systems, or other environmental hazards that unequally impact people of different backgrounds [90-92]. The traditional idea of the right to life, and its construction on both negative and positive state duties, aligns with these claims. As such, they extend beyond merely refraining from killing [93]. States need to take reasonable, proactive steps to secure conditions that protect life [90][91][93].

There are two leading objections to these ideas, which are the slippery slope concern and the consequentialist capture concern [2]. In relation to the slippery slope concern, a solution could be to ensure certain constraints within procedures, such as strict non-instrumentalisation limits, authentic consent, as well as transparent, reviewable decision processes which prevent discriminatory patterns [94][95][85]. Similarly, the preservation of lexical contours counters any consequentialist capture concerns, whereby some harms could be excluded irrespective of aggregate benefits [96][64][97]. As such, wellbeing considerations need to be treated as operating within constraints and rights rather than being above them [64][96][93].

The argument to be made in light of societal, technological, and political shifts in the twenty-first century is revisionary, not revisionist [3][72][90]. The sanctity of life remains a demanding moral ideal, one that is still capable of guiding institutions when

placed in the centre of any decision-making, especially in hard cases in which the right or moral decision is not straightforward [93][85][90].

3 Global Governance & International Relations

3.1 Post-war ideals and the implementation gap

After the atrocities of the Second World War, the post-1945 order enshrined a fundamental claim within the human rights framework, whereby the protection of human life was to be a universal baseline of international legitimacy [98][99]. Accordingly, the UN Charter commits states to save succeeding generations from the scourge of war, as well as to promote human rights and social progress [98]. The Universal Declaration of Human Rights (UDHR) thus affirms the right to life, dignity, and security of the person [99].

In 1949, the Geneva Conventions, as well as Additional Protocols, operationalise this commitment via distinction, proportionality, and precautions in attack, as a form of life-preserving constraints within international humanitarian law [100][101][29]. Later, R2P reframed sovereignty as responsibility, thereby asserting a residual international duty to act in circumstances in which states manifestly failed to protect their populations from atrocities [40][102].

However, there is still a dangerous gap between the norms set out in theory and the practice around the globe [103]. As such, contemporary armed conflicts continue to result in extensive civilian harm, further aggravated by urban warfare, non-state actors, as well as explosive weapons throughout populated areas [104][29][105]. These gaps are further compounded via institutional designs, such as the Security Council's veto, as well as geopolitical rivalry that frequently obstructs timely collective action [106][107][102].

Despite ad hoc tribunals and the International Criminal Court (ICC) serving as accountability mechanisms for the purpose of advancing individual criminal responsibility, there are still limitations surrounding capacity, and the selective nature leaves large zones of impunity and uneven redress [108-110].

Thus, despite more than seventy-five years of developing normative vocabulary, global power structures remain a key barrier to enforcement [106][103][40].

3.2 Structural violence, preventable mortality, and distributive obligations

In contrast to the previous section that addresses wars which are understood as acute failures, structural violence is less straightforward, and tends to normalise life loss in avoidable circumstances [111][90]. Galtung's concept of structural violence recognises certain social arrangements which predictably shorten lives, despite there not being a single culpable perpetrator [111][112].

Preventable mortality that falls within this category include maternal death, under-five mortality, as well as deaths from treatable infectious diseases, all of which remain disproportionately concentrated amongst those demographics within societies that are economically worst off [113-115]. These risks are further multiplied by climate change, such as heat mortality, disease spread, and displacement, which, yet again, disproportionately impacts low-income states as well as marginalised groups [18][116][117]. When examining these circumstances through the lens of sanctity of life, capability approaches would argue that public policy necessitates securing substantive freedoms for a life of dignity, which would include both bodily integrity and practical reason, in contrast to a respect for formal liberties [14][15][118]. Following along these arguments, a shift is necessary whereby international support duties of assistance and cooperation are understood as justice-based obligations rather than charity [119-121]. Although partial institutional models exist in this area, alongside preventive governance templates such as the Sendai Framework, the performance in practice has been less straightforward, most notably in areas in which equity conflicts with more powerful national interests [39][122][123].

3.3 Emerging risks and principles for anticipatory, accountable protection

Similar to the points raised in Section 2 of this paper, the emerging risks within this domain, such as autonomous dual-use technologies and climate-health security, require anticipatory governance [124][125][18]. As such, the delegation of legal decision-making without meaningful human control potentially weakens not only accountability, but also risks escalating conflict dynamics and eroding moral agency [126-128]. Here again, a sanctity-centred governance stance would support the strong presumption against machine-delegated lethality, as well as minimum requirements of meaningful human control, traceable responsibility, as well as rigorous pre-deployment reviews [128][126][129].

Especially in the area of civilian life, there is a risk of lethal neglect through opacity, bias, and diffused responsibility when algorithmic governance in borders, welfare, policing, and health allocation takes over [19][24][130]. Early warning mechanisms, resilient infrastructure, climate-informed health surveillance, and other similar anticipatory systems in relation to climate disasters and pandemic governance should be viewed in relation to the sanctity of life [39][117][131]. When doing so, they become life-protective duties instead of merely optional policy enhancements [121][14][31].

4 Human Rights Law: The Right to Life in Evolution

4.1 From negative restraint to positive, systemic duties

As already mentioned briefly in Section 2 of this paper, the right to life is enshrined in UDHR Article 3 and International Covenant on Civil and Political Rights (ICCPR) Article 6 [99][132][93], and involves an authoritative interpretation that emphasizes not only protection against arbitrary deprivation of life, but also positive duties that states need to take in order to prevent foreseeable threats [93][41][133].

The European Court of Human Rights has developed a particularly structured framework, whereby lethal force is controlled through absolute necessity and proportionality mechanisms [181][134][135]. Accordingly, operational duties, in which authorities knew or ought to have known of a real and immediate risk, as well as a procedural duty to investigate deaths, further engage state responsibility in this area [41][44][136]. These state obligations extend into numerous areas of responsibilities, such as custody risks or systemic hazards [137][138][45]. In the area of health care, Article 2's applicability is most likely placed in areas in which systemic dysfunctions are implicated [47][139][140].

Moreover, General Comment 36 clarifies that environmental degradation, pandemics, and failures of public systems are able to trigger Article 6 obligations, with the view to adopt reasonable protective measures and regulate private actors [93]. The key takeaway from this section is that the right to life increasingly functions not only as a prohibition, but as a system design mandate [93][133][119].

4.2 Contested frontiers: punishment, end-of-life, reproductive care

Some of the most contested areas in relation to the sanctity of life within human rights law include capital punishment, assisted dying and end-of-life decisions, as well as questions of abortion [141][142][93].

In relation to capital punishment, the European human rights system has developed an abolitionist system through the European Convention on Human Rights, Additional Protocols 6 and 13 [143-145], as well as the Second Optional Protocol to the ICCPR, which provides a global abolitionist trajectory [146][93][132]. Within retentionist systems, eligibility requirements are increasingly narrowing, while safeguards are heightened, alongside systems in which treaty bodies scrutinise arbitrariness as well as discriminatory applications [93].

In relation to assisted dying and end-of-life discussions on the matter, the European Court of Human Rights currently rejects a free-standing right to die under Article 2 [147-149]. However, autonomy interests are increasingly recognised under Article 8, as long as these are subject to safeguards and a strict application of the margin of appreciation [148][147][196]. However, within other jurisdictions, domestic apex courts diverge [150][151][147]. For instance, Canada's *Carter v Canada* (2015) applied strict conditions to invalidate blanket prohibitions [150]. The UK has largely deferred questions to Parliament [152-154]. Despite differing approaches, a procedural equilibrium can be noticed, whereby permissibility is linked to concepts and ideas of

voluntariness, capacity, proportionality, as well as robust oversight mechanisms [148][150][152].

In matters concerning reproductive health and abortion, the European Court of Human Rights has steered away from defining the point in time in which life begins [155-157]. At the same time, incoherent frameworks which frustrate lawful access are condemned [158-160]. The UN Human Rights Committee (Human Rights Committee) has been more direct in their approach, whereby violations were found in cases in which the denial of abortion access results in serious suffering and undermines privacy and dignity [161-163]. At the same time, Human Rights Committee, General Comment No. 36 on Article 6 (Right to life) (2018) (GC 36) urges caution against practices that criminalise or obstruct access in a way that drives unsafe procedures [93]. Domestically, comparative constitutional developments illustrate a strengthening of autonomy-based claims across jurisdictions [164][165].

4.3 Emerging domains: environment, public health, security technologies

More recently, further uncertain domains have emerged that challenge the concepts of the sanctity of life, including environmental risks, public health obligations, and security technologies [46][166][93].

In relation to environmental risks that increasingly require life-protective duties, an increased application of Article 2 claim templates can be seen, as well as additional complementary pathways framed through privacy and family life rights [45][167][168]. Some domestic jurisdictions have framed climate obligations under rights-based formats [168-170], while the UN recognition of the right to a clean, healthy, and sustainable environment supports a normative scaffolding in this area [171][172].

In relation to public health, GC 36 supports positive duties in the area of organising health systems for the purpose of protecting life [93][173][174]. The Coronavirus disease 2019 (COVID-19) pandemic brought to light governance gaps which are currently being addressed in the form of International Health Regulations (IHR) reforms and pandemic accord discussions [174][175].

Finally, high-risk Artificial intelligence (AI) and autonomous technologies challenge the concept of accountability [176][177][198]. This needs to translate into ex ante reviews, traceable responsibility, and effective remedies [176][177][198].

5 Integrative Framework and Policy Implications: From Value to Enforcement

As illustrated in the previous sections, the operationalisation of the sanctity of life ideal necessitates a disciplined and structured translation beyond moral commitment towards embedded institutional designs and enforceable duties [179][39][93]. From a conceptual standpoint, this relationship is understood best as a form of nested layers system

[178][179][82]. The first layer is formed by ethics, which consists of reasoning in relation to justification as well as side constraints [43][64][97]. The next layer of governance involves the collective instruments and capacity to protect life at scale [39][173][179], while the law offers judicial standards which translate the overarching aspirations in this area into reviewable obligations, including positive duties on states to protect life, as well as procedural duties for the investigation of unnatural deaths [41][44][93]. In instances of preventable failures, a misalignment across these layers has taken place, whereby moral commitments fail to have any impact without the necessary budgets or procedures, or legal duties become fruitless in the absence of operational capacity [179][39][173].

In order to minimise this kind of misalignment, a unified decision and design test can be applied in circumstances of hard cases, such as the ones laid out in the previous section [43][96][97]. Here, the first step would entail lexical screening, whereby proposals which violate baseline prohibitions would need to be rejected or redesigned, regardless of any aggregate benefits, in light of the ideas of deontology [43][96][97]. In circumstances in which no such bar is applicable, the analysis would look towards a person-centred justification, in which institutions would need to demonstrate valid consent or authorisation, as well as respect for critical interests and safeguards to ensure voluntariness and capacity [88][3][179]. In these circumstances, a key component would have to be reflecting on autonomy as a part of respect for life [3][88][179].

The third step would involve systemic risk and capability impact, whereby decision-makers would be expected to evaluate foreseeable mortality effects, distributional consequences, as well as capability impacts, focusing particularly on marginalised or vulnerable groups [179][82][91]. As discussed in the previous section, this would be particularly important in relation to dual-use and autonomous systems in particular [180][177][84]. Here, *ex ante* scrutiny and meaningful human control are key life-protective design constraints, rather than merely optional ethical add-ons [180][176][84]. The final test would need to be completed in light of rights, compliance and accountability, whereby outcomes and processes would need to be linked to operational duties for the purpose of protecting real and immediate risks wherever these are known [41][93], in addition to system design duties for the purpose of organising services and regulating hazards, in order to prevent deaths [45-47]. In circumstances where deaths have already occurred, robust investigative duties, in particular where there may be state responsibility, would need to be embedded, not merely for retrospective justice, but for the purpose of disciplined decision-making prospectively, thereby requiring decision records, traceable responsibility, as well as reviewable safeguards [44][181][182].

The implications of this in practice can be understood as a form of institutional design agenda [36][178][183]. Within the area of clinical care, a sanctity of life approach needs to be operationalised through life authorship infrastructures, tackling matters more rigorously, such as interoperable advance directives, structured shared decision-making, as well as documented proportionality that balances burdens and benefits [184][89][80]. These practices would need to be supported by audits of consent quality, particularly in high-stakes contexts [185-187]. The same logic applies to life-affecting digital systems, whereby the increasing deployment of AI in high-risk domains must

be tightly specified and reviewable, including predefined uses, representative validation, contestability, and independent audit under meaningful human oversight [188][53][177].

In relation to security matters, constraints need to be sharper [126][180][189]. There should be a strong presumption against the delegation of legal life-and-death decision-making to machines, including semi-autonomous functions [190][126][180]. In relation to the general population, the sanctity of life must be translated into equity-first prevention mechanisms, prioritising interventions with high mortality and distributional yield [91][90][115]. This may include maternal and neonatal health, vaccination, clean air and water, and injury prevention [113][191][192]. Closing the implementation gap requires anticipatory capacity, such as early warning and early action mechanisms, across areas such as climate and health [117][18][39]. Routinised accountability through effective investigation mechanisms and system failure reviews capable of identifying pattern-or-practice risks is equally required [193][194][183].

Finally, legal development should prioritise sharper operational standards rather than the proliferation of new rights [133][93][41]. A combination of reasonableness and precaution for systemic hazards [195][25][18], alongside consolidated operational duty doctrines and robust procedural guardrails for autonomy-sensitive end-of-life regimes [147][148][196],

together with rights-fit procurement and export controls requiring auditability, traceability, and meaningful human control [197][198][84], can form an administrative system that compels documented engagement with constraints, capability impacts, precaution, and remedies, elevating the sanctity of life as a governing function rather than a merely aspirational slogan [188][53][177].

6 Conclusion

This research paper has put the argument forward that in light of technological complexities and growing moral pluralism, the sanctity of life can have the most effective impact when it is reconstructed as a living value [3][72][56]. This means that the sanctity of life is understood as a tool to preserve stringent constraints against the instrumentalisation of people, while at the same time integrating the principles of autonomy, compassion and justice [88][14][15]. Accordingly, the ethical component of the sanctity of life would offer justificatory limits [43][3][72], while global governance would ensure the capacity and coordination required to protect life at scale [39][18][36], alongside human rights law, which sets out duties and remedies which are increasingly framed as positive obligations and are increasingly driving system design requirements beyond minimal restraint [93][41][133].

From a philosophical stance, the key component is compatibilist [199-201]. This means, in institutional settings, that the core implication has to be the respect for life [43][56][3]. This needs to be expressed in terms of anticipatory governance, equitable resource allocation, as well as accountability structures [36][91][90]. It is already

apparent that shifts in human rights understandings in relation to the right to life are supporting this shift through operational duties of protection, systemic risk obligations, as well as procedural investigation requirements [41][46][44].

The paper proposes an integrated framework which involves a disciplined translation mechanism that screens for non-instrumentalisation and baseline prohibitions [43][180][198], tests autonomy and person-centred justifications [89][184][88], and assesses systemic risks, capability impacts, under precaution [195][25][18], while binding outcomes to the right to life compliance and remedies [93][133][198]. Accordingly, utilizing the sanctity of life as a practical test would entail examining and assessing to which extent institutions reduce deaths which are foreseeable, preventable, or unjust, while at the same time preserving the necessary constraints and dignity-based commitments of life protection [115][117][91].

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