

# ETHICS & MEDICINE

AN INTERNATIONAL CHRISTIAN  
PERSPECTIVE ON BIOETHICS

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Agneta Sutton, London

## Comment

Motivated by an awareness of human frailness and finitude and seeking the true good of man, traditional medicine has much in common with the values flowing from Judeo-Christian faith. For this reason, and because all human beings have an interest in what is good for man, medicine and philosophical thinking about the purpose of medicine can, as I hope to illustrate, play a special role in our society.

For a Christian doctor, or a bioethicist working in the Judeo-Christian tradition, this may be obvious; for the doctor or bioethicist without faith it will be less so. The Christian church has always been concerned with the central issues of medicine: birth, life and death, pain and suffering. And Christian doctors have always looked to the word of God and the accumulated wisdom of the Christian churches for a lead. Guided by the message of Christ as revealed in the gospels and interpreted through the centuries and applied to human practices, the Christian doctor knows that he has a special role to play in an increasingly secular world, where human mores are seen as relative and, therefore, as a matter of individual choice or even taste. In a world permeated with what the Pope has called the 'culture of death', Christian doctors know that they have a special responsibility to defend the sanctity and dignity of human life in the face of, for example, economic demands pointing to strained resources threatening the care or even life of the frail or sick.

But if medicine is an area of experience in which we all have an interest, because the intrinsic aim of medicine is human well-being and the good of man, then even the non-believing doctor and the secular bioethicist may have reason to think carefully about the moral lessons that can be drawn from the study of medical practice and its traditional mores.

As a human practice undertaken by a body of specially trained professionals, medicine, including nursing, has its own intrinsic *raison d'être* and a traditional code of honour. Like all human practices with defined aims, it resembles a game in the following respects: the 'players' play together for a common end; each player also plays with a view to achieving certain other ends intrinsic to the game; each player is expected to follow certain rules; the virtuous player follows the rules; the player who breaks the rules is accused of foul play.

Medicine is a practice in the sense articulated by Alasdair Macintyre, who describes it as 'any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realised in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence and human conceptions of the ends and goods involved, are systematically extended'.<sup>1</sup>

As an activity involving standards of excellence and obedience to rules, as well as the achievement of goods, medical practice fosters certain human virtues. To be precise, it fosters certain traits of character inclining us towards the achievement of what we understand as good or right within the context of medical practice.

A good doctor listens, is sympathetic and respectful towards his or her patients. He or she is professional and skilful, does not reveal confidential information but is aware of the duties of the profession towards patients. Good doctors also recognize that they are members of a body of like-minded and well-trained people with a mutual duty to protect the image of their profession.

The first and foremost virtues of any true practice in his sense of the words, says Macintyre, are the virtues of justice, courage and honesty. These three virtues are not specific to medicine. Participating in a practice, 'we have to learn to recognize what is due to whom; we have to be prepared to take whatever self-endangering risks are demanded along the way; and we have to listen carefully to what we are told about our own inadequacies and to reply with the same carefulness for the facts'.<sup>2</sup> On this understanding, the participation in any 'practice', will teach us something about human virtue, and, hence, about good and evil.

The practice of medicine is of special concern to us all, because a degree of health is a precondition for participating in most human activities. Medicine, therefore is one of the key practices in human society; the roles of the doctor and nurse entail special responsibilities towards the individuals in their care as well as towards society at large.

Within the context of a practice, as defined by Macintyre, the true reward of virtuous action is the achievement of the aim, or one of the aims, internal to that practice. Goods external to the practice do not constitute a proper reward of virtue. In order to motivate and be effective in achieving the goods internal to a 'practice', virtue must be exercised without regard to consequences external to that 'practice'.

Conventionally, medicine has sought to cure or alleviate debilitating conditions of individuals. The overriding obligations of the doctor have been towards the individual patient and towards his profession and colleagues. The first obligation has related to his task of curing and caring, the second has related to a professional membership and its code of honour. On this account of medical practice, the virtuous doctor acts with a view to curing and caring for the individual patient and upholding the traditional code of honour of the profession. Besides the three virtues described as fundamental by Macintyre, the virtuous doctor will show, for example, compassion (or the Christian virtue of *caritas*) towards the individual patient and, as part of respecting his code of honour, integrity in aiming to achieve the goods

internal to the practice of medicine, namely cure and care.

In their book, *The Virtues in Medical Practice*, Edmund Pellegrino and David Thomasma, enumerate a number of 'medical virtues': fidelity to trust, compassion, phronesis or moral wisdom, justice, fortitude, temperance, integrity and self-effacement.<sup>3</sup> Whether this list is too short or too long, it provides a good understanding of the traditional mores in medicine as a practice aimed at curing and caring for sick and vulnerable individuals. The reward of the medical virtues consists, first and foremost, in what happens to individual patients.

Financial remuneration or fame, on the other hand, are goods external to the practice of medicine; as such they are not the proper reward of virtue in medical practice. The intrinsic aims of medical practice are not those of earning money or getting famous, though such achievements might be regarded as a bonus.

The ends or goods of the practice of medicine are basically unselfish; the attitudes they encourage and the type of character they foster are not unlike those encouraged by Judeo-Christian mores. Traditional Hippocratic medicine, is a practice prohibiting certain practices absolutely, while enjoining others irrespective of external rewards. As an activity with certain intrinsic aims, medicine is a teleological activity. Its mores are related to the understanding that its purpose is that of achieving certain ends, though only by certain means. Certain actions are absolutely ruled out as incompatible with the intrinsic ends of medicine, others are incompatible with the medical code of honour. Hippocratic medicine rules out abortion as incompatible with its aim of promoting life; Hippocratic medicine tells the doctor never to cause harm and applies this principle to the unborn as well as the born. Abortion, then, is an example of a type of action which, on the Hippocratic understanding, is absolutely

ruled out by the intrinsic ends of medicine. The professional code of honour of medicine rules out, for example, drunkenness at work or in public places as well as any other behaviour that demeans a person.

As this account shows, traditional medicine is a teleologically oriented activity and yet not a utilitarian or consequentialist one. If it were utilitarian or consequentialist, the ends of medicine would justify any means; they do not. There are some things the Hippocratic doctor must not do even to achieve a medical end.

Viewed in analogy with a game, the rules of medicine are moral rules, because they concern human dealings with other humans. Moreover, it is a game where the main players, doctors and nurses, have the upper hand, while the patients are the less powerful players. Therefore, medicine cannot but foster in doctors and nurses a certain sense of responsibility. Medicine is an activity, the rules of which matter to all and so too, therefore, do medical mores and the virtues fostered by medical practice.

It is for this reason that the bioethicist who studies the aims and values of traditional medicine can learn many lessons about human virtue and good actions, lessons which he can apply in teaching ethics in general. Likewise it is for this reason that the medical doctor, believer or unbeliever, who studies his practice historically and takes traditional medicine seriously, can learn much not only about medical virtue and about being a good doctor but also about being a good person. And it is for this reason that medicine in the traditional mould, has much to teach society at large.

1. Alasdair MacIntyre, *After Virtue* (London: Duckworth, 1981), 175.

2. *Ibid.*

3. Edmund D. Pellegrino and David C. Thomasma, *The Virtues in Medical Practice* (New York, Oxford, Oxford University Press, 1993).



Stephen Williams, M.A., Ph.D.

# Life Without Hippocrates: the Vision of Nietzsche\*

## Focus on Nietzsche

Why should readers of *Ethics & Medicine* pay any heed to Friedrich Nietzsche, the German philosopher who lived in the second half of the last century?

To answer, let us first draw attention to an essay on 'The Metamorphosis of Medical Ethics', published by Edmund Pellegrino in 1993.<sup>1</sup> In it, he distinguished between four periods in medical ethics. The first, lasting until the 1960s, was dominated by the Hippocratic tradition. The second witnessed 'principle-based moral theories' beginning to reshape the Hippocratic ethic: the theories devised were not necessarily consonant with the Hippocratic tradition. The third period witnessed some disillusionment with philosophical principles in the formation of medical ethics. The fourth is the one we are just entering. It is characterized by a strong current of nihilism and scepticism sweeping philosophy, theology and ethics, and this, as Pellegrino puts it is 'a full capitulation to the Nietzschean legacy'. For Nietzsche, the idea of one truth was an illusion. All we are capable of discussing are multiple truths seen from many incommensurate perspectives' (p. 1162).

In his 'Response to Nigel M. de S. Cameron's *Bioethics and the Challenge of the Post-Consensus Society*', published in the Spring 1995 issue of *Ethics and Medicine*, David Fletcher alluded to this analysis.<sup>2</sup> He sought to distinguish between the analyses of the current situation in bioethics which are offered by Pellegrino and Cameron. I shall not comment on Fletcher's interpretation of the differences, but our attention to Nietzschean thought will return us at the end of the article to some of the things that apparently divide Cameron and Fletcher. Pellegrino's way of describing the situation prompts our reflection on Nietzsche's vision for humanity under the title: 'Life without Hippocrates'. Let it be clear from the outset that we have in mind Hippocratism not primarily in its narrower sense of a set of principles governing medical practice, but more broadly, as a key component in our widely ramified social philosophy and attitudes, particularly in the West. Further, although we shall cite primary texts from Nietzsche, our interest is not in a rigorous account but in selection of relevant material, albeit without distorting Nietzsche's meaning. I am not committed either to Pellegrino's general analysis or even to the particular claim that the Nietzschean legacy is characterizing the current phase of medical ethics. But

Nietzsche merits the spotlight in a way that should become clear as we proceed. I shall go beyond anything suggested by Pellegrino in his brief, programmatic remarks and try to give a wide scope, rather than scholarly detail, to our introduction to Nietzsche's vision of humanity.

The nature and extent of Nietzschean influence on biomedical ethics is obviously hard to determine. Developments in clinical bioethics over the next few years may help us to get a clearer picture. Referring to his general influence, R.J. Hollingdale, a leading authority on Nietzsche, has remarked that 'Nietzsche's influence in precisely the direction of a revaluation of received values has been such that the extent of his responsibility would be difficult to exaggerate'.<sup>3</sup> Perhaps Hollingdale exaggerates. If so, he does so rather in the spirit of Nietzsche himself, who thought that his own authorship was so significant that it divided human history into two.<sup>4</sup> His grand object was, indeed, the revaluation of received values and although he himself did not live to complete a projected major work on that topic, a revaluation has obviously occurred on a massive scale in our century. One might laugh at Nietzsche's grandiose view of his own significance, but one should not ignore his influence, which is no laughing matter. Even if we can not gauge the effect of Nietzsche's thought on the crisis in the Hippocratic tradition, a glimpse of its character should prove highly illuminating for those who fear we are heading for life and for death without Hippocrates.

## General Soundings

Nietzsche's rare references to Hippocrates himself do not suggest disfavour. He even seems to have admired his creative spirit. (D III.108). However, his attitude to the tradition, particularly if we characterize it as the 'Christian-Hippocratic' tradition, is a very different matter. There is much in Nietzsche's literary corpus that is of concern to those who want to protect that tradition. Before proceeding to the main investigation, I shall indicate briefly three relevant areas.

1. When Nietzsche was musing over the guiding interest of his constructive thought, the attempt to revalue our values, he expressed the desire that the philosophy department of some prominent university should offer a series of prizes for essays on the evolution of moral ideas, and do so with the help of medical people. For values are rooted in physiological phenomena. 'It

\* This article is a revised version of a paper given at a conference in Budapest sponsored by the Centre for Bioethics and Public Policy under the title: 'Pluralism, Public Policy and the Hippocratic Tradition in 1995.'

should be stressed that all tables of values, all moral injunctions, with which history and anthropology concern themselves, require first and foremost a physiological investigation and interpretation and next a critique on the part of medical science' (GM I.17). Health and strength, on the one hand, weakness and corresponding dependency, on the other, generate their peculiar and divergent perspectives on the moral life. For our purposes, we need not pursue this theme in Nietzsche; it would take us too far afield, and into an exploration of Nietzsche's denial of free will in the formation of moral judgement.

2. As regards physicians in particular, Nietzsche, over a century ago, believed them to be poised to replace 'curers of souls' as the dominantly influential professionals in society. Then the physician would cease to be 'a medicine-man and become a saviour' with this advantage—he will require no miracles, nor will he need to have himself crucified' (HAH I.5.243). Later in his authorship, Nietzsche sketched out a 'moral code for physicians', whereby the physician should encourage in himself active contempt for the invalid, regarding him as a parasite on society when he comes to a certain stage of degeneration while clinging on to life as something intrinsically valuable (TI 36). This is a chilling passage that deserves attention not given to it here, for I have sought to do so elsewhere.<sup>5</sup> However, if we are investigating Nietzsche's relation to the Hippocratic tradition, this passage, in its context, conveys an important aspect of Nietzsche's vision of life without Hippocrates.

3. Again, we could trace an anti-Hippocratic theme in Nietzsche's writings by relating his remarks on medicine to his remarks on suicide. 'There exists a right by which we take a man's life but none by which we take from him his death . . .' (HAH I.2.88). Compared to Greek and Roman advocacy of suicide, 'the desire to carry on existing from day to day, anxiously consulting physicians and observing scrupulous rules of conduct, without the strength to get any closer to an actual goal of one's life, is much less respectworthy' (HAH I.2.80). Life's goal is something you set for yourself. ' . . . Why should it be more laudable for an old man who senses the decline of his powers to await his slow exhaustion and dissolution than in full consciousness to set himself a limit?' (HAH I.2.80). Christianity played its wretched part in our attitudes to suicide: 'When Christianity came into the world, the craving for suicide was immense—and Christianity turned it into a lever of its power, allowing just two kinds of suicides—martyrdom and ascetic self-mortification' (GS III.131). Physicians should collude with suicidal projects (TI 36).

We shall not follow this last trail, either, because the remarks on suicide are not particularly distinctive.<sup>6</sup> But these soundings—or dippings—in Nietzsche indicate how his estimation of life was opposed to the regnant concepts of the Christian-Hippocratic and post-Christian moral-Hippocratic traditions of his day.<sup>7</sup> Our trawl from now on will take us through more distinctively Nietzschean waters. They involve charting some pretty fearsome depths.

## The Creation of Morality

Nietzsche's nomination for the book of the millennium—indeed the book of the Christian era—was his own *Thus Spoke Zarathustra*.<sup>8</sup> In it, he wrote:

'You shall not steal! You shall not kill!'—such words were once called holy; in their presence people bowed their knees and their heads and removed their shoes. But I ask you: Where have there ever been better thieves and killers in the world than such holy words have been? Is there not in all life itself—stealing and killing? And when such words were called holy was not *truth* itself—killed? . . . O my brothers, shatter, shatter the old law-tables! (TSZ, *Of Old and New Law-Tables*, 10).

'Where have there ever been better thieves and killers in the world . . .?'—i.e., if we live under such an imperative as 'you shall not kill', we live under the imposition of a law alien to raw life, life as it is, life as we have it. The law is created by someone or someones in order to impose a value on life, but it is not a law that arises out of raw life itself. Nietzsche did not believe in God and held that the non-existence of God entailed the non-existence of any objective, uncreated 'tables of values'. He worked with a contrast between morality and nature. Morality, according to Nietzsche, is 'the denial of all natural processes' (WP II.141). *'My chief proposition: there are no moral phenomena, there is only a moral interpretation of these phenomena. This interpretation itself is of extra-moral origin'* (WP II.258).

Nietzsche's mature interpretation of human reality was in terms of humanity as 'will-to-power', a piece of metaphysical philosophy, it has seemed to many, despite Nietzsche's protest against metaphysics. Whatever he owed to Darwin, Nietzsche disagreed with Darwin's philosophy as he understood it: organisms are characterized by the drive not to self-preservation, but to the maximization of power. It is not Nietzsche's formulation of this point, but his broader contention that detains us here, the contention that morality is created. Nietzsche held that objective morality can not be supported without God. God is dead. We are the creators of our values. We create in the knowledge that we are dust and soil and blood. Prosaically stated, Nietzsche's position is that: 'The individual is something quite new which creates new things, something absolute; all his acts are entirely his own. Ultimately, the individual derives the values of his acts from himself . . .' (WP III.767). But Nietzsche does not usually put things prosaically. Just as the spirit and intentions of an author are arguably more influential than his or her metaphysical scheme, so the force of an author's contribution often resides in the style as much as the content of the formulation. *Thus Spoke Zarathustra* was the apogee of Nietzschean communication. Its eccentricities and extravagances should not blind us to its presentation of a vision which has fired others. It is the vision of a new humanity, free of God, free for self. Nietzsche conveyed it particularly dramatically, but the basic script has commanded commendation a-plenty.

### The Emergence of Decadent Humanity

Nietzsche only arrived at, or at least only formulated, his position on nature, morality, and the creation of value after analyzing what had happened in Europe up until his day. 'The common factor in the history of Europe since Socrates is the attempt to make moral values dominate over all other values . . .' (WP II.274). Prior to Socrates, the Greeks were naturalists and so they were the 'immoralists' *par excellence*. Then Socrates and Plato fatally tried and even more fatally succeeded in bringing life under a conceptual, evaluative order of their own devising. They set the natural in the clamps of the moral. Nietzsche connected naturalism and paganism: 'The affirmation of the natural, the sense of innocence in the natural, "naturalness", is pagan' (WP II.147). In light of the fact that the Hippocratic Oath appears to have a Pythagorean provenance, it is worth noting that Nietzsche held Pythagoreanism to be anti-Hellenic, by which he meant anti-'Greek-pagan' (WP II.427). Pythagoreanism, or anything anti-pagan of that kind, was a crime in the style of Socrates and Plato, however it stood in historical relation to them. The corruption of the Greek mind which Plato achieved enabled Christianity to 'weaken and moralize the man of antiquity' (WP II.150). The nadir of this movement was the Jewish inversion of values, whereby they pronounced the strong 'evil' and the weak 'good'.<sup>9</sup> This was a profoundly anti-natural move. It was the expression of a spiritual movement of *ressentiment* against power, but was itself a decadent tool for the acquisition of power on behalf of the feeble against their oppressors. Christianity turned this into the curse of Europe—the production of that weak, anti-life animal, Christian man. 'God' is the supreme tool for the resentment of the weak and functions to suppress nature. ' "God" represents a turning away from life, a critique of life, even a contempt for it . . .' (WP II.141). Christianity celebrates weakness. 'The Christian movement is a degeneracy movement composed of rejected and refused elements of every kind . . . it is from the first an agglomeration of forms of morbidity crowding together and seeking one another out . . .' (WP II.154). 'All this . . . one cannot sufficiently despise' (WP II.172). Now to this kind of life. Nietzsche must oppose another kind of life, life without Christianity, without weakness and so without Hippocrates. Two forms of life are in conflict: a lower and a higher kind of life (WP III.592).

Nietzsche believed that the Europe of his day was miserably failing to put up the struggle against Christianity which this conflict demanded. On the contrary, Europe was clinging on degenerately to the Christian inheritance. Purportedly objective morality without God; democracy, with its talk of equal rights; democratic socialism; liberal democracy; liberalism—these are all forms of decadence. The two doctrines of morality most commonly preached in Europe in Nietzsche's day were 'equal rights' and 'sympathy with all sufferers' (WP IV.957). Neither of these is well-rooted in nature, but both are well-grounded in Christianity. A sickly European herd-animal ruled the day. Note here Nietzsche's attitude towards the liberalism which, on some analyses, exhibits to the world its fundamental opposition to the

Hippocratic tradition when bioethical issues are at stake. Such liberalism can appeal to a certain religious and moral interpretation of Christianity. Nietzsche thought it could do so far too successfully. But there is a glimmer of hope. That kind of humanity, of Christian ancestry, not yet weaned from its Christian parent, surely can not prevail for ever.

### The Coming of a New Humanity

Nietzsche remarked that 'democracy is Christianity made natural' (WP II.215). A domesticated account of what Nietzsche meant is this: because we know that democracy has no supernatural sanction (since we must believe that God is dead), we can stare democracy in the face, without being distracted by thoughts of objective deity—and, gazing at it, *see* how unnatural democracy is. At any rate, Nietzsche could foresee a new day dawning.

Nietzsche conducts us to the insight that 'the modern European is characterized by two apparently opposite traits: individualism and the demand for equal rights . . .' (WP III.783). If democracy, sustainer of equal rights, will collapse, individualism remains. In an early work, Nietzsche had commented that people will come to see that 'it seems an absurd demand that one man should exist for another man . . . For the question is this: how can your life, the individual life, receive the highest value, the deepest significance?'.<sup>10</sup> The absurdity of the broad utilitarian proposition that exalts the greatest happiness of the greatest number would dawn on people and its exposure propel them towards egosim. Look at the shifts in cultural sensibility that we have experienced:

During the longest and most remote periods of the human past, the sting of conscience was not at all what it is now . . . [In those days] whatever harmed the herd, whether the individual had wanted it or not wanted it, prompted the sting of conscience in the individual—and in his neighbour, too, and even in the whole herd . . . Today one feels responsible only for one's will and actions, and one finds one's pride in oneself . . . There is no point on which we have learned to think and feel more differently (GS III.117).

'The preaching of altruistic morality in the name of individual egoism . . .' was a great nineteenth century lie (WP III.784). However, the inculturation of humans in a Christian culture (what Nietzsche called 'the domestication of man') 'does not go deep' (WP III.684). When it is sloughed off, we are back with the natural. While Nietzsche did not want savagery or barbarism, he did want to go back to ancient ways of natural self-affirmation, lost through the influences of Plato and Christianity ('Platonism for the people')—the lie about a transcendent reality, eclipsing the natural. And in the midst of decadent 'post-Christian' Europe, he felt: 'If anything can reconcile us to our age, it is the great amount of immorality it permits itself without thinking any the worse of itself . . .' (WP III.747). This is surely a telling statement. Nietzsche ruminated that if immorality could be spiritually tolerable in a society externally ordered to 'morality', it was a sign of good things to



come. Surveying his present and its hopes of reappropriating a natural, pagan past, Nietzsche could say: 'It is nothing to be wondered at that a couple of millennia are needed to re-establish contact—a couple of millennia mean little' (WP IV.1043).

### The Question of Cruelty

It has seemed to many that the most sinister aspect of Nietzschean immoralism was the vaunted return to a longing for a 'master-morality', extolling the morality of the strong, in contrast to the slave morality of Christianity, which exalts the weak of the earth. Nietzsche's strident call for its re-establishment has often been regarded as bearing a strong and sinister connection to Nazism. But the nature of that connection is a controversial matter on which I shall not (and am not competent to) dwell. Nietzsche's more general prognosis for the future is more widely applicable. Such a prognosis actually leads Nietzsche beyond talk of egosim and immoralism to talk of cruelty.

We Europeans of the day after tomorrow, we first born of the twentieth century—with all our dangerous curiosity, our multiplicity and art of disguise, our mellow and as it were sugared cruelty in spirit and senses—if we are to have virtues we shall presumably have only such virtues as have learned to get along with our most secret and heartfelt inclinations, with our most fervent needs (BGE 7.214).

So (a) our virtues will be new; (b) they will correspond to what we desire; (c) we have a dangerous curiosity; (d) we possess the ability to disguise our designs and (e) we harbour a cruelty within us—but this, too, is disguised. The reference to cruelty is neither casual nor rhetorical. Nietzsche, after being deeply influenced by Schopenhauer, overtly broke with him. Schopenhauer had maintained that egoistic actions were morally indifferent, the only moral actions being those rooted in compassion. So, too, cruelty is the essential expression of immorality. Nietzsche ruled out the morality of compassionate action, as understood by Schopenhauer. Then what of anti-compassion, cruelty? Well, cruelty is in nature, as egoism is in nature. It can not be avoided in the name of morality.<sup>11</sup> So in *Beyond Good and Evil*, Nietzsche urges that we re-assess the (im)morality of cruelty. 'One should open one's eyes to take a new look at cruelty . . . Almost everything we call "higher culture" is based on the spiritualization and intensification of *cruelty*—this is my proposition; the "wild beast" has not been laid to rest at all, it lives, it flourishes . . .' (7.229). One can not interpret such a passage at a stroke, and one must be careful not to offer a slanderous misrepresentation of Nietzsche along the lines that he simply exalts cruelty and denies compassion. But the naturalness in cruelty entails that we resist attempts at its forced expulsion from culture, certainly in the name of a compassion mediated via our Christian inheritance.

It is the general dimension to Nietzsche's thought that has proved an encumbrance for those who have tried to

adopt Nietzsche's perspective when it comes to ordering social and political life. At one stage, Nietzsche was not regarded as a political thinker; he was, it was thought, centred on the individual. But for some time there has been debate over the content, quality and implications of his political thought. One of Pellegrino's examples of a sceptical and nihilistic philosophy is that of Richard Rorty, glad inheritor of the legacy of Nietzsche. Pellegrino, however, does not refer to the work in which (I believe) Rorty makes the most prominent use of Nietzsche in political theory, namely *Contingency, Irony and Solidarity*.<sup>12</sup>

In this work, Rorty eschews any theory of justice, for there is no truth independent of perspective and no norms of justice. Nor is there some moral norm which rules out cruelty. We who are against cruelty can but display ourselves to the world in our intentions, actions and lives as beings whose lives are embedded in a story, borne along by a narrative, a tradition which rejects, even abhors, cruelty. His enterprise looks roughly like a post-modern twist with re-jigged vocabulary to the claim that morality is a matter of sentiment. His Nietzschean legacy leaves him with no socio-political option but to take up the cudgels against what he *feels* is a matter of cruelty, but not against what he does not *feel* to be so.

In the course of his work, Rorty remarks that 'Christianity did not know that its purpose was the alleviation of cruelty' (p.55). Christianity, of course, did not oppose cruelty merely by summoning up *sentiment*. Sentiment can grow or it can fade. As far as Christianity is concerned, it is guaranteed to flourish only when planted in the soil of conviction about a truth which is not just *my* truth. Pellegrino instantiates Rorty when he is talking about the legacy of Nietzschean scepticism and relativism now manifested in medical ethics. Rorty, following Nietzsche, must gainsay the possibility of a normative social and political concept of justice; Rorty, following Nietzsche, must accent the social and political virtue of autonomy; but Rorty, despite Nietzsche, maintains a stance against cruelty. Nietzsche's thought appears to identify political society as the sphere of naked power struggle. Keith Ansell-Pearson, a leading commentator on Nietzsche's political thought, points out the centrality of autonomy in its logical structure, aware of the perils of naked autonomy characterizing the stark power struggle that must now mark the politics of Nietzschean, post-Christian society.<sup>13</sup> In response, Rorty depicts a life groundlessly opposed to cruelty. To be sure, Rorty has argued for and not just stated in his literature the failure of the alternatives. Nor should we despise the sentiment that outlaws cruelty. But note the contrast: Rorty's vision for humanity is born of a tradition of non-cruelty, maintained solely by the distaste for it. Hippocratism *formed* a tradition of medical practice, maintained in great part by the convincing strength of its principle. Nietzsche appeals to taste and to principle. 'What is now decisive against Christianity is our taste, no longer our reasons' (GS III.132). If others continue to give the reasons against Christianity, they do so having tasted also that godless autonomy is good. But to those who have lost the taste, reason issues a logical declaration: if society can not be grounded in universally normative principles, rational

universals having eventually collapsed in the train of religious universals, the principle of power stakes its claim. So, at least, Nietzsche thought. Now we need to analyze the notion of power before we can make any headway on this question. Roughly speaking, Nietzsche seems to hold that social and political order, whatever its inevitable constraints, can not systematically crush and must systematically enable the maintenance of 'the natural'. The political model seems to be agonistic. It must certainly not be undergirded by the conviction that there is a realm of objective morality or by feeble, frail and timorous clamour that we ought to behave rather nicely and compassionately towards each other. A Nietzschean who views the Rortys of this world as compromised by their style of preference for compassion over cruelty may well take heart from the supposition that the weakened heirs of the weakened Judaeo-Christian tradition in the West will eventually bow in principle before the reality in practice: the primacy of power in the public arena. Once that vision is realized, life without Hippocrates has sprung out of its womb.

### Response

Nietzsche depicts the cloud which he saw would loom over western Christian civilization and envisioned the bright sky of a godless world that would, he hoped, follow it. It is certainly not given to this writer to discern clearly to what extent that cloud is visible or exactly how it is moving in the patch of sky monitored by observers of the practice and the ethics of medicine. The purpose of our interest in Nietzsche is not to describe or to predict with confidence, but to invite us to discern in his writings some signs of our medical-ethical times. Nietzsche programmatically declared that 'the terms *autonomous* and *moral* are mutually exclusive' (GM II.II). Given Ansell-Pearson's attention to autonomy in Nietzsche's political thought; Nietzsche's controlling vision of the autonomous man; and the profile of 'autonomy' as a concept in medical ethics, we can aptly revert to this in conclusion.<sup>14</sup> And this brings us back to the exchange between Nigel Cameron and David Fletcher.

The point at which we take it up is the final section of Fletcher's essay, in which he contests Cameron's analysis of autonomy. Cameron attacks autonomy, the conceptual charter for patient consent, as the expression of a move away from medical ethics to patient ethics, and so away from the Hippocratic tradition. Fletcher protests that we need a positive and sympathetic view of autonomy and consent, consonant with a medical tradition that has nurtured them whether on a Christian or secular basis, for which we can provide sound religious arguments and which enable rapport between Christian and secular medical ethics. But I think that Fletcher obscures the point and deflects the force of Cameron's argument.

Firstly, Cameron concludes that the situation in medical ethics is profoundly challenging to Christians 'if this analysis is only partly justified' (p. 6). The wording sends a clear signal. He is concerned to train the spotlight and not to exhaust the relevant subject-matter. The detailed way in which the crisis in question is conceptualized is

less important for Cameron's purposes than the exhibition of those elements that undoubtedly make it a crisis.

Secondly, Fletcher is 'unclear . . . whether Dr. Cameron rejects outright the concepts of autonomy and consent, or merely considers them to be overemphasized in contemporary bioethics' (p. 11). It seems to me that Cameron neither rejects them *tout court* nor even, strictly speaking, complains of overemphasis. He is concerned with the role that the concept of autonomy is playing on the current scene. He is less concerned with what the concept can mean than the use which the concept does have. His point is that 'autonomy' today does not express a shared idea, joining the best in Christian and secular traditions of moral philosophy and medical ethics. It is a concept dislodged from any rootage in the Hippocratic tradition.

Thirdly, Fletcher appeals to the support given to autonomy by Kant and John Stuart Mill, which should provide common ground in Christian-secular encounters. But if Pellegrino is right, there is pretty minimal rapport, even on a reading of Kant and Mill that is sanguine about the compatibility of their autonomy with traditional Christian thought. Pellegrino's reading favours, though it does not entail, the belief that the conflict between autonomy and morality which Nietzsche advertised, has now come to root. That is, the autonomous, far from being the expression of the moral (as we roughly find in Kant and Mill) functions in a Nietzschean framework as its antithesis.<sup>15</sup>

Fourthly, where Fletcher apparently advertises the logical connections of concepts, Cameron is concerned to limn the notions in light of their cultural import. This takes us back to our second point, but I highlight it here in terms of the culture of power that Cameron sees replacing the culture of service.<sup>16</sup> The concluding paragraphs of the two essays offer an interesting contrast in perspective. There is a strong measure of complementarity. Reading them in light of the total contributions, we are reminded that Christian reflection requires two components, apart from theological truth. One is conceptual clarity; the other is historical discernment. Those of us who find Nietzsche's asseverations relevant will be inclined to treat autonomy with more of Cameron's suspicion than of Fletcher's optimism.

But my essay is meant to be suggestive and evocative more than anything else—it is not designed to side categorically with Cameron against Fletcher or with Pellegrino or with a particular interpretation of Nietzsche. We shall all agree that a culture where a concept of autonomy is hooked up to vagaries of power can not be addressed, or its forces redressed, by doing conceptual battle alone. Our conviction about the persuasiveness of theory in medical ethics must be moderated by our acknowledgement of Nietzsche's open admission that taste, and not reasons, forms our religious and irreligious responses. Our advocacy of a theistic ethic must similarly be tempered by the knowledge (also attained, a little less directly, from Nietzsche) that 'God' defines a remote idea, for many people. And so we are reminded that the love of God and neighbour was incarnated in Jesus Christ before it was preached by him.

The work of Dietrich Bonhoeffer is instructive here. In

his unfinished *Ethics*, Bonhoeffer seems to shadow Nietzsche some of the time and his persistent response is a *portrayal* of Christ, the contours of whose person become clear in a life of action. Bonhoeffer makes the concrete humanity of Christ the criterion for Christian ethics. It may seem that reference to Christ, even to his concrete humanity, has more to do with personal and ecclesiastical religion than with the advocacy of Hippocratism in our pluralistic culture and in the public place. Of course, we are on the threshold here of detailed questions in Christian social and political thought. But let us remember that the power of the Hippocratic tradition has been sustained not just by its principles but by the performance of countless practising physicians acting in accordance with them. Hippocratism was an idea that became incarnate or perhaps was incarnate before it became idea; it has certainly been experienced in incarnate form by many who did not fully grasp the idea. The concrete humanity of Jesus Christ became visible, after his death, in his church. To the church is committed the task of inspiring confidence that its faith is worthy of universal acceptance, and to do so first by its obedience to one it calls 'Lord' only on the ground of his claim to universal lordship. The suitability of Christ to guide society in the values that determine public policy, is demonstrated by our example as well as our argument. For the alternative to Christ is not really toleration. In our present (especially western) context, the position may be all too well put by Bonhoeffer, however we integrate his sentiments into political theory.

By the loss of unity which is possessed through the form of Jesus Christ, the western world is brought to the brink of the void. The forces unleashed exhaust their fury in mutual destruction. Everything established is threatened with annihilation. This is not a crisis among other crises. It is a decisive struggle of the last days. The void towards which the west is drifting . . . is a creative void, which blows its anti-god's breath into the nostrils of all that is established and awakens it to a false semblance of new life while sucking out from it its proper essence, until at last it falls in ruin as a lifeless husk and is cast away. The void engulfs life, history, family, nation, language, faith. The list can be prolonged indefinitely, for the void spares nothing.<sup>17</sup>

Apocalyptic judgements are all too easily made and I quote from Bonhoeffer in the spirit of this article as a whole.<sup>18</sup> If we withstand or withdraw from them, it must be with the proviso that we appreciate at least that there are real prospects for the rapid evolution of life without Hippocrates. I have offered no documentation or data to support that here.<sup>19</sup> Instead I have outlined elements in the vision of Nietzsche, which conjures up before our eyes things we certainly need to behold. Is the prophecy so clearly false?

1. E.D. Pellegrino, 'The Metamorphosis of Medical Ethics: A Thirty

Year Retrospective' in *Journal of the American Medical Association* (March 3, 1993) 269.9, pp. 1158-1162.

2. *Ethics & Medicine*, 11.1. Nigel Cameron's essay is contained in the same volume.

3. R.J. Hollingdale in his translation of *Twilight of the Idols/The Anti-Christ* (London: Penguin, 1990) p. 9. The abbreviations used for the titles of Nietzsche's works are listed at the end of the 'Notes'. References are to sections and not to page numbers in Nietzsche.

4. See EH as a whole.

5. Stephen N. Williams, 'Bioethics in the Shadow of Nietzsche' in N.M. de S. Cameron, J. Kilner & D. Scheidermeyer (eds.), *Bioethics and the Future of Medicine* (Carlisle, Paternoster, 1995).

6. Though H. Jochemsen singles out the inspiration of Nietzsche on the reasoning that concludes for the right to dispose of one's own life: see *A Christian Evaluation of, and Alternative to, Euthanasia*, p. 4. This is unpublished but available through the Lindeboom Institute, Postbox 224, 6710 BE EDE, Netherlands.

7. 'Post-Christian' is used because of Nietzsche's conviction that, whether or not we knew it, God was dead. See GS III.125.

8. See EH, especially pp. 99-111.

9. This theme can be picked up from BGE 8.250 through 9.260 and in GM, *passim*.

10. 'Schopenhauer as Educator' in UM p. 162.

11. Cf. GM I.XIII though it is not directly on this point.

12. Richard Rorty, *Contingency, Irony and Solidarity* (Cambridge/New York: CUP, 1989).

13. See K. Ansell-Pearson, 'Nietzsche on Autonomy and Morality: the Challenge to Political Theory' in *Political Studies* 39.2 (1991) pp. 270-286 and *An Introduction to Nietzsche as Political Thinker* (CUP, 1994). See chapter 8 of this latter discussion of Rorty.

14. It is arguable that we should not think of 'man' generically here, hence my use of the term.

15. Nietzsche's references to Mill are not complimentary: see BGE 8.253 and WP IV.925, 926. A trawl through the references indexed in WP also indicates just how much love Nietzsche lost over Kant and see TI and A *ad loc*.

16. Cf. Jochemsen's intimation that community of ideological background can account for the ease with which one shifts from voluntary to involuntary euthanasia (to cite what is of particular interest to him in the essay) *op cit.*, p. 4. The point is that such a background makes it easier to cross logical gaps.

17. D. Bonhoeffer, *Ethics* (New York: Macmillan, 1965) pp. 105f.

18. Nietzsche wrote *The Antichrist* shortly before his collapse into clinical insanity in 1889; Bonhoeffer makes a striking reference to Soloviev's story of the Antichrist in *Ethics*, p. 56.

19. It does not take much imagination to find the scenario presented in the Mad Max movies as a plausible piece of futurism, nor to find Nietzsche and the world of Mad Max mutually interpretative. Of course, I am not recommending that we pay heed to Nietzsche on the basis of products of our over-heated imaginations . . . still less that we survey the medical scene, our heads stuffed with scenes from Nietzsche and Mad Max.

### Abbreviations used for Nietzsche's Works

- A 'The Antichrist', *The Twilight of the Idols/The Antichrist* (London: Penguin, 1990)  
 BGE *Beyond Good and Evil* (London: Penguin, 1990)  
 D *Daybreak* (Cambridge: CUP, 1982)  
 EH *Ecce Homo* (London: Penguin, 1979)  
 GM *The Birth of Tragedy and the Genealogy of Morals* (New York: Vintage, 1966)  
 GS *The Gay Science* (New York: Vintage, 1974)  
 HAH *Human, All Too Human* (Cambridge: CUP, 1986)  
 TI 'The Twilight of the Idols', *The Twilight of the Idols/The Antichrist* (London: Penguin, 1990)  
 TSZ *Thus Spoke Zarathustra* (London: Penguin, 1969)  
 UM *Untimely Meditations* (Cambridge: CUP, 1983)  
 WP *The Will to Power* (New York: Vintage, 1967)



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and

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# Some Reservations About Suicide

## I

In 'Suicide: A Fundamental Human Right?'<sup>1</sup> Margaret Pabst Battin argues that certain forms of suicide are constitutive of human dignity and, therefore, that the commission of such suicides is a fundamental human right. In another essay, 'Prohibition and Invitation: The Paradox of Religious Views about Suicide',<sup>2</sup> she argues that a universal moral prohibition against suicide based upon Christian moral teaching can have no proper role to play in the contemporary pluralistic discussion. She claims that, on the one hand, there are deep and irreconcilable tensions in the Christian tradition concerning the morality of suicide—tensions which culminate in her surprising thesis that, for the Christian, not only is suicide on occasion morally permissible, but that in fact sometimes suicide is morally obligatory—and that, on the other hand, the tradition's best arguments for there being such a universal prohibition are unconvincing. Battin's arguments are intended to play a pivotal role in the contemporary discussion concerning physician-assisted suicide and other forms of euthanasia.

Although I acknowledge the fact that several popular arguments for there being a universal moral prohibition against suicide are unconvincing, I here attempt to show that some religious arguments against the moral permissibility of suicide are invulnerable to Battin's specific criticisms of them. In addition, I argue that the deep tensions which she perceives in the Christian tradition regarding suicide are, in large part, illusory. Along the way, I draw attention to Alasdair MacIntyre's reservations concerning the very grounds for there being natural rights. If MacIntyre is right, then *contra* Battin, not only do we have no natural right to suicide, but we have no natural rights at all. Finally, in connection with Battin's discussion of dignity and suicide, I briefly introduce Jorge Garcia's apt reflections on whether or not it is possible for one to be better off dead.

## II

'[A]rguments against suicide' according to Margaret Pabst Battin, 'originated within religious contexts' (p. 205). And, she continues, 'it is Christianity's opposition to suicide that is the basis of much of our cultural and legal disapprobation of [it]' (p. 205). But, she claims, the scriptural, theological, and rational foundations for an absolute moral prohibition against suicide within the Christian tradition are demonstrably inadequate, and this in two ways. First, Battin claims that religious arguments for such an absolute prohibition against suicide are

seriously defective. Although Battin does not go so far as to claim that an adequate religious argument for the absolute moral prohibition against suicide *cannot* be constructed, she does suggest that all such arguments of which she is aware are unsuccessful.

Second, Battin argues that, in the light of the perceived inadequacy of Christian conceptual foundations invoked in support of a universal moral prohibition against suicide, the primary reason for the unreasonably strong moral stance against suicide found in the Christian tradition is that Christian teaching actually *invites* the faithful to commit suicide. In order for the faithful to resist this impulse, she hypothesizes that Christian teaching prohibiting suicide has grown increasingly, albeit unreasonably, forceful. 'Christianity' she writes, '*invites* suicide in a way in which other major religions do not; it is for this reason, we may suppose, that Christianity has been forced to erect stringent prohibitions against it' (p. 206).

Battin begins by enumerating, and criticizing a series of arguments prohibiting suicide to which there have been explicit appeals made within the Christian tradition. Almost all of these arguments, she states, 'presuppose the existence of a divine being, as well as the meaningfulness of such concepts as salvation, retribution, and sin; and almost all of these arguments could be defeated by denying these beliefs' (p. 206). It is, to say the least, exceedingly odd to claim that an argument can be *defeated* by denying certain of its premises. If this were so, then one could easily defeat a whole host of arguments (including W.V.O. Quine's arguments for the radical indeterminacy of translation and the inscrutability of reference) with almost no effort at all. At any rate, Battin refuses to take this low road to 'victory'. Rather, she intends to presuppose many of those traditional theological beliefs to which the Christian tradition appeals and only then attempts to defeat the arguments in question on other grounds.

Battin divides the arguments for there being a universal moral prohibition against suicide in the Christian tradition into four principal groups: (1) arguments based on biblical grounds; (2) arguments based on analogies to ordinary objects and relations; (3) natural law arguments; and (4) arguments which rely on the role that suffering is thought to play in the Christian life. She begins her analysis of the biblical text-based arguments by stating that 'there is no explicit prohibition of suicide in the Bible . . . [n]or is there any passage in either the Old or New Testament that can be directly understood as an explicit prohibition of suicide' (p. 207). She continues, '[T]hose passages that are often taken to support such a prohibition require . . . a considerable amount of interpretation

and qualification' (p. 207). This is all quite puzzling. Evidently, the word 'directly' is doing a lot of work for Battin here. Even if it were granted, as Battin claims, that 'There is no word anywhere in the Bible . . . that is equivalent to the English term suicide [sic]', certainly there are either explicit biblical passages themselves or their clear entailments which can plainly be understood as being prohibitions of suicide, if only because there are passages which *have* plainly been so understood by scholars in the Christian tradition; and, as the saying goes, 'if it's actual, it must be possible'.

It is true, but not in itself interesting, that some biblical passages are more complex and more difficult to understand than others. Devising methods for elucidating the meanings of these more difficult passages is what the discipline of hermeneutics strives to perfect. Many scientific texts contain passages which require a great deal of interpretive skill and proper qualification. What is supposed to follow from this? It has often been pointed out that neither the term 'Trinity' nor the term 'incarnation' is found in the biblical texts, yet the clear interpretations of several biblical passages leave no plausible conceptual space for the claim that the Christian Scriptures teach neither that God is a Trinity nor that Jesus is God incarnate.

Battin claims that

The Christian use of the Sixth Commandment as the basis for the prohibition of suicide originates with St. Augustine; prior to the early fifth century A.D., the church had no unified position on the moral status of suicide, and was widely divided on whether various forms of self-killing, including deliberate martyrdom and religiously motivated suicide, were to be allowed (p. 210).

She then argues that this commandment 'does not serve as a general prohibition of self-killing, since self-killing may not always be wrongful killing' (p. 210) and that the Sixth Commandment (as numbered by Protestants) is best translated 'Thou shalt do no wrongful killing,' or perhaps 'Thou shalt do no murder.' She goes on to say that the Sixth Commandment is

almost universally relaxed to permit the killing of plants and animals, . . . [and] the killing of human beings in self defense, capital punishment, and war. However, one might argue, if under this commandment the killing of human beings is permitted in these situations, it is hard to see why [sic] it should not also be permitted in the case of suicide. Indeed, suicide would seem to have a stronger claim to morality, since suicide alone does not violate the wishes of the individual killed (p. 210).

We must first attend to the fact that it is simply false that 'suicide alone does not violate the wishes of the individual killed' (p. 210). Some persons who commit suicide do not, in any ordinary sense of the term 'wish', wish to kill themselves: sometimes suicide is seen, whether rightly or wrongly, as the only way out of an otherwise unbearable situation. Suppose, for example, that a terrorist demands that Jones kill himself or else he (the terrorist) will summarily execute Jones' family. Now

Jones in no way wishes to die *and* he in no way wishes for his family to die. Whether rightly or wrongly, Jones chooses to kill himself in this situation for the sake of preserving the life of his family, but it would surely be inappropriate to insist that some of Jones's deepest wishes were not violated in this circumstance. On the other hand, it is obvious that certain *non*-suicidal forms of killing also do *not* violate the deepest wishes of those individuals who are killed. Some faithful Mormons, for example, who have been found guilty of murder have uncompromisingly demanded that they undergo capital punishment (specifically by firing squad) in order to help atone for those sins for which, according to orthodox Mormon doctrine, Christ's sacrificial death alone was inefficacious.

Battin's claim that the Sixth Commandment has been 'relaxed' in order for the Christian church to have permitted the killing of plants and animals is quite puzzling. I am unaware of any plausible historical or textual reason for thinking that the Sixth Commandment could *possibly* have been properly applied to the killing of plants and animals, and thus was in need of 'relaxation', especially in light of the culture-of-sacrifice into which the commandments were introduced. It seems most plausible to view the biblical injunction expressed by the Sixth Commandment not as 'Thou shalt do no wrongful killing,' but as Battin's other tentatively advanced suggestion, viz. 'Thou shalt not murder.' All murders are, after all, wrongful killings of certain sorts, namely, those wrongful killings which are constituted by one's intentionally bringing about the deaths of innocent persons. (One cannot, for example, murder walking sticks, iguana, or thrips.) On this understanding of the commandment, there would be no 'relaxation' involved when permitting the killings of plants, sheep, fish, thrips, or other humans whether in self-defence, for capital crimes, or in just wars if, in fact, certain instances of these latter varieties of human killing are not *murderous* killings.

This does not, of course, settle what it is precisely that constitutes an act as a murderous killing, or even what constitutes an act as a non-murderous wrongful killing of, say, innocent human persons. It is one of the most conspicuous defects in Battin's essay on religious views of suicide that she nowhere gives a careful, satisfying analysis of what suicide *is*. Her claim that there are a total of eleven suicides chronicled in Scripture (including two in the Apocrypha) suggests that she has adopted an idiosyncratic understanding of this notion, an understanding which is not, to my mind, philosophically current, morally significant, or conceptually satisfying. This becomes clear when one examines the examples of alleged suicides which she adduces from the biblical texts. One such example involves 'Samson, who in destroying the Philistines pulled the temple down upon himself' (p. 208). What is Battin's justification for so confidently proposing this as an example of suicide? Nowhere in the biblical texts does it imply that Samson intended to take his own life as a result of this act. Surely it is critical to suicide (just as it is critical to murder generally) to *intend* the death of the one killed. Even if Samson were to have known that his destroying the temple would result in his death, there is no reason to



think that his death was the result of a suicide. Battin, of course, might not see it this way, but she really *must* see it this way if she intends to address what, in fact, constitutes the traditional Christian prohibition of suicide, for the Christian tradition prohibits only *intentional* self-killings, not just any act which results in one's death. (Unintended self-killings may be properly handled by the doctrine of double effect.)

This troubling feature of Battin's piece, i.e., the conspicuous absence of a conceptually subtle, intellectually satisfying characterization of what suicide is surfaces repeatedly. For instance, Battin's discussion of St. Augustine's distinction between 'private killing' and divinely ordered killing is also undertaken in a context in which the notion of suicide appears to be infelicitously characterized. The principal problem with which Augustine<sup>3</sup> struggles is how to understand those scriptural passages in which God commands the taking of human lives. Private killings of human beings, i.e., killings of human beings by one's own authority are, according to Augustine, intrinsically evil and hence never permissible. But, he argues, perhaps not all human self-killings are private killings. There may be cases in which God, for instance, authorizes a self-killing. In such a case, not only is the self-killing morally permissible, it is also morally obligatory. From this Battin concludes that, according to Augustine, 'Suicide is permitted under divine command; otherwise, it is not' (p. 211).

But the inference from 'Some self-killings are morally permissible' to 'Some suicides are morally permissible' is as misshapen as the inference from 'Some killings of other human beings are morally permissible' to 'Some murders are morally permissible.' For not all self-killings are suicides; just as not all killings of others are murders. In fact what Battin appears to have overlooked is that suicide—that human act which is universally prohibited in traditional Christian moral theory—is just a form of *murder*, viz. *self-murder*. Insofar as this is the case, a large number of self-killings discussed by Battin under the rubric of suicide have been egregiously misclassified.

Battin first addresses what she feels are the inadequacies of the religious analogy arguments against suicide frequently invoked within the Christian tradition. One such argument draws on an analogy between life and a gift from God. The argument states that 'because life is a gift of God, one ought not destroy it by suicide' (p. 217). This argument, according to Battin,

is open to a very simple objection, first formulated by the eighteenth-century Swedish philosopher, Johan Robeck . . . who . . . argued that if life is a gift, then it becomes the property of the recipient, who may therefore do with it as he or she wishes. In giving a gift, the donor relinquishes his or her rights and control over the gift item; if he or she does not, then the item is not a genuine gift (p. 217).

Battin appears to recognize the thinness of this objection as it stands. 'We are, of course, aware of circumstances in which it would indeed be wrong to destroy a gift—for instance, if it is an object like a peck of wheat, a warm coat, or a fifty dollar bill' (p. 217). But, she argues, 'these counter-arguments show only that it is

wrong to destroy an item if it is useful to someone else, or if it has intrinsic value of its own; they do not show that it is wrong to destroy something *because it is a gift*' (p. 217). Battin does, though, explicitly acknowledge the personal relation of gratitude which appears to be quite proper in such gift-giving contexts, and given the assumption that the gift of life is given by God, suicide may thereby be viewed as an expression of extreme and ultimate ingratitude toward God.

However, argues Battin, ingratitude toward the giver of a gift—whether the giver be merely human or divine—can be appropriate in cases where the gift given is 'unattractive, ill-fitting, or spoiled . . . damaging to one's health or one's value . . . unnecessary, burdensome, or embarrassing' (p. 218). 'Gratitude, in such a circumstance,' claims Battin, 'might seem impossible or perverse' (p. 218). She goes on to conclude,

Thus, the potential suicide who, because his or her life is so excruciatingly painful to live, considers discarding the 'gift' that an omniscient and omnipotent God has given him or her, in effect asserts that it is the donor's and not his or her own intentions that are subject to moral questions. If he or she does commit suicide, it is God who is at fault and not the person: God clearly is not a benevolent God, and one has no obligations to be grateful to the uncaring or even malevolent donor of a horrid and painful 'gift.' Read in this way, the original gift argument against suicide seems to backfire, and to legitimize suicide wherever life involves unfortunate, deeply unwanted circumstances (p. 219).

Battin has here chosen to wade in deep and treacherous waters. Her appeal to the problem of evil in this context is ill-conceived, if only because she has failed to appreciate both the nature of the problem and the strategies for its containment. Battin appears to be aware that a satisfactory solution to the problem of evil would go a long way toward rebutting her objections to the gift analogy adumbrated above. For an all-loving, all-powerful, and all-knowing God who has a good reason for instantiating this world will also have a good reason for giving the gift of life to all on whom he bestows it, whatever form this gift of life happens to take. Battin implies though that there can be no such good reason. She asks, 'Why would God, who is not only omniscient and omnipotent but perfectly good, give to some individuals the gift of good lives, and to some others desperate or painful ones?' (p. 219). Battin then outlines what she calls '[t]hree principal strategies . . . traditionally used to answer the problem of evil' (p. 219), viz. the ultimate harmonies defence, the free will defence, and the soul-making defence. 'There are' she claims, 'other theodicies, of course, but it is these three that have been central in the traditional discussions of philosophy of religion' (p. 220).

It needs first to be pointed out that Battin has confused the distinction between the notions of theodicy and defence. The former is, in part, an attempt to answer Battin's above question. The latter is simply an attempt to show that the existence of God, as he is conceived for example in the Christian faith, is compatible with the existence of those evil states of affairs that happen to

obtain.<sup>4</sup> Providing a successful theodicy guarantees a successful defence; providing only a successful defence does not, though, guarantee a successful theodicy.

Battin's general purpose in having brought up the topic of theodicy in this context is as follows:

[T]he answer to the overriding question of whether gratitude to God is appropriate or morally required, even when the life He has bestowed is unsatisfactory, depends on the type of theodicy we employ. But there is no easy agreement among philosophers of religion or theologians as to which, if any, of these theodicies is successful; all of them are open to considerable objection. If none of them is sound, we may be led to conclude either that God does not exist, or that He does not have all three attributes of omnipotence, omniscience, and perfect benevolence (p. 220).

But Battin appears clearly to be mistaken here. There is something of a general consensus among philosophers of religion that the free-will defence against the deductive problem of evil presented by Alvin Plantinga (1980) is, in fact, successful. But this is neither here nor there. Even if there were no such consensus, in the absence of any plausible argument that there is a genuine conceptual problem for the traditional Christian theist here, there is no good reason that I can see which would make it irrational to believe both in the existence of evil and in the traditional God of Christianity. One must, of course, do more than simply *state* (as J.L. Mackie was wont to do) that the traditional Christian theist is faced with a conceptual problem here.

Battin's characterization of the concept of omnipotence is likewise misaligned. She states,

But gratitude for the intentions and affections of a given despite the unsatisfactoriness of the gift can be expected only in a situation where the giver is subject to limitations . . . Life, however, is the gift of a giver who has no limitations: it is the gift of an omnipotent, omniscient being, one who has, presumably, the ability to fashion for any individual a pleasant and attractive life, including a healthy body, a sane mind, and comfortable circumstances (p. 219).

But Battin appears to presume too much. Her apparent unfamiliarity with Molinism in general and with Plantinga's free-will defence in particular leads her to presuppose that the consensus among philosophers of religion is that to be omnipotent is to have the ability to do anything at all. This is not, though, a view of omnipotence that is widely held. In fact, the standard view is that God is omnipotent insofar as he has no *nonlogical* limitations. The Molinist's gloss on this class of limitations includes God's inability to cause person S libertarian freely to perform action A in circumstance C at time t if the following counterfactual of creaturely freedom is true of S: If S were to be in C at t, then S would libertarian freely perform non-A at t. *Contra* Battin, then, an omnipotent God does *not* have the ability to fashion for individuals all of the features of their lives that Battin imagines. If Molina was right, then it is a matter of contingent fact—a contingency which depends upon the counterfactuals of creaturely freedom which happen to be true—that God is *unable* to so fashion them.

Battin's criticisms extend to other analogy-based arguments as well, for example to the argument that 'suicide is wrong because, according to the biblical text, man is made in the image of God' (p. 221). In response, Battin points out 'that while destruction of an image . . . may be an insult to the model when the likeness is a good one, it may be an act of respect when the likeness has become distorted' (p. 221). This is especially so, says Battin, if one interprets the term 'likeness' . . . as is customary in Catholic theology, as the conformity of the human will to the will of God', for 'then the tacit premise of the underlying analogy—that one ought not destroy an image or likeness of someone—no longer exerts its initial precritical pull' (p. 221).

But clearly the image of God in Catholic theology, or Christian theology more broadly construed, is not, as she claims, 'the conformity of the human will to the will of God' (p. 221), for if that were so, human embryos would not be divine image bearers. Certainly, the human embryo's will is not in conformity with the will of God, because the human *embryo* does not (and arguably *cannot*) will. In virtue of being an ensouled rational being, the powers of its soul include the power to will, but it is not simply in virtue of possessing a certain power to will, much less willing in conformity with God's will.

Battin further errs in thinking that God's image in us can somehow be *destroyed* in the manner that she suggests. This thought betrays a fundamental misunderstanding of what it means to be a divine image bearer. Humans are *essentially* divine image bearers according to the Christian tradition. To destroy the divine image in us is to destroy us; we could not, that is, both survive and lack God's image. Even human zygotes possess this image, for to be a divine image bearer is simply to share with God those powers of will and intellect—powers which for us are powers of the soul—necessary for acting freely (including loving freely) and for thinking rationally.

One of Battin's most egregious errors in this context is embodied in her concluding statement: 'If, when contrasted with the lives of other human beings, one's own life seems to be an example of a good craftsman's uncharacteristically bad workmanship, ordinary practices suggest that it would not be wrong or disloyal to destroy it' (pp. 221–2). It would appear to follow from this that the lives of many of those who struggle with mental illness are lives which, according to Battin, it would not be wrong for the mentally ill themselves to destroy. Those who, in virtue of psychic pain, struggle daily against suicidal impulses generated by how their lives presently seem, would do no wrong, it seems, to give in to these impulses and take their lives. Perhaps she would rest comfortably knowing that, on her prompting, many suicides have been effected by those large numbers of mentally ill persons whose lives seem to be products of uncharacteristically bad workmanship. Note the gradient of the slope on which Battin is presently sliding. Rather than requiring a *veridical* perception of how badly constituted one's life happens to be, a *mere seeming* on the part of the potential suicide is justification enough.

Battin's inadequate grasp of Christian theology is again here apparent. What does she mean when she says that

certain lives are examples of 'a good craftsman's uncharacteristically bad workmanship'? (p. 222). According to Battin, such shoddy workmanship is such that 'ordinary practices suggest that it would not be wrong or disloyal to destroy it' (p. 222). Traditional Christian thought concerning suffering, disfigurement, and dying is intimately bound up with an understanding of such disorder as the unfortunate consequence of that primary source of agential evil that we call sin. God is not the one who has wrought this disorder; it is the result of misuse of the will on the part of human and non-human agents. According to traditional Christian teaching, then, there simply is no disordered state of affairs for which one can seriously hold God responsible in the sense suggested by Battin.

### III

Battin next examines arguments against suicide based upon natural law. She correctly points out that such natural law based arguments have been favoured by the medieval and later Christian tradition as offering an *explanation* for what it is that is wrong with suicide. She proceeds by enumerating and expounding upon three different interpretations of what is meant by the claim that suicide violates natural law: (i) suicide is a violation of (descriptive) natural physical law, (ii) suicide is a violation of (descriptive) biological law, and (iii) suicide is a violation of (prescriptive) natural law. I shall focus only on the third of these proposed interpretations, viz. suicide as a violation of prescriptive natural law and, hence, as a perversion of humankind's natural end.

This latter sense of natural law, as it is understood in much of the Christian tradition, presupposes that human beings have a natural end, a *telos*, the fulfilment of which is constitutive of human happiness. According to Battin, this means that 'it is natural for humans to live and to engage in specifically human activities: thought, communication, the performance of morally good acts, and other actions that promote the fulfilment of humankind's highest potential' (p. 229). 'Suicide' she says, 'is wrong because it precludes these activities' (p. 229). But this could not be right the way it stands. It is here that Battin's imprecise characterization of what counts as suicide again becomes a serious issue. One is tempted to read Battin as saying that just *any* activity which precludes these aforementioned activities is wrong. But it would then follow that acting in a way (*any* way) that gets one martyred for the sake of Christ is to act wrongly; or that acting in a way (*any* way) that eventuates in one's death is to act wrongly. This, I dare say, is preposterous. No traditional natural law adherent would affirm that performing *just any* act which gets one martyred or otherwise eventuates in one's death is to act wrongly. The problem with suicide, according to dominant Christian conceptions of natural law, is not simply that it precludes one's performing distinctively human acts, but that intending or attempting or succeeding in the performance of suicide, precisely understood, is to act in a manner that is directed *against* one's nature; it is, in short, to act in a manner that is intended to *divert one* from one's natural end.

Battin goes on to claim that natural law arguments are 'directed, so to speak, only to the able-bodied and to those of sound temperament; . . . [they do] . . . not say how persons ought to act who are . . . unable to perform "the natural" functions of human beings,' for '[e]ven if we were to grant that it is "natural" and therefore morally obligatory for human beings to think, communicate, and perform morally good acts for one another, there can be circumstances for individual human beings in which they are not able to do these things' (p. 230).

Precisely what is Battin meaning to ask when inquiring about how, according to natural law, persons ought to act who are unable to perform functions natural to human beings? The obvious answer to a query of this kind is that all voluntary acts that they perform ought to be acts which are in accord with their nature. It is, of course, a rather banal truth that some '[p]eople in severe and unremitting pain or subject to severe mental disturbance . . . may be unable to reason or think in any coherent way' (p. 230) and may thereby be rendered temporarily unable to perform any distinctively human acts at all. Some persons in deep sleep or under deep general anesthesia are also in this predicament. Is Battin further suggesting that, according to natural law, one is transiently freed from the obligation to live life in accord with one's nature simply in virtue of having fallen into a very deep sleep?

### IV

Battin's above attempts at demonstrating the failures of traditional Christian arguments for there being an absolute moral prohibition against suicide are not successful. It does not, of course, follow from this that Battin is mistaken in thinking that suicide is morally permissible under some circumstances. In this light, in a second essay, 'Suicide: A Fundamental Human Right?' Battin argues for the positive conclusion that human beings have a fundamental human right to commit suicide. Such fundamental rights are thought to attach to human beings simply in virtue of the fact that they are human beings. Other rights held to be fundamental in the same sense by Battin are the rights to life, liberty, freedom of speech, worship, education, political representation, and the pursuit of happiness.

Battin properly acknowledges that the success of this move allows her to evade certain consequentialist objections to there being a specifically *liberty* right to suicide, i.e., a *prima facie* right to suicide which, depending on the circumstances, can be overridden. If suicide is merely a right in this sense then, claim its consequentialist critics, there may be numerous circumstances in which the calculated outcome of one's consequentialist calculus turns out to be unfavourable and, hence, there may be frequent circumstances in which the *prima facie* right to suicide is overridden. Such unfavourable outcomes might consist, for example, of generally untoward effects of one's suicide on others. Were suicide to be a *fundamental*



## V

human right, though, no such defactors could succeed in overriding it. 'If' states Battin, 'what had appeared to be a liberty right to suicide turns out to be a *fundamental* right, the force of ordinary utilitarian arguments against it will collapse' (p. 279).

Battin argues for suicide's being a(n) (unequally distributed) fundamental human right by attempting to show that some suicides are constitutive of human *dignity*. "'Human dignity,'" states Battin, although difficult to define, 'is a notion rooted in an ideal conception of human life, human community, and human excellence' (p. 280). According to Battin, it typically involves autonomy, self determination, responsibility for one's acts, self awareness, rationality, self-expressiveness, and self-respect.

One would have expected that Battin would next have argued that some specified range of *values* should be attached to each of the aforementioned features which comprise human dignity in order that one might judge when one's or another's life does or does not possess the requisite measure of dignity. One would think that it would be upon this basis that one could differentiate between suicides compatible with dignity and those that are not. It is here that Battin takes an unexpected turn. Rather than basing judgments concerning dignity on certain *objective* features of human beings, she bases judgments concerning human dignity explicitly on *subjective* foundations. These allegedly dignified suicides, says Battin, are based on 'a self-ideal; a conception of one's own value and worth, beneath which one is not willing to slip' (p. 284). It is these 'threat[s] to one's self ideal[s]' (p. 284) from pain (whether somatic or psychic) and physical illness from which one escapes in the act of dignified suicide.

Battin's view entails that if one's self-ideal were, like Christ's, to exemplify unsurpassable moral excellence in this life and if one were to realize that one is not going to reach this self-ideal and that life is not worth living unless this self-ideal were ultimately attained, then one's suicidal response to this realization would be an act that is constitutive of one's human dignity. This would be so even if one *were* in fact morally excellent in the manner desired, for Battin's proposal makes the alleged dignity of some suicidal acts depend upon a certain *perception* of one's value or self-worth, not on one's *actual* value or self-worth. This view has the absurd consequence of converting a potential non-dignified suicide into a dignified suicide simply in virtue of convincing the potential suicide that his life, no matter how it is *actually*, is not and probably never will be the kind of life that will approximate to his self-ideal. This might be done either by changing the potential suicide's view about his life or by changing his self-ideal. Note that the former method allows for the added absurdity that convincing one, through deception if need be, of a *false* view of one's life can effect the intended reorientation toward dignity; and that the latter method invites one to convince the potential suicide of a self-ideal that is logically impossible, convincing him both of this logical impossibility and of the view that life is not worth living if this self-ideal is not attained and, thereby, insuring that the suicide in question would, on Battin's grounds, be constitutive of human dignity.

There is a more direct route than the path that I have trod above to showing that Battin's attempt at demonstrating that suicide is a fundamental human right fails. The first step on this path is simply to point out that nowhere does Battin *argue* for there being *any* fundamental human rights at all. She simply presupposes that there are. 'It is rarely disputed' she claims, 'that persons have a right to freedom, since it is very widely assumed that freedom contributes to human dignity' (p. 280). Although *rarely* disputed, it certainly *has been* disputed that persons have a natural right to freedom, most notably by those who deny that there are any natural (or what Battin calls 'fundamental') rights at all. I, for example, count myself among those who do not countenance the existence of natural rights.

Alasdair MacIntyre<sup>5</sup> has mounted an impressive case for being suspicious of there being anything like fundamental human rights. If MacIntyre is right then, *contra* Battin, suicide is not a fundamental human right in virtue of the fact that there are no fundamental human rights at all. This is presently not a popular position. Nevertheless, I believe that there is much to recommend it.

MacIntyre has pointed out that there does not appear to be a term that can properly be translated 'a fundamental human (or natural) right' in any language prior to the close of the middle ages. He also supplies a plausible reason for why this is so, namely, that claims to the possession of natural rights in fact presuppose the instantiation of particular, local socioculturally established sets of rules. 'Such sets of rules' claims MacIntyre, 'are in no way universal features of the human condition' (p. 67). Rather, states MacIntyre, the objection that those friends of natural rights must meet 'is precisely that those forms of human behavior which presuppose notions of some ground to entitlement, such as the notion of a [natural] right, always have a highly specific and socially local character, and that the existence of particular types of social institution or practice is a necessary condition for the notion of a claim to the possession of a right being an intelligible type of human performance' (p. 67).

Those historical particularities which gave rise to a belief in human rights appear not to have been properly formed until relatively recently in human history. Neither in Old Testament Hebrew nor in classical or New Testament Greek, for example, does there appear to be expressions that can properly be translated 'a natural right'. It appears, then, that the rich and thick ethical developments contained within the primary texts of Judaism and Christianity progressed to their present state unaided by any natural rights language.<sup>6</sup> The same could, of course, be said of Aristotle's ethical views as well as the ethical theories embodied within Plato's dialogues and, if MacIntyre is to be believed, any piece of moral philosophy or moral theology written in any language, including classical or medieval Latin or Greek until circa. A.D. 1400. These considerations in conjunction with the fact that no one has yet devised a cogent positive argument for the existence of such rights there is reason enough, claims MacIntyre, confidently to reassert that 'the truth is plain: there are no such

rights, and belief in them is one with belief in witches and in unicorns' (p. 69). 'The best reason' states MacIntyre, 'for asserting so bluntly that there are no such rights is indeed of precisely the same type as the best reason which we possess for asserting that there are no witches and the best reason which we possess for asserting that there are no unicorns: every attempt to give good reasons for believing that there *are* such rights has failed' (p. 69).

For one, therefore, who is suspicious of the whole conceptual framework within which the notion of fundamental human rights has been conceived, Battin's presupposition that there are such rights and her claim that suicide is one of these rights is not in the least bit persuasive. What she needs is an *argument* for why one ought to take this notion of fundamental human rights seriously. I, like MacIntyre, am presently unaware of there being any such argument.

## VI

Although Battin is not explicit about this, she appears to believe that certain humans are, in some sense, better off dead. Perhaps this is what she means, in part, when she says that some forms of suicide are constitutive of human dignity. Perhaps, that is, Battin believes that some human lives have become relatively undignified but that, should one commit suicide, some of this dignity would be restored. It appears then that, according to Battin, the post-suicide state is *ceteris paribus* better than the pre-suicide state for some individuals in virtue of the dignity that accrues to them in virtue of having committed suicide.

Can one's dying be a good thing for some human beings? Can one be more dignified in death than one was in life? Can a human person be better off dead than alive? Jorge Garcia<sup>7</sup> has recently argued that an affirmative answer to at least this latter question is at best seriously doubtful. One is struck, in fact, with the strong suspicion that this latter question is unintelligible. What, after all, could it possibly mean to claim that a human being is better off dead?

Suppose, for the sake of argument, that at our deaths we cease to be. If this were so, then at our deaths *we* shall no longer exist. In what sense, then, could death be better for *us*, for there simply is no *us*, on this view, for whom death could be a benefit?<sup>8</sup>

On a traditional Christian view, the problem is no less difficult. As Garcia correctly points out, there is nothing in traditional Christian theology that 'entails that humans survive death, in effect, that we are immortals' (p. 86). The intervening period between the moment of my death and the moment of my resurrection is not a period in

which Howsepian the human being survives. If anything survives, it is Howsepian's disembodied soul that survives. But this disembodied soul is not a human being. If Howsepian the human being were to survive what is commonly called 'death', there would be nothing for God to resurrect. It is, of course, only the dead that can be resurrected.

The point is that on neither of the two above adumbrated views does it appear to be intelligible to speak of death as being a benefit to one. Those sorts of goods which Battin believes are attained through suicide, e.g., freedom from physical pain, psychic suffering, disfigurement, despondency, immobility, and dependency are, as Garcia points out, 'good for us only insofar as they are *parts of human life*. They are goods when and because they are attained in life. Being free from such troubles as anxiety, physical pain, and despondency is good inasmuch as it yields a less troubled life' (pp. 85-6). What Battin lacks, therefore, and what she must supply prior to any *argument* for the claim that some forms of suicide are constitutive of human dignity is a clear *explication* of the mere intelligibility of that claim. Although it is true, as Battin (1994) avers, that 'one cannot promote one's own *dignity* by destroying the dignity of someone else' (p. 283), what she has failed to see is that to destroy oneself is to destroy one's own dignity and, therefore, that one also cannot promote one's own dignity by destroying oneself.<sup>9</sup>

1. In Margaret Pabst Battin, *Least Worst Death: Essays in Bioethics on the End of Life* (New York: Oxford University Press, 1994), 205-53.

2. In Battin (1994), 277-88.

3. St. Augustine, *Concerning the City of God Against the Pagans* Bk.1, Ch.21, ed. David Knowles, tr. Henry Bettenson (Harmondsworth: Penguin, 1972).

4. See Alvin C. Plantinga's *God, Freedom, and Evil* (Grand Rapids, Michigan: Wm. B. Eerdmans Pub. Co., 1980), p. 28.

5. Alasdair MacIntyre, *After Virtue: A Study in Moral Theory* (Notre Dame, Indiana: University of Notre Dame Press, 1984), 2nd. Ed.

6. Battin herself takes it to be significant that 'There is no word anywhere in the Bible, either in Aramaic, Hebrew, or Greek, that is equivalent to the English term suicide [sic], either in its nominal or verbal form, nor is there any idiomatic way of referring to this act that suggests that it is a distinct type of death' (p. 207).

7. J.L.A. Garcia, 'Better off Dead?' *APA Newsletters* 92(1), Spring 1993: 858.

8. Battin herself appeals to a similar argument in her many-faceted attempted refutation of the 'life as a gift' argument against suicide. For instance, it is often claimed that life is a gift from God, and therefore ought not be destroyed. But this invites us to ask who it is who receives God's gift, if that individual does not yet have life; mainstream Christian theology does not assert the antecedent existence of nonliving individuals upon whom such gifts might be bestowed' (p. 216). She later calls this a 'trivial' objection.

9. This essay was presented at an international conference on 'Dignity and Dying' at Trinity Evangelical Divinity School in Deerfield, Illinois (July 1995).

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# The British Law on Assisted Reproduction: A Liberal Law by Comparison with Many Other European Laws

Recent developments in clinical genetics and assisted reproduction have been rapid. Since the birth of the first 'test-tube' baby, Louise Brown in 1978, the public's awareness of infertility has increased—and with it the demand for infertility treatment. With the availability of assisted conception, many now regard having a child as a right. The growing demand for these services has called for regulation.

A comparative study of different legislations will show that the new techniques of assisted reproduction have met with different legal responses in different countries, depending on different legal traditions and different historical experiences affecting social perceptions of basic human rights and of to whom such rights should be ascribed. These differences are reflected in their understanding of the family, the parent-child relationship, and the view of the child.

British law represents a liberal approach, favouring the rights of the present adult generation. By contrast, German law, with its basic law protecting fundamental human rights, is very much more restrictive in granting rights to the present adult generation at the expense of the embryo, the fetus, the child-to-be and future generations.

Other legislations are less liberal than the British one but not as restrictive as the German.

The following is a study of British, French, German, Norwegian and Swedish legislations in respect of the new genetic and reproductive technologies.

## Britain

### *The Human Fertilisation and Embryology Act 1990*

In 1982 the British Government established a Committee under the chairmanship of Dame (now Baroness) Mary Warnock, the remit of which was to propose rules regulating assisted reproduction and embryo research. The Committee reported in 1984, making a number of recommendations, most of which were subsequently enshrined in law through the Human Fertilisation and Embryology Act 1990.

#### *1 Embryo research and storage*

The Act defines an embryo as 'a live human embryo

where fertilisation is complete' (section 1(1a)). Fertilisation is not regarded as complete 'until the appearance of a two cell zygote' (section 1.1(b)).

Only embryos conceived *in vitro*, are covered by the Act, which permits embryo research involving the destruction of the embryo up till the appearance of the primitive streak ('or not later than the end of the period of 14 days beginning with the day when the gametes are mixed, not counting any time during which the embryo is stored' (section 4). Research is permitted on 'spare' embryos created for, but not used in, treatment as well as on embryos created solely for research (Schedule 2, paras 3-9).

The Act also specified a maximum storage period for frozen pre-primitive streak embryos not exceeding five years (section 14(4)). In January 1996 the HFEA proposed that the maximum storage period should be extended to ten years, and in some circumstances even longer.

The consent of the persons providing the gametes is required for the creation of an embryo *in vitro* as well as for research, storage or embryo-donation (Schedule 3, paras 1-4).

As a result of this regulation, the legal status of the pre-primitive streak embryo is effectively that of a chattel, which may be disposed of in different ways, depending on the wishes of those who provided the gametes.

#### *2 Licensing and policing of techniques of assisted conception*

Among treatments and procedures which must be licensed are *in vitro* fertilisation (IVF), keeping embryos, using gametes, examinations of embryos to determine their suitability for implantation, placing an embryo in a woman, artificial insemination by donor (AID), gamete intra-fallopian tube transfer (GIFT) where donor gametes are used, gamete donation and intra-vaginal culture (IVC) (Schedule 2, para 1).

The Act does not authorise the implantation of embryos whose genetic structure has been altered (Schedule 2, para 4).

Moreover, GIFT, using husband or partner sperm, is excluded from the license requirement.

The requirement that techniques involving extra corporeal conception or gametal donation have to be licensed bears witness to a perception of these techniques as beyond the ordinary or the natural.

It may also be observed that, while the HFEA, in its

annual reports, has repeatedly stressed its concern for the welfare of the child (as does section 13(5) of the Act), its main object is to provide satisfaction to patients receiving fertility treatment.

A most unfortunate consequence of the regulations is that they render some children legally fatherless. If a woman uses the frozen sperm of a man after his death, he is not considered to be the father. Likewise, if a woman uses donor sperm and establishes a pregnancy without her husband's consent, neither the husband nor the donor is legally considered to be the father (section 28(2b) and section 28(6)(a)).

### 3 *Abortion legislation*

The 1990 Act had the effect of legalising abortion up to birth; it permits abortion up to 24 weeks on social grounds, and up to birth in order to save the life of the woman, to avoid permanent injury to her physical or mental health, or to avoid the birth of a severely handicapped child (section 37).

Even if late terminations are performed only very rarely, the very fact that they are allowed up to birth creates an ambiguous attitude on the part of society towards nascent human life. On the one hand, doctors and nurses make heroic efforts to save some premature children, on the other, they assist in terminations involving potentially viable unborn children. The premature child, whose life the medical profession is trying to save (even if it risks surviving with handicaps), is treated as a gift and a human subject not to be rejected. By contrast, the unborn child, who is aborted for the sake of its mother's physical health or on grounds of abnormality—notwithstanding the often deeply felt parental sorrow—is treated as a disposable object.

### 4 *Anonymity of donors*

The anonymity of gametal and embryo donors is protected under section 31(5) of the Act. This provision, reflecting a preference to protect the adult, is inconsistent with the law applying to adopted children inasmuch as adopted children are allowed to seek information concerning their parental origins when they reach the age of majority, namely eighteen. This discrepancy raises the question of whether or not every child has the right to know its genetic origins when such information is available in public data-banks.

### 5 *Definitions of 'mother' and 'father'*

The 1990 Act defines 'mother' as: the woman who is carrying or has carried a child as a result of the placing in her of an embryo or of sperm and eggs (Section 27(1)). The exception is the child who is adopted after birth, whose adoptive mother is described as its mother.

This definition implicitly distinguishes between social motherhood and biological motherhood as well as between genetic and gestational motherhood; and it ascribes priority to gestational over genetic motherhood.

Ascribing priority to gestational motherhood is, of course, in keeping with the requirement that the gametal donor should remain anonymous. Both this requirement and the present definition of motherhood give preference to rearing and nurturing relationships over genetic

kinship ties. Both reflect the underlying view that present social ties are more important than the biological past. Traditionally, however, within the Judeo-Christian tradition, people have tended to regard family roots as important.

The legal 'father' of a child who is being carried or has been carried by a woman as a result of the placing in her of an embryo, or of sperm and eggs, or her artificial insemination, is the woman's husband or partner, unless it can be shown that he did not consent to the fertility treatment (section 28(1), (2)). Again, the law shows a clear preference for the rearing relationship over the biological one.

### 6 *The HFEA*

The HFEA, the statutory body policing the 1990 Act, has been given considerable autonomy to control the licensing procedures and to detail what can be done under these licenses. Yet, the authority cedes considerable autonomy to licensed centres. In this regard, the fact that the HFEA is funded mainly by license fees is surely a reason for concern.

The Authority may also be criticised for poor records and data collection, as witness the fact that it has lost track of the parents of several hundreds, if not thousands, of stored embryos. (The figures given have varied and seem disputable.)

In addition, there is a lack of representation within the authority of those who have serious reservations about different aspects of the agenda.

### 7 *'Wrongful birth'*

The 1990 Act allows for the possibility of both IVF specialists and donors being sued and held liable for a child who is born disabled as a result of the inappropriate selection of gametes or embryos, provided neither parent or only the donor were aware of the risk at the time of the fertility treatment when the child was conceived. This is by way of an extension to the Congenital Disabilities (Civil Liability) Act 1976, through the 1967 Abortion Act, as amended by the 1990 Act (section 44).

Suits of this kind are interesting, because they recognise that the born child has certain rights to be born free of injury or illness which could be attributed to the negligence of adults before it was born. They are also interesting, because, if the child had died before it had been born, it would have had no right to claim any damages. In other words, the child's right not to be injured as a fetus or as an embryo is activated only after birth. Nevertheless, the implication is that the unborn child is not a chattel disposable at the will of its owners or keepers, but is to be protected from injurious (though—and this may seem contradictory—not from lethal) harm. This provision is clearly contrary to the main tenet of the 1990 Act.

### 8 *Surrogacy*

Surrogacy involving IVF or GIFT is allowed but not enforceable under the Act. Surrogacy is an anomaly by comparison with most of the Act's provisions. This is because it allows that not only the child-to-be but also the woman carrying it to term be treated as a means to the satisfaction of others.



Surrogate mothers usually undergo potentially harmful hormone treatment, submit themselves and the unborn child to various tests during pregnancy only to hand over the child to another couple at birth. Commercial arrangements are illegal in Britain. But since private arrangements are hard to supervise and, more important, since expenses may be paid, surrogacy is effectively a commercial transaction involving the sale of a child as well as the sale of the services of a woman's body.

#### *More restrictive approaches*

Unlike Britain, many other European countries have outlawed destructive embryo research. Among them are France, Norway, Switzerland, Ireland and Germany. As is shown below, the German, Norwegian and Swedish laws are also more restrictive than the British law in several other ways and show a greater recognition of the rights of the child.

### France

The law passed in 1994, on the use of human parts, medically assisted conception and prenatal diagnosis, restricts assisted conception to married couples and to couples who have been living together for at least two years (Article 152–2). By couples is meant male–female couples. In Britain there is no such restriction; the 1990 HEA Act only states that the interest of the child must be taken into consideration.

Unlike the HFE Act, the French law rules out medically assisted surrogacy in France; this is an implication of Article 152.

Moreover, article 152–2 of the French law states that an embryo may be conceived in vitro only to achieve medically assisted conception, and only if the gametes used come from at least one member of the couple. There are no such restrictions in British law.

The creation of human embryos in vitro for research is forbidden. Though, non-destructive research may, exceptionally, be allowed with the permission of both members of the couple (Article 152–8). In short, all destructive embryo research is forbidden.

Embryo storage is allowed for five years—but only with a view to fertilisation (Article 152–2).

Exceptionally, the law permits embryo donation to couples fulfilling the conditions of Article 152–2 and for whom conception without donor would fail (Article 152–5). Thus donor assisted conception is allowed only as a last resort (Article 1526). Furthermore, a donor must be part of a couple who has already procreated—there is no such requirement under British law. Both the donor's and his or her partner's consent must be obtained in writing (Article 673–2).

Any mixing of sperm is forbidden (Article 673–3).

Finally, it may be mentioned that abortion is available in France on demand up to ten weeks gestation (Article L162–1, Code de la Santé, publique) and, as in Britain up to birth on, so-called, therapeutic grounds.

### Germany

After the unification of East and West Germany, it was decided that the country should have a common abortion law by the end of 1992. Such a law was passed but was immediately challenged in the federal constitutional court. In 1993, the federal court declared abortion is illegal, except on medical grounds and in the case of rape. However, even if abortion on non-medical grounds is illegal, neither the woman nor the doctor will be prosecuted if it is performed in the first trimester. Health insurance companies will not pay for illegal abortion but only for abortion on medical grounds.

#### *The 1991 Law for Protection of Embryos*

It is noteworthy that an embryo, as defined by this Law, is a fertilised egg cell as from the time of the fusion of the nuclei of the egg and sperm cell (syngami); it is also any totipotent cell taken from the embryo.

It is not permitted to transfer into a woman an unfertilised egg produced by another woman (1(i)).

Eggs may be fertilised artificially solely for the purpose of bringing about a pregnancy in the woman from whom the egg originated (1(ii)). This restriction rules out both egg and embryo donation, and makes the German law not only more restrictive than the British but also than the French.

No more than three embryos at a time may be transferred to a woman (1(iii)).

It is not permitted to try to fertilise more than three embryos in GIFT in one treatment cycle (1(iv)).

Moreover, it is not permitted to attempt to fertilise more eggs from a woman than can be transferred to her within one treatment cycle (1(v)). In other words, no more than three embryos may be created at any one time. Again, the German law is more restrictive than either the British or the French.

It is prohibited to remove an embryo from a woman before completion of implantation in order to transfer it to another woman or use it for any purpose not serving its preservation (1(vi)) or to transfer it to a surrogate mother (1(vii)). However, neither a surrogate mother nor a commissioning couple would be punished. This clause makes the law surprisingly lenient on surrogacy, considering how strict it is in other respects.

The clauses above are supplemented with clauses further specifying that it is forbidden to bring about artificially the penetration of a human egg cell by a human sperm or to introduce a sperm cell artificially into a human egg for any purpose other than bringing about a pregnancy in the woman from whom the egg came (2(i), 2(ii)).

It is also prohibited to use, produce or handle embryos conceived either in vitro or in vivo for any other purpose than its preservation (2(1)) or to allow an embryo to develop outside the body for any purpose other than to bring about a pregnancy (2(2)).

In short, the law allows neither egg donation (1(ii)), nor intentional embryo wastage (2(1)). Unlike British law,

then, German law protects the embryo from the syngami stage when the process of fertilisation is said to be completed.

Nevertheless, sex selection in the context of assisted conception is allowed, provided the purpose is to avoid a serious sex-linked disease (3).

No woman is to be fertilised by the sperm of a dead man (4(iii)).

Germ-line gene therapy is prohibited (5(1) and (5(2)).

The creation of chimeras or hybrids involving human embryo or germ cells is prohibited (7(1), (2)).

To complement this summary of the law, it may be interesting to include some of the arguments presented in a German government enquiry on gene therapy. These arguments will provide a fuller understanding of the social perception of the child.

*1987 Government Commission of Enquiry  
The Opportunities and Risks of Gene Technology:  
Documentation of Reports Presented to the German  
Bundestag*

This report, which dealt with genetic testing and gene therapy, warned against prenatal testing for eugenic purposes. Nor, it was argued, should such testing serve to provide unsolicited and potentially unwelcome information to relatives of those tested.

The most noteworthy part of the report concerned germ-line gene therapy. Such therapy was ruled out, not only because of the risks but also because it would involve destructive embryo experiments and might lead to eugenic practices. It was argued that human nature is inviolable and that human dignity derives from our origin, not from our social utility or the appreciation of others. The relevant section, s 6.3.3.7, may be summarised as follows:

Parents have no right to treat children as products or to programme them according to their own wishes. Human individuality and diversity is a product of nature and fortune. It is not for parents to design their children and in this way limit their individual freedom. Doing so would be to violate their integrity. Thus, for parents to seek to design their children according to their own wishes would be to usurp undue power over future generations; it is not for earlier generations to become the masters over future generations or for the dead to rule over the living.

Although the argument presented failed to provide a clear distinction between therapeutic and non-therapeutic interventions, it was commented that some members of the committee felt that germ-line gene interventions might be allowed if the purpose was to overcome illness.

What is remarkable about this argument is that it provides a clear and uncompromising statement to the effect that the child-to-be is not to be treated as a possession or a product and that the biological integrity of future generations must be protected.

## Norway

*The 1994 Act Relating to the Application of Biotechnology in  
Medicine*

The Norwegian law, like the German law, bans embryo research (3,1). Moreover it allows neither egg nor sperm donation in connection with IVF (2.10). It permits assisted reproduction (insemination by donor and in vitro fertilisation) only in the case of married women or women living in stable (male-female) relationships (S 2.2).

Embryos may be used only for implantation into the woman from whom the eggs originate (2.11).

Also, embryos may be stored for no more than three years. (This represents a change in the law. For the earlier 1987 Act on Artificial Fertilisation Act had stipulated a maximum period of one year.) Storage of unfertilised eggs is prohibited (2.12).

As under British law, sperm donors must remain anonymous (S 2.7). If the woman's husband or partner has consented to donor insemination, a court shall pronounce him the legal father (provided it was not improbable that the child was conceived as a result of the insemination).

Pre-implantation diagnosis is allowed, but only if there is incurable hereditary disease in the family (4.2).

Abortion is available on demand up to 12 weeks, and on medical or genetic grounds and in the case of rape up to 18 weeks.

By ruling out late abortion and by protecting the embryo against research, the Norwegian law shows considerably more respect for early human life than the British law. The prohibition against egg donation shows a greater concern for the biological identity of the child and for kinship relationships.

## Sweden

*The 1974 Abortion Act*

The Act allows abortion on demand up to 12 weeks. If the abortion is to be carried out after the 12th week but before the end of the 18th week, the abortion should be preceded by an inquiry into the woman's personal circumstances (pastoral counselling). Abortion after the 18th week and up to viability require the permission of the National Board of Health and Welfare. Viability, according to current practice, is set at 22 weeks. Abortion after this stage is not permitted.

*1984 Artificial Insemination Act*

This Act allows artificial insemination by husband (AIH) as well as artificial insemination by donor (AID), but only married women or women living in a stable (male-female) relationship are eligible for treatment (Article 2). The woman's husband or partner becomes the child's legal father (The Swedish National Medical Ethics Council, Assisterad Befruktning, Stockholm 1995, p12).

In sharp contrast to other national legislations, this Act

does not protect the anonymity of donor, but, on reaching an age of 'sufficient maturity', the child has a right to information about his or her father (Article 4). The Swedish legislators argued that, since adopted children have a right to know their genetic origins (if the information is available in public records), it would be inconsistent and unfair not to grant the same right to children conceived by donation.

#### *1988 In Vitro Fertilisation Act*

The Act applies to fertilisation of a woman's ovum outside her body, with a view to the conception of children (Section 1). It states that 'an ovum fertilised outside a woman's body may only be implanted in her body if: (1) the woman is married or living in a permanent relationship; (2) her husband or cohabitant gives written consent and (3): the ovum is the woman's own and has been fertilised with sperm from her husband or cohabitant (Section 2). In short, egg donation is prohibited and so too is sperm donation in connection with IVF. Surrogacy is also ruled out by implication.

It was argued in the Bill introducing the Act that there is fundamental difference between egg donation and sperm donation: egg donation, unlike sperm donation, severs gestational motherhood from genetic motherhood. This was considered a grave deviation from the biological norm. And it was thought that it might have detrimental psychological implications and impair our understanding of humanity.

Furthermore, it was argued that unlike AID (which is a relatively simple procedure), sperm donation in connection with IVF involves a high degree of manipulation of the human biological process and should, therefore, not be permitted. It was said that it might damage our understanding of humanity and that it could not be considered compatible with the child's best interest.

However, this law is presently being debated, and at the request of the Swedish government, the National Medical Ethics Council has published a report on assisted conception. In it the Council suggests that, as in France, both egg and sperm donation should be permitted in connection with assisted conception, but that at least one of the gametes should be the couple's own, so as not to totally sever the genetic link between the parents and the child.

#### *1991 Act on Research or Treatment Involving Fertilised Human Eggs*

Unlike the French, German and Norwegian, but like the British law, the Swedish law allows destructive embryo research and by so doing denies that the embryo is a human subject with rights.

Section 2 of the law, allows research involving human embryos up to the 14th day after fertilisation. It also states that research to develop techniques for achieving hereditary alterations (germ-line interventions) are forbidden and that embryos which have been subjected to experiments must be destroyed at the end of the 14th day (S 2).

Procedures involving fertilised human eggs (human

embryos) require the woman's permission, and if possible also the man's (S 1).

The maximum storage period for an embryo is one year, except when an extended period has been granted by the National Board for Health and Welfare (S 3).

An embryo which has been subjected to experiments may not be transferred to a woman's body. Nor is it allowed to transfer eggs or sperm which have been subjected to experiments (S 4).

In short, while the Swedish law in many respects is less restrictive than the German and Norwegian laws, it expresses a special concern for the notion of biological identity and is exceptional insofar as it provides for the right of the child produced by sperm donation to obtain information concerning the donor's identity.

## Conclusion

France, Germany and Norway, show considerably more respect for nascent human life than either Britain or Sweden insofar as they prohibit embryo research.

However, the Swedish law, like the German and Norwegian, is more restrictive and shows a greater concern for the child and for future generations than the British law inasmuch as it allows no egg donation. By forbidding egg donation the Swedish, Norwegian and German legislations recognise that severing genetic motherhood from gestational motherhood, leads to an ambiguity regarding the child's biological identity and, might cause problems in the future both for the individual child and society at large.

The Swedish law, which fails to grant anonymity to sperm donors but gives the child born as the result of gametal donation the same right as an adopted child to know its genetic origins at the age of majority, is exceptional. This is a clear recognition of the importance of knowing one's genetic roots and of the right of the child to access to information concerning its own identity when such information is available in public (though confidential) records.

German law and regulations, which are the strictest of all, are especially noteworthy insofar as they explicitly state that the child, born or unborn, must not be treated as a disposable chattel or a product. Instead, the German guidelines point to the dangers of giving power and priority to the older generation over the younger one, emphasising the rights of the child and of future generations in the context of the new reproductive technologies. In other words, the German regulations provide the greatest protection of the physical and psychological integrity of the child and show the most concern for the relationship between the generations.

In sum, of the laws examined here, the British law is by far the most liberal. And it is no exaggeration to say that the British authorities have shown singularly little concern for the welfare of children conceived by means of assisted conception.

Bruce A. Little, D.Min.

# Philosophical Considerations for Christian Ethics

The twentieth century has witnessed gargantuan strides in the field of medicine, bringing hope of health to thousands while, at the same time, raising difficult and disturbing ethical concerns. These ethical concerns centre not only on debates regarding what is morally permissible in terms of legitimate experimentation and professional application of medical research and technology, but also on the allocation of health care resources themselves. Such ethical concerns present challenges on both the personal and professional level. Comprehending the wide range of interrelated issues is a formidable task, second only to finding moral principles on which to base an ethical system which can provide a moral perspective sufficiently comprehensive to encompass the most difficult ethical questions.

Moral principles reflect the substance of one's core values. Moreover, moral values are determined by one's ontological commitments. Ethical systems or theories are the systematization of moral principles in order to apply them to human behaviour for the determination of right and wrong. Once established, the ethical system is then applied to the particular issues at hand. It seems, however, that the mistake most often made is to discuss particular ethical issues before examining the legitimacy of the ontological commitments which ultimately determine the shape of any ethical system. Therefore, a vigorous examination of primary philosophical commitments must precede the task of discussing particular ethical issues. The purpose here is to examine the ontological implications of Christian theism and how they form the foundation and framework for Christian moral principles and a corollary ethical system.

Ontologically, most contemporary ethical systems are built on naturalistic or materialistic assumptions. At the very foundation of the naturalistic theories is the notion that all that exists is the material, leaving us with only the particulars and no universal or absolute. Without universal moral principles, however, all ethical systems necessarily become relativistic. Such ethical systems traditionally have included consequentialism, situationism, and pragmatism. Christian theism, however, begins with the existence of a metaphysical reality. This metaphysical reality is the infinite, triune, personal, creator God as revealed in Christian Scriptures.<sup>1</sup> Christianity, because it begins at a radically different point philosophically, namely with the personal God, acknowledges universal moral principles from God. These in turn serve as moral absolutes which give shape to the Christian's ethical system. Such principles, because they come from God, from outside human beings, are universally binding, and provide a solid point of beginning for everyone regardless of when or where they live. While it is true

that God has given to us moral principles by which to live (e.g. the Ten Commandments), these moral principles only carry true moral weight when understood in the context of a Christian ontology. Although some individuals might like to have *only* Christian moral principles for their ethical system, a truly Christian ethical system requires *both* Christian moral principles and a Christian ontology.

Christianity is more than a set of propositions giving moral directives. Christian moral principles do not exist in an ontological vacuum, for by themselves they are insufficient to give meaning to life. Moral principles only inform how we are to live, not necessarily why we should live that way. The philosophical integrity and practical application of Christian moral principles requires the larger framework of the Christian ontology. Accordingly, Christian Scriptures do not begin with moral principles, but with statements about the fundamental and unique nature of this world and human existence (cf. Genesis 1 and 2).

Furthermore, Christian Scriptures are more than a set of religious teachings dealing solely with a person's religious life. They encompass more than what one might call religious truth. Although they do teach us about our duty to God and others, it is always within the larger context of the Christian view of reality. God's word informs more than a specialized circle of epistemological interests, it addresses all matters of life. The Judeo-Christian message is not merely about a small piece of life, that is, what a person does on a particular day of the week in a religious setting; but it speaks to all of this life as well as the life to come. Christian theism affirms God as both the efficient and final cause, both the centre and circumference of life, and that reality consists of both the physical and the metaphysical.

Philosophically it can be said that Christianity presents a unified field of knowledge, a system of belief sufficient to answer consistently the questions of life in general and give meaning to human life in particular. The moral principles of Christianity are, however, only one aspect of that unified field of knowledge. In fact, particular moral directives only make sense because they are built on and lend support to Christianity's total world and life view. This coherent world view is grounded in particular ontological claims, without which neither the Christian message in general nor its moral directives in particular can be truly understood or appreciated.

Any meaningful discussion, therefore, about how Christian moral principles apply to ethical questions requires first an understanding of Christian ontology. Philosophically and practically speaking there is no bifurcation between what Christianity says ontologically

and what it says morally. In Christianity the two notions are inextricably linked. Consequently, to speak meaningfully about how Christian moral principles apply to medical ethics necessarily requires placing such principles within a Christian ontological context. Therefore, the first task involves understanding the uniqueness of a Christian ontology by considering the ontological implications of three basic Christian doctrines.

The three Christian doctrines with ontological implications are: creation, the image of God, and the fallenness of humanity. While these are theological concepts because they involve God, they are also most definitely philosophical concepts because they address issues raised by philosophy. Furthermore, they are basic to defining the essential character of Christian ontology. The scope of this article does not include a developed argument for each doctrine. Instead, what will be presented is a general statement of each, an unpacking of the relevant ideas, and a demonstration of their interrelatedness and implications for ethics.

The first theological assertion addresses the issue of origins. The book of Genesis introduces the reader to the bold assertion that the infinite, personal, triune God spoke and all that exists (except sin/evil) came into being. Christianity begins with the assertion that the uncaused personal God created both the personal and impersonal aspects of reality. Furthermore, it teaches that reality consists of both the metaphysical (God) and the physical (creation). There is more to life than the physical or material. Hence, the meaning of life is not derived from the relationship of one particular to another, but by virtue of relationship to God (the Universal) as creator.

God's valuative summary of creation was that 'everything he had made was very good' (Gen. 1:31). The fact that God pronounced creation 'very good' implies a moral quality to creation. Correlatively, every person (as a moral being) lives in a morally structured universe. Individuals are not free to act as they wish. They must function within the moral principles governing God's creation. Fittingly, the personal God has given us a word about the moral nature of this world. Just as there are physical laws governing the physical universe, so there are moral laws governing human choices. When individuals try to go against the physical laws of the universe, there is always some sort of collision either immediately or eventually. This is equally true in the moral sense. Christian moral directives inform individuals how to live in the universe consistent with its moral structure. The Christian value system begins by recognizing that all that exists, owes its existence to the infinite, personal God.

Furthermore, the fact that the personal, intelligent God created everything means there is design and purpose in the universe. Life is not random or meaningless, but just the opposite. Life has deep meaning and discernable purpose. The infinite, personal God created all that is, with purpose and design, which means that as each person interacts with any part of creation, order/design should be respected. Also the existence of an over arching purpose suggests that one cannot arbitrarily assign his or her own purpose(s) to this life. For medical ethics this means that a physician, in determining what is morally permissible, must realize that he/she functions as a

part of that moral order and, as such, is responsible to God for how he/she practises medicine. Both physicians and patients are part of the created moral order and in that sense responsible to each other as well as to God. The Hippocratic Oath codified this idea for much of the modern medical tradition. The Oath affirmed that the physician had certain moral obligations to others, including his or her patients, and that this obligation was solemnized by taking an oath before the gods. Taking the Oath placed the physician into covenant with the Greek gods, creating a bond of trust between the profession and society, as well as between the physician and the patient. Later, however, Christianity strengthened the conventional aspect of the Oath by replacing the Greek gods with the personal God who created both the heavens and the earth.<sup>2</sup> In either case, however, a physician was bound to act in prescribed moral fashion because the vertical dimension of life (with the gods or the God) meant both that there was a moral order and that the physician would be held accountable in light of it by the higher metaphysical powers.

The second Christian doctrine informing a Christian ontology defines the uniqueness of human beings. Genesis 1:26,27 states that God made human beings exclusively in his image. This places humanity in a special relationship with God as well as with the rest of creation, for only human beings were made in God's image. Hence, every person bears the image of the creator God, reinforcing the idea that every person is a moral being, capable of and responsible for making moral choices. Being made in the image of God does not mean that a person is God, but that each person possesses, in shadow form, the moral and intellectual capacities God possesses, making individuals moral beings.<sup>3</sup> As a moral being, each person is responsible for his/her personal choices as well as how he/she treats other members of the human race and the rest of creation. Consequently, everyone must take seriously what they choose morally for themselves as well as others, both in terms of personal responsibility and respect for the value of life itself. Each person is morally obligated to behave personally and interactively in a certain way that respects human life.

Being created in the image of God also invests each individual with intrinsic worth, significance, and dignity. A person's worth and significance is not determined by physical or mental attributes or capacities, or by the contribution the individual can make in terms of society's proscribed goals. In Christianity, the controlling notion is that the individual is a moral being with worth and significance because his/her essential nature is created in the image of God.

Furthermore, the claim that individuals are made in the image of God gives definition to what it means to be a human being. Even though 'imageness' is in the realm of the immaterial, 'humanness' exists regardless of the stage of psycho-physical development in which one finds the human being. This means that whether in the womb or in the home for the aged if one has *human* life, in contradistinction to some other kind of life, one is a human being with intrinsic worth and significance.

The Christian perspective, therefore, teaches that issues impacting human life, such as, abortion,<sup>4</sup> euthan-



asia, infanticide, fetal experimentation, gene therapy, and a plethora of related issues, are primarily moral and not legal or economic issues. Treating mankind with respect and dignity in life and in death underscores and is consistent with the reality of Jesus's command to love our neighbour as ourselves, as well as the command, 'Thou shalt not murder'.

The third Christian doctrine addresses the nature of this world in its present state. Genesis 3 informs us that sin and evil entered God's perfect creation. While this is not the place to discuss the problem of evil, it should be pointed out that evil exists in the world today because individuals are moral beings created with the power of moral choice.<sup>5</sup> Whereas having the power of moral choice requires the ability to choose between two competing moral options, God gave our first parents the opportunity to make a real moral choice in the Garden of Eden. Furthermore, moral choices without moral consequences are not moral choices at all. God, therefore, informed Adam and Eve not to eat of a particular tree in the Garden of Eden, spelling out the consequences if they disobeyed—if you eat, you shall surely die (Gen. 2:17). As a result of human disobedience, sin/evil entered the world and, as a consequence, there is suffering and pain. Theologically, this event in the Garden is referred to as the Fall. Because of the subsequent resurrection of the Christ and the redemption in him, however, there awaits for redeemed individuals the promise of God's kingdom. In this future day, God's moral order will be restored and his creation reclaimed from death and sin. It must be understood that this will be a regenerative work of God based upon the resurrection of his Son, Jesus.

At the present time, however, mankind is in a fallen (sinful) state and lives in a fallen world where death, pain, and suffering are part of human experience. In fact, the very existence of the medical profession underscores the notion that something is out of joint. The medical profession serves mankind by using human skills and knowledge to fight against the pain and suffering which have resulted from the Fall. The Christian understanding of the present 'fallen' nature of this world, however, acknowledges that medicine and technology can only minimize pain and suffering, not eliminate them altogether. Since the initial cause of physical suffering and death is rooted in a moral problem they can only be ultimately resolved on moral grounds (which is what God provides in the resurrection of Christ from the dead).

Understanding the current nature of this world as explained by the Christian view of the Fall, instructs the medical profession morally by placing its expectations and assumptions within the limits of a Christian ontology. For, when it is assumed that medicine can, and expected that it will, eliminate all suffering as the goal of medicine, doing everything possible becomes morally permissible, this makes it easy to justify what

otherwise would be morally reprehensible. When taken seriously, recognition of the reality of the Fall can help physicians and others guard against excesses. To acknowledge that humans are fallen creatures is to acknowledge the need for moral guidelines to keep individuals from abusing medical knowledge and technology in a way that would serve selfish interests. Furthermore, because each person is both fallen (sinful) and limited (created), moral directives must originate outside us or they will be as corrupted and limited as humans themselves. Christianity offers such moral guidelines based on absolute moral principles.

In conclusion, the ontological implications of Christian theology provide a philosophical framework within which particular Christian moral commands make sense and exhibit internal consistency. Furthermore, they provide the foundation on which a broader ethical system can be constructed to serve contemporary human needs. Acknowledging that God created the world as a morally structured creation, that humans are moral beings made in the image of God, and that both individuals and the present environment are fallen, balanced by the Christian doctrine of the coming kingdom of God, gives form to Christian ethics as a part of Christianity's unified field of knowledge. From the Christian perspective, this is what makes reasonable the golden rule and love for neighbour. These are not mere religious platitudes. Arguably, it is Christian ontological considerations which place parameters on genetic engineering, encouraging its use for the improvement of health while denying eugenics. Understanding these three ontological implications of Christian theology informs the core values of Christian ethics and explains why we should live according to God's moral principles. The point is, Christianity does provide us with a moral perspective large enough to encompass the most difficult ethical questions, but only as understood within a Christian ontology.

1. The existence of the infinite, triune, personal creator God is not merely a religious claim without considerable corroborating evidence. There are valid arguments for God's existence in terms of both rational and historical evidence.

2. See Nigel M. de S. Cameron, *The New Medicine* (Wheaton, IL: Crossway Books, 1991).

3. Commenting on the Hebrew notion of 'image' one authority writes, 'God's image obviously does not consist in man's body which was formed from earthly matter, but in his spiritual, intellectual, moral likeness to God from whom his animating breath came.' R. Laird Harris, Gleason Archer, and Bruce Waltke, *Theological Wordbook of the Old Testament* (Chicago: Moody Press, 1980) vol 2, 768.

4. For instance, in discussing the issue of abortion, *The Oxford Companion to Philosophy* concludes, 'So the question of the moral status of the foetus cannot be avoided.' (1995 ed., s.v. 'Abortion.')

5. For the purposes of the present discussion, it is not necessary to deal with the theological and philosophical concerns related to the problem of evil and suffering. Here it is sufficient to acknowledge that suffering is part of the human experience and identify how Christianity views it.