

ETHICS & MEDICINE

AN INTERNATIONAL CHRISTIAN
PERSPECTIVE ON BIOETHICS

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Vol 13:1 1997
ISSN 0226-688X

Journal of
The Center for Bioethics and Human Dignity, Bannockburn, Illinois, USA
The Centre for Bioethics and Public Policy, London, UK
The Lindeboom Instituut, Ede, Netherlands

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Abstracts/Indexing

This journal is abstracted in *Religious and Theological Abstracts*, 121 South College Street (PO Box 215), Myerstown, PA 17067, USA

It is also included in *religion index one: Periodicals (RIO)*. All book reviews are indexed in: *Index to book reviews in religion (IBBR)*. Both are available from: American Theological Library Association, 820 Church Street, Evanston IL 60201-5613.

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Microform

This journal is available on Microform from UMI 300 North Zeeb Road, PO Box 1346, Ann Arbor MI 48106-1346 USA.
Tel: (313) 761-4700

Subscription Rates

Ethics and Medicine is published by Paternoster Periodicals three times yearly. Subscription rates are as follows:

1 year

UK £12.60 USA \$33.00 Overseas £13.50

2 years or more, per year

UK £11.35 USA \$29.70 Overseas £12.15

Cheques (made payable to 'Paternoster Periodicals') should be sent to Paternoster Periodicals, P.O. Box 300, Carlisle, Cumbria, UK. CA3 0QS.
Tel: 0228-512512 Fax: 0228-514949

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Typeset by Photoprint, Torquay, Devon.

Printed in Great Britain for Paternoster Periodicals,
P.O. Box 300, Carlisle, Cumbria, UK. CA3 0QS by
BPC Wheatons Ltd, Exeter.

ISSN: 0226-688X

Comment: Rebecca C. Miller

EUTHANASIA TOURISM

The Northern Territory of Australia enacted its voluntary euthanasia law on July 1, 1996.

'Tourism'. Webster defines it as 'the practice of travelling for recreation'. Now consider the idea of euthanasia tourism—the practice of travelling to a particular venue in order to die. Though it may seem unthinkable macabre, *The Bulletin With Newsweek* (an Australian publication) reports an increase in the number of terminally ill individuals travelling to the Northern Territory of Australia¹—home of the world's first voluntary euthanasia law. Though immigration laws prohibit terminally ill non-Australian citizens from entering the province for the purpose of euthanasia, Australians would be permitted to enter for that very purpose.²

The Parliament of the Northern Territory legalized voluntary euthanasia in May of 1995,³ and the law is expected to take effect on July 1, 1996.⁴ Marshall Perron, former chief minister and proponent of the *Rights of the Terminally Ill Bill*, said in his 'First Reading Speech' on February 22, 1995: 'This bill is based on a relatively simple principle: if there are terminally ill patients who wish to end their own sufferings by accelerating inevitable death, and there are sympathetic doctors who are willing to help them die with dignity, then the law should not forbid it.'⁵ Such logic untethers legal provisions which could safeguard the sanctity of human life.

The first issue is that of suffering. Death is never easy; often, its hallmark is suffering. The Northern Territory's intent to relieve the suffering of the terminally ill is laudable: we *should* do all within our power to minimize the suffering of the dying. However, suffering itself is an extremely subjective concept, not limited merely to the physical realm, and not easily quantified or qualified by law. If euthanasia is to be permitted for physical suffering of the terminally ill, could it not just as easily be legalized for those experiencing emotional or psychological suffering?⁶

Secondly, though this bill claims to give the terminally ill a death with dignity, in reality, it cheapens society's view of the value of human life. Does the liberty to 'accelerat[e] inevitable death' safeguard the God-given innate sacredness of human life? As humans, do we really have the prerogative to hasten death for ourselves or for others? Is it our right to decide when death or life should be prolonged? Are we the authority that decides when a life is worth living and when it is not?

In his speech, Mr. Perron says: 'If you believe that only God can give life and only God can take it, actions available under this bill are not for you. I aim simply to give those who desire a choice the right to make it.'⁷ If humans are the final moral authority on their own life and on

death, as implied by this bill, could it not be deemed morally acceptable to allow them to be the authority on others' life and death, as long as the death is with dignity? Such reasoning proves circular at best, chilling at worst, and is hauntingly reminiscent of Nazi Germany.

The Third Reich was another government that gave humans the final authority in deciding who should live and who should die. For the Nazis, the value of human life was calculated by a simple utilitarian equation: could one contribute to the furtherance of the Third Reich? Human life held no intrinsic worth in and of itself. Unless life produced tangible good, it was unworthy of protection. What began as sterilization and euthanasia programmes for society's unwanted eventually culminated in the systematic murder of no less than six million Jews.

Though Mr. Perron claims it '... an obscenity to associate this practical legislation, which has popular support, with the shadow of the Third Reich,'⁸ the actions of both governments are based on the premise that humans can be the final authority on life and on death—while in reality, God alone has authority to give and to take life. When this responsibility is assumed by humans, society's view of the value of human life is cheapened. Furthermore, when society attempts to usurp God's rightful authority over human life, human life is put at great risk, left only to the instability of societal whims.

Australia stands divided over this issue of human life. The Australian Capital Territory's defeat of a voluntary euthanasia bill in November, 1995 recognizes the sanctity of life. However, though many would deny it, the Northern Territory is on its way down the slippery slope that does not recognize human life as inherently precious, the ends of which God alone knows.

A battle is being waged over the value of human life—and Australia is not the sole battleground. We must fight against *any* action that attempts to rob human life of its innate value. History proves that the social acceptance and legal implementation of the view of human life as unworthy of protection leads down a road of unspeakable horror. If we close our ears to the horrors of yesterday, they will become the reality of our tomorrow. Some have already begun slipping down the slope. Euthanasia tourism is closer to becoming reality than we may even know.

1. Dennis Schulz, 'Death Comes Slowly', *The Bulletin With Newsweek*, (24 October 1995), 28.

2. *Communiqué*, 3 May 1996 (from 'Australia—Euthanasia', Associated Press, 10 April 1996).
3. Marshall Perron, 'First Reading Speech', Legislative Assembly, Northern Territory, Australia, February 22, 1995, 1.
4. *Communiqué*, 3 May 1996 (from 'Australia—Euthanasia', Associated Press, 10 April 1996).
5. Perron, 1.
6. Editorial, 'Euthanasia, Final Exit, Final Excuse', *First Things* 18 (December 1991): 6.

7. Perron, 'First Reading Speech', 5.
8. *Ibid.*, 6.

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R Albert Mohler, Jr, PhD

The Culture of Death and the Gospel of Life: An Evangelical Response to *Evangelium Vitae*.

'The twentieth century', declared Pope John Paul II, 'will have been an era of massive attacks on life, and endless series of wars and a continual taking of innocent human life.' This dark but brutally honest statement lies as the background of *Evangelium Vitae* (*The Gospel of Life*), John Paul's timely confrontation with what he correctly identifies as 'the culture of death'.

The release of a papal encyclical on the sanctity of human life is not automatically a major news event—at least not in the secular arena. The Pope's opposition to abortion, euthanasia, and other threats to life are not in themselves newsworthy. We expect this of John Paul II, as we would expect of any pope.

But John Paul II is not just any pontiff, and *Evangelium Vitae* is no ordinary encyclical. In a very real sense, John Paul II has emerged as the first post-modern pope; a jet-setting patriarch who has seen first-hand the murderous regimes of Hitler and Stalin and the corrosive effects of modern secular philosophies and ideologies. At the same time, he was a major participant in the spirit of *aggiornamento* (theological restatement) at Vatican II. He is a perplexing and complicated figure on the world stage, who is almost universally recognized for courage and conviction.

In *Evangelium Vitae*, John Paul II unleashed a full-scale assault on the murderous threats to life which are now so much a part of life in modern Western culture. The encyclical was released from St Peter's in Rome on March 25, 1995, and it joined two other recent encyclicals, *Centesimus Annus* (1991) and *Veritatis Splendor* (1993) as classic statements of John Paul's mature thought. The encyclical is an important statement and it deserves the careful attention of evangelicals as well as Roman Catholics.

The Eclipse of Life

The sanctity of human life, argues John Paul, has been eclipsed by modernity's technocratic hedonism. Human lives are terminated in the womb, the neonatal ward, the nursing home, and the test tube—all in the name of scientific 'progress'. The Pope identifies this in the modern 'tendency to disguise certain crimes against life in its early or final stages by using innocuous medical terms which distract attention from the fact that what is involved is the right to life of an actual human person'.

He names these crimes against life as abortion, euthanasia, contraception, artificial reproduction, prenatal diagnosis leading to eugenic abortion, infanticide, and, in passing references, war and the death penalty. These are, the Pope asserts, a form of warfare the strong have visited upon the weak.

The Pope has repeatedly declared himself on the issue of abortion, but in this context he explicitly condemns the development of pharmaceuticals such as RU-486, the French 'abortion pill'. As he states, 'On this point, scientific research itself seems to be almost exclusively preoccupied with developing products which are ever more simple and effective in suppressing life and which at the same time are capable of removing abortion from any kind of control or social responsibility.'

On this point John Paul is certainly correct. The development of the abortion pill would shift the issue of abortion even further from the public mind—and its contorted conscience. Abortion would shift from what its proponents have celebrated as 'a matter between a woman and her doctor' to a mere matter between a woman and her medicine cabinet.

From this the Pope moves to contraception, which he rejects as a preventative abortion. The values inherent in what John Paul labels the 'contraceptive mentality' are precisely what lies behind the impulse to abort. Abortion and contraception are, he allows, different evils; yet they share a common hedonistic foundation and an intrinsic separation of sex from procreation.

In a careful argument, the Pope asserts that artificial reproduction techniques, which would seem to be pro-life, 'actually open the door to new threats against life'. To the older Roman Catholic rejection of such technologies based on their separation of the sex act from procreation, is added a new warning that many of these techniques are actually destructive of life. 'Spare embryos' and excess 'biological material' become the vocabulary of new assaults on human life.

Aware of developments in both the developed and developing nations, John Paul also condemns technologies of prenatal diagnosis which are employed for the purposes of genetic screening and eugenic abortions. He rejects the mentality 'which accepts life only under certain conditions and rejects it when it is affected by any limitation, handicap, or illness'. Furthermore, abortion and eugenic technologies lead inexorably to infanticide and 'a state of barbarism which one hoped had been left behind forever'.

Similarly, euthanasia has re-emerged accompanied by arguments over both 'quality of life' and the economic costs of care: 'Thus it is proposed to eliminate malformed babies, the severely handicapped, the disabled, the elderly, especially when they are not self-sufficient, and the terminally ill.' Ominously, the Pope also warned against new threats such as harvesting organs for transplant 'without respecting objective and adequate criteria which verify the death of the donor'.

The Culture of Death

A major turning point in human history has occurred, John Paul argues, and the world is in danger of being overcome by the culture of death. Already, the death culture has cast its shadow over modern Western civilization. This is the most powerful argument put forth in *Evangelium Vitae*, and it is certainly the issue of greatest controversy.

We are not confronted with isolated issues, argues the Pope, but with a full-scale diabolical assault on human life. The death culture is armed with technologies of mass annihilation and microscopic manipulation—and it shows no signs of retreat.

Carefully, John Paul argues that a 'profound crisis of culture' lies behind these developments. The Pope claims that 'there exists in contemporary culture a Promethean attitude which leads people to think that they can control life and death by taking the decisions about them into their own hands'. The reality, John Paul insists, 'is that the individual is overcome and crushed by a death deprived of any prospect of meaning or hope.'

A fascinating historical turn is upon us, John Paul argues, along with a 'surprising contradiction'. The contradiction is this; the very cultures which asserted human

rights are now the enemies of human life. He states: 'Precisely in an age when the inviolable rights of the person are solemnly proclaimed and the value of life is publicly affirmed, the very right of life is being denied or trampled upon, especially at the more significant moments of existence: the moment of birth and the moment of death.'

Western civilization is breaking down under the corrosive influence of radical subjectivity and individualism. Freedom is divorced from truth and all authority above the individual is denied. A condition of moral relativism has resulted. As John Paul describes this condition: 'In this way, any reference to common values and to a truth absolutely binding on everyone is lost, and social life ventures on to the shifting sands of complete relativism.' At that point, *everything is negotiable, everything is open to bargaining*: even the first of the fundamental rights, the right to life.'

Thus, even democracy itself can turn to deny human life in the name of human rights. 'Democracy', the Pope suggests, 'cannot be idolized to the point of making it a substitute for morality or a panacea for immorality.' Democracy is a means, not an end. Democracies are moral to the extent that they conform to moral law, and, by contrast, immoral as they reject that law.

An Evangelical Response

How should evangelicals respond to *Evangelium Vitae*? To some extent, this is a new question. In decades past, evangelicals would have taken scant notice of a papal encyclical. Now, the crisis of our culture has produced an altered environment. Evangelicals—holding fast to the sanctity of human life—find the Pope making many arguments heard in evangelical circles, even as liberal Protestantism shouts the chorus of moral relativism.

Evangelium Vitae is, by any measure, a brave and breathtakingly honest statement of moral conviction. In passages confronting the culture of death, the Pope is brilliant, and yet restrained. He is not given to rhetorical excess. His words are carefully measured, and well aimed.

Clearly, evangelicals will resound with the Pope's denunciation of abortion, infanticide, euthanasia, eugenic technologies, and the recklessness of many modern medical procedures. Furthermore, evangelicals should pay close heed to the Pope's condemnation of the culture of death. American evangelicals are too easily seduced by culture, and our ranks are deeply infected with a radical individualism which is foreign to the New Testament and hostile to the genuine gospel.

Fundamentally, evangelicals will join John Paul in his assertion of objective truth and his condemnation of ethical relativism. This is one of the great chasms which divides Western civilization in the throes of a culture war over life and death.

Evangelium Vitae also reminds evangelicals of the powerful character of a sustained moral argument. Evangelicals—and Baptists in particular—rightly resist the notion of a magisterium as an authoritative church body, rendering moral judgements which are handed down

from on high. Nevertheless, we do see the need for congregations to consider such issues with great moral seriousness and biblical conviction. Beyond this, denominations should, as servants of the churches, declare themselves on these crucial issues and provide materials for congregational study and consideration.

Evangelicals will part company with the Pope on issues of fundamental importance. The encyclical claims the authority of the papacy, the magisterium, tradition, natural law, and Scripture. Of these, evangelicals recognize only the last as authoritative. *Sola Scriptura*, the formal principle of the Reformation, guards evangelicals against the tendency to trust human authorities. When evangelicals violate this principle, we violate the heart of the Reformation.

The Pope does, after all, claim to hold the keys of the kingdom, and to sit in Peter's seat as the vicar of all Christians. Evangelicals categorically reject this claim, even when we may find ourselves in agreement on critical issues in the culture war.

On some of those issues evangelicals will differ with the Pope. At points, the Pope follows the so-called 'seamless garment' argument made popular in the United States by the United States Conference of Bishops and voiced by Cardinal Bernardin of Chicago. By natural law argumentation, opposition to abortion is linked, for instance, to opposition to the death penalty—not a linkage many evangelicals would accept. In biblical terms, the death penalty was intended to *protect* the sanctity of human life by making clear the penalty for murder and violence against life.

Without question, many evangelicals will quickly reject the Pope's customary rejection of contraception. The Pope's argument is, once again, based upon natural law and Catholic tradition. Evangelicals quickly, and correctly,

assert that contraception is not addressed as such in Scripture. But this assertion is not sufficient. Evangelicals should be concerned with the 'contraceptive mentality' which is so intricately woven with radical individualism and so hostile to the very existence of children. Here, evangelical concern differs from the Pope's focus and argument, however.

The consideration of any papal encyclical unavoidably raises the issue of Roman Catholicism itself—an issue which cannot be discussed thoroughly in this commentary. Evangelicals and Roman Catholics now find themselves assaulted by a rampage of moral relativism, and linked to common concerns such as abortion, euthanasia, and infanticide. We should be candid in understanding that we find ourselves engaged in a culture war as awkward allies.

Evangelicals cannot bear witness to the sanctity of human life without bearing witness to the gospel itself. This means affirming the material principle of the Reformation as well—justification by faith. This is, as Martin Luther stated, the article by which the church stands or falls. The Pope and magisterium of the Roman Catholic church have officially anathematized and condemned the evangelical understanding of the gospel. *Evangelium Vitae* reveals that evangelicals and Roman Catholics may agree on many issues of life and death, and for that we should be thankful. At the same time, we differ on basic issues of truth and the gospel, and on that we should be honest.

R. Albert Mohler, Jr, PhD is President of The Southern Baptist Theological Seminary in Louisville, Kentucky USA. He has also served as editor of *The Christian Index*, the newsjournal of the Georgia Baptist Convention.

A TIME TO DIE
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David Paton, BSc, MA

The Use of Backstreet Abortion Arguments in Favour of Legalized Abortion

Many people are in favour of legalized abortion because of the concerns about backstreet abortion. This paper argues that the foetus's legal right to protection should not depend on such arguments. Further, reported estimates of illegal abortions and subsequent maternal deaths both in the West and in developing countries are shown often to be unfounded and sometimes simply made up, seemingly with the intention of shifting the tide of opinion in favour of legalized abortion. It is estimated that no more than about 25,000 illegal abortions per year took place in England and Wales in the early sixties. Legalizing abortion seems to have had little impact on the numbers of women dying from abortion in the UK. Lastly, simple calculations are undertaken to show that the commonly quoted statistic that 200,000 women die every year from illegal abortion in developing countries is without foundation.

1. Introduction

The extent of illegal abortion has commonly been seen both as a reason for legalizing abortion and as a reason not to restrict existing abortion laws. Inevitably much of the debate centres on statistics of numbers of illegal abortions and consequent maternal mortality. An understanding of the available evidence, and the problems involved in finding reliable figures is vital both for informed debate and for public health planning. As is well recognized,¹ this is particularly important in those countries where abortion remains illegal.

This paper has two aims. Firstly to outline the principles on which society should consider the consequences of making abortion illegal. Secondly to assess the validity of concerns about illegal abortion in the light of available statistical evidence. Thus Section 2 presents the fundamental principles involved. In Section 3 the traditional case against criminalising abortion is set out. Sections 4, 5 and 6 analyze the available information on the numbers of abortions and associated maternal deaths both in the UK and overseas. Some concluding remarks are made in Section 7.

2. Principles

Arguments about criminalising abortion often come down to two issues—the moral status of the embryo or foetus and the dangers to women from illegal abortion. Two important facts are a prerequisite for such debate:

1. At the moment of conception, a new human life comes into being.² It is not intended to enter into the arguments on the question of whether or not the embryo and foetus should be regarded as 'people' or as 'social beings'.

What is stated here is that biologically they are human beings in the sense that a sperm or ovum is not. As a consequence, every abortion kills at least one human being, whether it is performed legally or illegally.

2. Abortion can be a distressing and potentially physically dangerous procedure for the mother concerned, again whether it is performed legally or illegally. A recent review article³ reports that approximately 10% of women who have abortions will suffer marked, severe or persistent psychological or psychiatric disturbances. Various physical sequelae have also been reported.⁴ Thus an illegal abortion may be more dangerous than a legal one, but neither should be seen as something beneficial *in itself* for the mother.

With these facts in mind, even if not one abortion was prevented, there would still be a case for making them illegal. By not doing so, society is making the explicit statement that it is acceptable to kill a certain group of human beings—the unborn.

This is by no means a theoretical argument, without practical relevance. When society makes such a statement, the whole basis of human rights disappears. If it is acceptable to kill humans on the grounds of one arbitrary characteristic (that of being unborn), then it is difficult to argue against killing humans on the grounds of another—disability, for example, or being terminally ill, both of which are now viewed by some doctors as sufficient grounds to kill patients.⁵

The principle involved with backstreet abortion is quite simple. Just because something might happen anyway is not a good enough reason for society to legalize it. The Victorians may not have been able to stop young children working in factories, but the principled approach was to change the law and try to limit the illegal abuse of children in this way, rather than to keep it legal on the grounds that 'it is going to happen anyway'.

Thus we must be quite clear that the case for protection in law of unborn human beings in no way depends on falsifying any of the arguments concerning backstreet abortion which are outlined in Section 3. That said, there is little doubt that claims about backstreet abortion have been a major factor in changing public opinion on abortion. It is to a more detailed consideration of these claims that we now turn.

3. Concerns Over Illegal Abortion

Two main arguments can be identified from the general position that abortion should not be criminalised because of the backstreet abortion threat.

First, it may be argued that much the same number of abortions will always take place whether it is legal or not. This hypothesis suggests that women will always demand abortions—they have always managed to get them in the past and always will in the future. Thus, even if it is acknowledged that a human being exists from the moment of conception, there is no point in criminalising abortion as no lives would be saved.

Second, it is argued that backstreet abortion is extremely dangerous and has resulted in serious injury and death to women subjected to it. Outlawing abortion will lead to a return to the days of the coat-hanger and knitting needle. Legal abortions, on the other hand, will be performed in safe, sterile conditions by qualified personnel and are thus to be preferred.

Both these concerns will now be considered in some detail.

4. Numbers of Backstreet Abortions in Britain

Why might we expect fewer abortions to take place when it is illegal? Surely whatever the state of the law women who did not want their child would find a way, legal or illegal, of aborting?

Such an argument ignores the complex and often ambiguous feelings that pregnancy can provoke. The first feeling of a woman who finds herself with an unplanned pregnancy may very well be, 'I wish I was not pregnant'. When abortion is legal and relatively easy to obtain, that feeling may quickly lead on to the suggestion of abortion. The origin of the suggestion may be the woman concerned or may be the family, partner or doctor. On the other hand, where the prevailing view is that abortion is wrong, the idea of having one may not even be considered.

The law in itself plays a part in creating or destroying such an atmosphere. This is recognised by certain members of the abortion lobby. In 1968, Keith Hindell and Madeleine Simms state, 'In shifting the balance from illegal to legal, medical termination of pregnancy will also cross the line from unethical to ethical, and from generally not done to generally acceptable.'⁶ The law presents abortion as an acceptable alternative to women, many of whom would not have considered it as such before. Put simply, what is legal can come to be seen as what is right.

A second, more obvious point is that the practical barriers to obtaining abortion when it is illegal will prevent some women from considering that course of action.

For both these reasons we should expect that legalizing abortion is likely to lead to an increase in the numbers of women seeking abortions and criminalising it would lead to a decrease.

Greenwood and Young suggest that this is true in practice: 'Experience shows that wherever legislation has become more permissive there has been an initial and sustained rise in the number of legal abortions. Easier access and acceptance of abortion enables many women who would not have risked the back street market to terminate their pregnancies.'⁷

Prior to the legalization of abortion in the UK, it was suggested that anything up to 250,000 abortions were taking place each year and even now the Birth Control Trust consider this figure to be the most reasonable estimate.⁸ Another figure put forward is 100,000 per year, a number which as recently as 1993 was being used as a basis for research into UK fertility.⁹ For reasons which are unclear, a more conservative estimate by Goodhart in 1969,¹⁰ of between 10–20,000 illegal abortions per year, has received little attention in academic work since the critique by James¹¹ and consequent reply by Goodhart,¹² despite the use of a variety of methods to support his earlier estimate.

Tempting as it is to use a figure (such as 100,000) as some sort of compromise, there is little academic justification for doing so. The difference in estimates is of such an order of magnitude that the figures are in no way reconcilable. The relative merits of the various estimates must be scrutinized by the academic researcher before policy implications can be drawn.

4.1 *Estimating Illegal Abortions in Britain*

By their very nature, illegal abortions are not registered in official statistics. There are, however, several ways of estimating them, such as hospital in-patient records, survey data, birth rate analysis and maternal mortality statistics.

Potentially the most rewarding method, in the UK at least, is to focus on the published statistics for the latter. From these, and by using an estimate of the mortality rate from backstreet abortion, an estimate of the numbers of backstreet abortions can be found.

4.1.1 **Maternal Deaths from Illegal Abortion**

From 1961 to 1963, 77 deaths in England and Wales from illegal abortion were reported to the tri-annual Confidential Enquiry into Maternal Deaths.¹³ This enquiry covered about 85% of all maternal deaths in the period,¹⁴ suggesting a true total of about 90 deaths during the three years or 30 per year.

Now it is certainly the case that some deaths from illegal abortions would not have been reported as such. For

example some may have been registered under the 'spontaneous abortion' category. The RCOG Report for example estimates that only 80% of illegal abortion deaths were reported correctly. This would raise the total by a quarter to about 38 annually. James¹⁵ suggests that criminal abortion deaths may have been underestimated in official figures by a factor of two, implying as many as 60 maternal deaths per year. This figure however is incompatible with World Health Organisation statistics.¹⁶ Their figures, which include deaths from miscarriages (perhaps the most likely alternative way backstreet abortion deaths would be reported), legal and illegal abortion and from ectopic pregnancies, show an average of 55 maternal abortion deaths annually over the period.

4.1.2 Maternal Mortality Rate from Illegal Abortion

To reach a figure for the number of illegal abortions we need an estimate of their mortality rate. Although by their nature such estimates are hard to come by, several estimates are available for legal abortion mortality rates at around the same time. In 1966 a report by the Royal College of Obstetricians and Gynaecologists (RCOG)¹⁷ records four maternal deaths in the UK in 1962 following an estimated 2,800 legal therapeutic abortions. This implies a rate of one death for every 700 abortions. This figure may be excessively high as abortions being undertaken legally at that time were more likely to be for genuine medical reasons and thus involved cases where the mother was more likely to die. They also report that the rate in Scandinavia initially varied from 0.9 to 3.5 per 1000 abortions (one in 1111 to one in 286) and a slightly later figure for Denmark of 0.7 per 1000 (one in 1429). One last possible source is the first full year of legal abortion in the UK (1969) when the Office of Population Censuses and Surveys (OPCS) reported just over 54,000 abortions and 17 deaths¹⁸—a much lower mortality rate of one in 3225.

Both James and Goodhart suggest^{19,20} that criminal abortion in the sixties was about 10 times as risky as legal abortions performed under proper conditions at the same time. The mortality rate of one in 3225 is seen as being most applicable to this principle as it relates to the same country and is relatively soon after the years in question. We thus assume that the maternal mortality rate from illegal abortion in the UK in the early sixties was in the region of one in 322. Taking the above figure of 38 illegal abortion deaths per year gives us an estimate of 12,250 illegal abortions per year.

Clearly the key to this estimate is the assumption on maternal mortality. However, the figure used for legal abortion deaths is at the lower limit of estimates available. Even if there were twice as many abortions for each maternal death (a rate of one in 650), the estimate of illegal abortions (24,500) is still close to the limits suggested by Goodhart and nowhere near any of the higher estimates. The final figure is sensitive to this assumption, the following conclusion remains robust. Estimates of 250,000, 100,000 or even 50,000 illegal abortions per year in the UK in the sixties are simply not reconcilable with the available evidence on maternal mortality.

4.2 Abortion in the UK After Legalization

4.2.1 Illegal Abortion After 1967

One important fact to remember is that illegal abortion did not end with the 1967 Abortion Act. Paul Cavadino, who studied figures for miscarriages treated in hospital both before and after 1967, concluded that by 1974 'The figures . . . provided no evidence of a significant decline in illegal abortions since 1967'.²¹

Looking at maternal deaths in the UK: the Confidential Enquiries into Maternal Deaths report 126 women as dying from illegal abortions since 1968.²² The deaths have continued to decrease (as they did before legalization), and none have been reported by the Confidential Enquiries since 1982. There is little doubt, however, that some illegal abortions still occur. For example, returns from the Registrar General between 1982 and 1990, list one death from self-induced abortion and a further 6 deaths as neither legal nor spontaneous.²³

Following the 1967 Abortion Act, the number of legal abortions in England and Wales, increased massively – from 54,819 in 1969 (the first full year when the Act was in operation) to 167,149 just 5 years later in 1973.²⁴ Given that illegal abortion did not cease after 1967, the evidence is unambiguous: legalizing abortion led to a huge increase in the number of women obtaining abortions in the UK.

5. The Effect of the UK Abortion Act on Maternal Mortality

The next step in the argument is to consider how legalizing abortion in the UK affected maternal mortality from abortion. There are several sources for abortion mortality statistics. Firstly there are the previously mentioned Confidential Enquiries Reports, published every three years by the Department of Health. They give totals for deaths from each of spontaneous, legal and illegal abortions. Since 1967, reported deaths from legal abortion have been compiled by the Office of Population Censuses and Surveys. Lastly, figures are compiled by the World Health Organisation (WHO). It is often suggested that many deaths from illegal abortion would escape official figures by being registered under miscarriages to protect both the mother and the abortionist. As noted in Section 4.3, WHO give one figure for all abortion deaths—spontaneous, legal, illegal as well as those from ectopic pregnancy and is thus particularly useful when considering trends in mortality.

According to the WHO figures, the last year that more than 100 women died from all abortions in Great Britain was 1951, and in 1966 the total was 52. At first glance it seems as though the 1967 Abortion Act resulted in a big decrease in abortion deaths. The WHO statistics show a drop from 52 in 1966 (22) to 6 in 1982—a drop of 46 in 16 years. Closer examination reveals that this merely carries on a trend already established well before legalization and illustrated in Figure 1. In the 16 years previous to 1966,

deaths decreased from 109—an even greater drop of 57.^{25,26} In other words, changing the law seems to have had very little effect on the numbers of women dying from abortion. What did happen after the 1967 Act was a shift in maternal mortality from illegal to legal abortion, together with a continuing decrease in total abortion deaths. The OPCS Abortion Statistics report that between 1968 and 1990, 112 women have died in England and Wales as a result of legal abortion.²⁷

In Northern Ireland, where the 1967 Act has never applied, deaths from abortion have been at a constantly low level (often zero) both before and after 1968.²⁸

It is often correctly stated that abortion was the single largest cause of maternal death before the 1967 Act. In fact, abortion was still the single largest cause of maternal death as late as 1972, five years after abortion was legalized. On all the available evidence, it is hard to support the proposition that legalization, in itself, reduced the numbers of maternal abortion deaths at all in the UK.

This conclusion flies in the face of much 'accepted wisdom' and needs some explanation. Firstly, many backstreet abortions were performed by qualified doctors who as soon as abortion was legalized moved to the 'frontstreets'. For example, Dr Mary Calderone, president of Planned Parenthood stated that in the USA in 1960 '90—of all illegal abortions are presently done by physicians'.²⁹

Secondly, as we have seen in Section 4, the 1967 Act led to a huge increase in the numbers of abortions being carried out, and furthermore some of these abortions continued to be performed illegally. The overall maternal mortality rate may be much lower for legal abortion without affecting the actual numbers of maternal deaths.

The most likely reason why the numbers of women dying have consistently decreased over the years is improvements in medicine—discovery of penicillin,

development of blood transfusions, more sterile conditions—rather than changes to the law.

5.2 Objections to Arguments About Back Street Abortion Deaths

One objection to the above arguments which may be made is that deaths from abortion were being reported under other causes, perhaps to save the reputation of the patient. The adjustments made in Section 4 and the use of the WHO figure in this Section render this objection unwarranted. It also does not change the fact that abortion deaths were decreasing prior to 1967. In addition, there is no reason to suppose that all deaths from legal abortion are reported correctly either.

One last point is that if large numbers of deaths had not been reported as being the result of abortion, they would still show up in the total numbers of women dying. Figure 2 shows what has happened to the number of women in the main childbearing age in the UK dying of all causes from 1964 to 1977. If illegal abortion deaths had been hugely under reported, we should expect a sudden drop in the figures after the legalization of abortion. In actual fact the decline in deaths which occurs between 1964 and 1968 is reversed in 1969 (the first full year of operation of the Abortion Act) and from then on continues its gradual decline.

This implies only two possible conclusions. Either there were not great numbers of women dying from illegal abortions prior to 1968, or just as many women were dying from legal and illegal abortions after 1968.

6. Illegal Abortion in Other Countries

Wherever abortion is debated, claims are made about the numbers of illegal abortions and the numbers of women dying from them.

For example, in Portugal it was claimed in 1982 (when abortion was broadly illegal) that 2,000 women died each

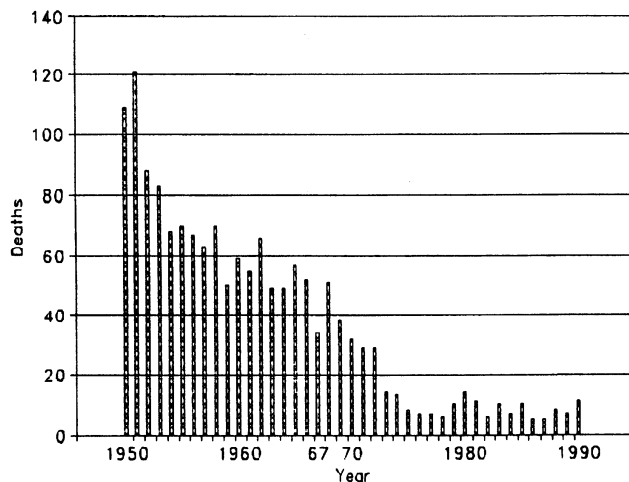


Figure 1: All abortion deaths Britain 1950–1990.

Sources: World Health Organisation (1977), World Health Statistics Report, Vol 39, No 4, pp. 318–3220, World Health Organisation (various years), World Health Statistics Annual.

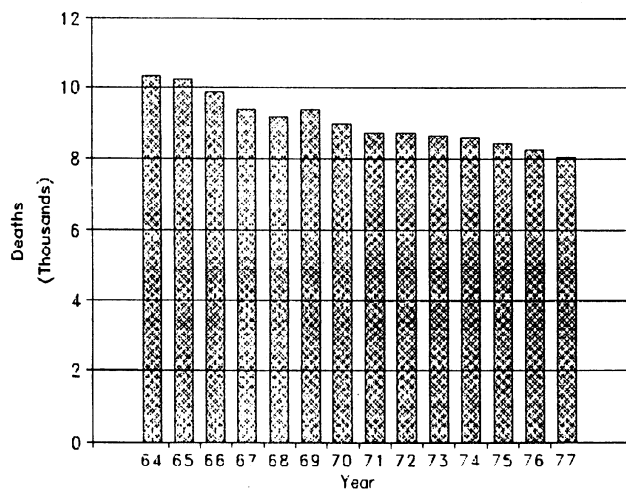


Figure 2: Deaths from all causes, women aged 15–44, Britain 1964–77. Source: United Nations (Various Years), Demographic Handbook.

year from backstreet abortions.³⁰ However only 1,887 women in their main childbearing years (15–44) died from all causes in Portugal in 1982.³¹ Either Portugal had the most amazing absence of fatal accidents and disease among younger women or the 2000 figure was a complete invention.

In the United States, it was claimed that 5,000–10,000 women were dying annually from illegal abortion.³² WHO report that 70 women died from all abortion in 1972 (prior to the Supreme Court ruling which legalised abortion in every state).³³

The emphasis has now largely shifted to developing countries, in a majority of which abortion is still illegal. For example, in 1989 Spare Rib quoted an abortion campaigner from Brazil who claimed that more than 5 million illegal abortions were performed in Brazil every year and that 'a staggering 600,000 women die as a result of them'.³⁴ A look at UN statistics reveals that in 1988, 42,519 women of the main childbearing ages died in Brazil from all causes.³⁵ All maternal deaths totalled 2507 and in 1987, 227 deaths were said to be the result of abortions (both induced and spontaneous).³⁶ Of course 227 may be an underestimate, but it is difficult to comprehend how a figure 2000 times higher could be suggested.

6.1 Two Hundred Thousand Deaths Per Year?

In the World Health Organisation (WHO) 40th Anniversary Newsletter, Christine Viedma (WHO Information Officer) was quoted as saying, 'there may (sic.) be 200,000 women who die every year in developing countries as a result of illegal abortion . . . Women's health cannot really be expected to improve until (they) have the opportunity to make a free and informed choice.' By 1994, WHO had reduced their estimate to 60,000,³⁷ but the 200,000 figure is still repeated, most recently by the UK Minister for Overseas Development, as an argument for legalizing abortion in lesser developed countries. The bases for either figure have never been made clear and are worth closer scrutiny.

The 1990 UN Demographic Yearbook shows that about 2 billion people live in lesser developed countries where abortion is either illegal or severely restricted. 1,293 deaths from abortion are listed in 29 such countries, covering a population of 427 million—about 24% of the total. On the (fairly strong) assumption that these countries are typical of the situation in the areas where figures are not given, this would imply 5,465 deaths caused by abortion in developing countries where abortion is illegal. There may of course still be many deaths from illegal abortion in those developing countries where abortion is legal. However, the inclusion of such details does not seem appropriate to a discussion of the possible problems with a restrictive abortion law.

Once again it is possible that official statistics will underestimate the number of women dying from abortion. However, given that the figures above cover all forms of abortion, including spontaneous and any legal abortions that may have taken place, if anything the 5,465 figure is probably an overestimate.

Another approach avoids the above criticism altogether. The UN 1990 Demographic Yearbook reports about 9,600

thousand maternal deaths in the 31 countries covered where abortion is illegal. These 31 countries cover a population of 534 million—about 27% of the total. Again assuming a similar rate in other countries, this implies 36,000 maternal deaths. On the (extreme) assumption that one half of these are caused by illegal abortion,³⁸ we get 18,000 deaths from illegal abortion in those developing countries worldwide where abortion is illegal.

It must be emphasized that these two figures are not intended as alternative estimates to the 200,000 deaths suggested by WHO. They do, however, represent a guide to the order of magnitude involved—from something less than 5,000 up to a maximum of 18,000. Furthermore they do have at least some basis in fact and, in particular, this simple example illustrates how much care researchers must take in testing any claim made about backstreet abortion.

For an insight into why there so often seems to be such a divergence between reported 'facts' and the truth in this area, it is instructive to turn to Dr Bernard Nathanson, one of the key figures in the legalization of abortion in the US. He was a co-founder of National Association for the Repeal of Abortion Laws (NARAL), and later wrote:

How many deaths were we talking about when abortion was illegal? In NARAL, we generally emphasized the frame of the individual case, not the mass statistics, but when we spoke of the latter it was always '5000 to 10,000 deaths a year'. *I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it. But in the 'mortality' of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics? The overriding concern was to get the laws eliminated, and anything within reason that had to be done was permissible.*³⁹ (Italics added)

7. Conclusion

The arguments put forward about backstreet abortion have had a great impact on support for legalized abortion. Many who would personally consider abortion to be wrong are loath to commit themselves to support for changes to the law because of worries about backstreet abortion. Clearly any maternal death from abortion is a tragedy. The important question for policy makers is whether or not legalizing abortion helps the situation.

This paper has argued that unborn children should be protected from abortion by law as a matter of principle, following from a recognition that he or she is a human being distinct from (though dependent on) the mother.

Further it has been argued that many of the beliefs about the extent of backstreet abortion are based on claims which at best can be said to have little factual basis. It has been shown that some estimates for illegal abortion in the UK, currently being used by academic researchers, are not sustainable on the available evidence. Further, it is clear that legalizing abortion leads to a large increase in the numbers of abortions taking place.

Lastly, available statistical evidence makes it clear that certain claims which are currently being made about

maternal mortality from abortion in developing countries have little basis in academic research.

There are many ways in which society can justly attempt to tackle abortion: education, providing a practical alternative to pregnant women and campaigning for a better legal deal for mothers and mothers-to-be. Important as all of these are, it is vital that society recaptures the belief that it should provide legal protection for all human beings from the moment of conception—the start of their lives.

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Dignity and Dying

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editors John F. Kilner, Arlene Miller and Edmund D. Pellegrino

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ISBN 8-85364-756-9 pb / 256pp / 229×145mm £17.99

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Gilbert Meilaender

Products of the Will: Robertson's *Children of Choice*

Perhaps no author in the field of bioethics has written more widely or influentially on assisted reproduction than has John Robertson, and his *Children of Choice*¹ might almost be described as a *Summa*. Although he sometimes says that he is discussing reproductive freedom as a moral and legal matter, I find very little that qualifies as moral argument. Nevertheless, Robertson's argument deserves our attention precisely because it represents well a widely shared and influential viewpoint in our society. I will aim to explore the structure of Robertson's approach and, then, to reflect upon some of the deeper issues that he acknowledges but (with a rapidity that often astonishes) passes by.

I

Robertson takes up a number of different issues—abortion, forced contraception, in vitro fertilization and collaborative reproduction, the status of the human embryo, quality control of offspring, restrictions on pregnant women to prevent harm to children, and nonreproductive uses of our reproductive powers (e.g., producing embryos for research, conceiving a child to serve as an organ donor)—but throughout his discussion the fundamental structure of argument remains essentially the same. He begins with the claim that (given the legal status of abortion in our society) there is a right *not* to reproduce. He then argues that it should follow that there is also a right to reproduce if one wishes. Although this would be, in the first instance, a right to reproduce coitally, Robertson argues that it must logically be extended to include non-coital reproduction as well as the power to control characteristics of the offspring one produces.

This right is basic but not absolute. Hence, it could be limited if the state had compelling interests that required such limitation. For Robertson, however, the only sort of interest that might warrant limiting the right of reproductive liberty would be clear evidence that harm would result from its exercise. Most of the objections raised against the different methods of exercising this right seem to him to point not toward actual harms but to express 'symbolic' concerns. Those concerns, he suggests, are matters about which citizens in a pluralistic society may reasonably differ, and, therefore, they offer no substantial grounds for limiting the right of reproductive liberty. Even though relatively few limitations upon the exercise of this right are, in his view, justified, Robertson does describe it as a negative rather than a positive right. The state is not obligated to make possible our exercise of the right; it simply cannot stop us from exercising it if we

wish. With that bare bones outline of the argument before us, we need to consider at least three of its important features: the meaning and scope of reproductive liberty, the importance of the liberty, and its character as a negative rather than a positive right.

The Meaning and Scope of Reproductive Liberty

The goal of his book is, Robertson writes, 'to show the importance of procreative liberty' (p. 4). Although this is the language Robertson often uses, I will generally refer to 'reproductive liberty', since, as will become evident, I do not think he is discussing a phenomenon that can accurately be termed 'procreation'. The first task, however, is to gain some clarity about the nature of the liberty.

Robertson's initial and simplest description of reproductive liberty is that it is 'the freedom to decide whether or not to have offspring' (p. 4). Elsewhere he speaks of a 'decision to have or not have children' (p. 5), and of 'an individual or couple's choice to use technology to achieve reproductive goals' (p. 19). Slightly broader is a formulation that describes this liberty as 'the freedom to have and rear offspring' (p. 119).

Robertson clearly describes reproductive liberty as 'first and foremost an individual interest' (p. 22). That he often refers to the right of 'couples' to exercise their reproductive liberty does not, I think, indicate anything other than a deferential nod in the direction of bourgeois morality. When in chapter 6 he takes up the question of collaborative reproduction (involving donors and surrogates), he raises at the very outset a hard question that has the capacity to undermine his individualistic description of reproductive liberty. Given that such collaborative undertakings involve 'the decomposition of the usually unified aspects of reproduction into separate genetic, gestational, and social strand', we may ask: 'Are couples [and even this is too narrow a term here, since the users of these techniques need not be a "couple" in any ordinary sense] who use these techniques "procreating" in a significant way, even though one of them may lack a genetic or biological connection to off-spring? Is a collaborator meaningfully procreating if he or she is merely providing gametes or gestation without any rearing role?' (p. 120). A reader will search the rest of this chapter in vain for any attempt to address that question. Instead, Robertson launches into a discussion of whether either the collaborators or the offspring are 'harmed' by such reproduction. Since, apart from some merely 'symbolic' concerns, such harm seems unlikely to him, he can find relatively

little reason for limits on collaborative forms of reproduction. I suspect that he thinks he has addressed the question he had raised: whether the parties to such an undertaking could meaningfully be said to be procreating. But, in fact, he has not come even within hailing distance of the question. To do so would require him to wrestle with some of those symbolic concerns he so regularly sets aside.

The exercise of reproductive liberty does not require any biological tie at all to the offspring produced. Recognizing the possibility of various collaborative arrangements in which people acquire a child to rear but have no biological connection to that child, Robertson suggests that, while this 'is not reproduction in the strict sense', it is still part of reproductive freedom 'because of the importance of parenting to persons who cannot reproduce themselves' (p. 143). And, to be even more precise, he should have written: 'because of the importance of parenting to persons who cannot or will not reproduce themselves'. Not only is noncoital, collaborative reproduction a part of reproductive liberty, so also are many measures one might take to control or shape the characteristics of the children one begets or intends to rear. Reproductive liberty is, Robertson asserts, of great personal significance, and '[i]f a person thought that she would realize those benefits only from a child with particular characteristics, then she should be free to select offspring to have those preferred traits' (pp. 152f.).

It turns out, in fact, that the connection of parent and child protected by the right of reproductive liberty is almost entirely a product of the will. Since collaborative reproduction is a part of this liberty, it cannot necessarily require an intention to rear the child who is the product of one's gametes. And, on the other hand, it cannot require any biological connection at all with the child whom one gestates and/or rears. Unpacking this liberty in detail leads Robertson to hypothesize that we will be led to reevaluate our understanding of the family (though this depends, of course, upon the unargued assumption that those who use such techniques are, in fact, doing the same thing as those who procreate in the traditional manner). 'Such a reevaluation might show that preconception rearing intentions should count as much as or more than biological connection. If so, then arrangements in which several persons collaborate to produce a child for person(s) to rear who have no biological connection with the child should also be presumptively protected' (p. 143). This in turn suggests to him that a broadened understanding of the liberty involved may one day 'lead to a widespread market in paid conception, pregnancies, and adoptions'—a possibility he views with equanimity (p. 143). What should be clear here is the triumph of will in Robertson's understanding of reproductive liberty. Whatever some people do from the current panoply of techniques to produce a child that one or more of them will rear seems presumptively protected by the right of reproductive liberty as Robertson understands it.

To be sure, there are some acts related to reproduction which are said not to fall within the scope of the liberty. Thus, for example, Robertson holds that creating embryos for research, while it ought to be permitted and protected

for other reasons, cannot be defended by appeal to reproductive liberty (pp. 200f.). But having a child so that it can be a tissue donor is an exercise of this liberty, since it does, after all, involve the production of a child (p. 197). Only at 'extreme measures such as cloning or nontherapeutic enhancement' does Robertson tend in the direction of prohibition (pp.153f.). These measures, he says, 'may violate widely shared notions of what makes procreation important' (p. 153). But a reader who has read this far is likely to have difficulty explaining why. Robertson himself attempts to 'posit a core view of the goals and values of reproduction' that will rule out those extreme measures (p. 167).

On such a view, procreative liberty would protect only actions designed to enable a couple to have normal, healthy offspring whom they intend to rear. Actions that aim to produce offspring that are more than normal (enhancement), less than normal (Bladerunner), or replicas of other human genomes (cloning) would not fall within procreative liberty because they deviate too far from the experiences that make reproduction a valued experience (p. 167).

I at least am unable to reconcile this statement with Robertson's more general views. Certainly on his view there is no reason to restrict the exercise of the liberty to 'a couple'. More generally, if people might be reluctant to exercise their reproductive liberty without the freedom to enhance the characteristics of their offspring, Robertson's standard mode of argument suggests that freedom to enhance would also become a part of the liberty. If a child who is moulded to be in some ways less than normal would not, but for that act, have been born at all, Robertson's standard analysis again suggests that no harm has been done to that child.² And if people wish, for whatever reason, to rear a child who is the replica of an already existing person, there is nothing in Robertson's depiction of reproductive liberty that should lead us to object. His appeal here to actions that 'deviate too far from the experiences that make reproduction a valued experience' is a last-ditch attempt to find limits to a freedom that no longer presupposes any natural substratum and fails to pour meaning back into a concept that has become entirely the impoverished creature of human will.

The Importance of Reproductive Liberty

Why should we think this liberty so important? When Robertson addresses that question, he tends to repeat a few formulations which serve to ease us past the deeper humanistic issues that lie buried in such a question. Most generally, he suggests that certain 'reproductive experiences . . . are central to personal conceptions of meaning and identity'. They provide 'a crucial self-defining experience' (p. 4). Or, again, the achievement of reproductive goals is 'a central aspect of people's freedom to define themselves through reproduction' (p. 18).

Interestingly, however, not all reproductive experiences that might be termed self-defining are viewed by Robertson as part of reproductive liberty itself. Thus, for example, 'whether the father may be present during childbirth,

... or whether childbirth may occur at home rather than in a hospital may be important for the parties involved, but they do not implicate the freedom to reproduce (unless one could show that the place or mode of birth would determine whether birth occurs at all)' (p.23). There is, of course, something quite sensible about such a claim, but its good sense stands in tension with the expansiveness and narcissism of reproductive experience as Robertson describes it. What is peripheral to one person's self-defining experience may be quite central to another's, and I cannot find a thread in Robertson's argument strong enough to bear the weight of these distinctions. Once we begin to appeal to the importance of certain private experiences for personal conceptions of meaning and dignity, it will not be easy to find our way back into worlds of shared meaning. Robertson hopes, however, that his second chapter will show that 'procreative liberty deserves presumptive respect because of its central importance to individual meaning, dignity, and identity' (p. 16).

When we turn to that chapter, we are told that 'transmission of one's genes through reproduction is an animal or species urge closely linked to the sex drive' (p. 24). Moreover, connection to future generations gives us solace in the face of death, may be the 'expression of a couple's love or unity', and may have religious significance (p. 24). This is, I think, as close as Robertson comes to helping us understand the human importance of reproductive experience. Consider the possibility of a married couple seeking donor insemination because of the husband's infertility. The resulting child cannot be said without considerable argument to express that couple's unity, nor, of course, does the birth of a child involve transmission of the husband's genes. To suppose that the sperm donor is himself fulfilling that fundamental urge to transmit one's genes must entail our thinking of the donor as personally present in the child—in which case donor anonymity becomes morally suspect. Thus, many of the considerations Robertson mentions here as reasons for the importance of reproductive experience are not involved in a common form of assisted reproduction. We are left with the solace that a possibly very attenuated link to future generations may offer us in the face of death. Even though here we are not told exactly why the existence of those who will replace us—and who must therefore remind us of our mortality—will provide such solace.

Moreover, even these considerations are sometimes interpreted by Robertson in ways that drain them of much of their ordinary significance. Thus, for example, if one has already acquired offspring, the 'marginal value' of additional offspring may be diminished (p. 31). Or, again, in claiming that people unfit to be parents need not be thought of as losing their right to reproductive liberty, Robertson notes that they might reproduce without rearing. 'Offspring could be protected by having others rear them without interfering with parental reproduction' (p. 31). True as this is—and necessary as it unfortunately is in many cases—it suggests that we have not yet succeeded in plumbing the depths of the human meaning of procreation.

For the most part, then, we are left with generalities about 'the centrality of reproduction to personal identity, meaning, and dignity' (p. 30). We are to understand that

centrally involved in the dignity of persons is 'their wish to replicate themselves' (p. 32). Robertson never asks in this connection whether human dignity might best be displayed in the way we deal with what is unwanted and unexpected in life. He never takes up rigorously the question of whether those who wish to experience only biological parenthood, only rearing, or only gestating, are *doing* the same thing as those who hold these aspects of parenthood together—and whether, therefore, the importance we ascribe to the experience of parenthood is rightly conferred upon those who deliberately separate its constituent parts and seek to experience only some of them. He never asks whether bearing and rearing children is better thought of as a task or as a return we make for the gift of life than as an experience sought for purposes of self-definition—or whether we would ascribe to it the importance we do if we thought of it chiefly as an exercise in self-definition. In short, the reader is repeatedly assured that reproductive experience is of immense human importance, but the argument itself threatens to drain from the experience most of what has made it seem important.

A Negative Right

Not only is reproductive liberty first and foremost an *individual* interest, it is also a negative rather than a positive right (p. 23). That is, although others may not interfere with one's exercise of the right, they are under no obligation to provide the services or resources that would make such an exercise possible. Nevertheless, although the state is not obligated to make exercise of the right financially possible, it turns out that, on Robertson's analysis, it must make a real effort to foster such exercise.

Thus, for example, the right must include permission to exercise 'quality control' over one's offspring; for apart from 'some guarantee or protection against the risk of handicapped children', people might not choose to reproduce (p. 33). Or again: 'Selection decisions are essential to procreative liberty because of the importance of expected outcome to whether a couple will start or continue a pregnancy' (p. 152). Evidently, then, the state could not seek to discourage such quality control without infringing the right to reproductive liberty. More puzzling still is a statement Robertson makes in his discussion of Norplant. 'If women are to be guaranteed control over their fertility through contraception, long-acting contraceptives such as Norplant should be made available to all women who desire it' (pp. 70f.). Perhaps Robertson intends here only to make a policy recommendation and not to claim that such access to Norplant must be construed as part of the right of reproductive liberty; however, the language he uses suggests that he is discussing something that is part of the decision whether or not to have offspring—and, hence, part of the protected liberty. And this, in turn, sounds far more like a positive than a negative right.

Similarly, preconception agreements that are a part of some collaborative reproductions should, he argues, be regarded as binding, since people who cannot rely on such agreements will lack 'the assurance they need to go forward with the collaborative enterprises' (p. 126). We are told that agreements to pay surrogates are 'probably

necessary if infertile couples are to obtain surrogacy services' (p. 140). Once again it seems that any restrictions designed to discourage the reduction of procreation to contractual terms are interpreted as infringements of the right. Despite this, Robertson writes that the state is not required to 'subsidize or otherwise encourage the use of all reproductive techniques' and that states may even 'refuse to enact laws that facilitate collaborative reproduction' (p. 234). Considerably more clarity is needed about what it means to characterize reproductive liberty as a negative rather than a positive right. I suspect that the source of much of the lack of clarity is a general blurring of the moral and the legal throughout the argument. Perhaps Robertson, while recognizing that states may not presently be required under law to encourage assisted reproduction and that, indeed, they may even discourage it, nevertheless himself wishes to propose that such encouragement be brought within the scope of reproductive liberty. That, however, might involve the transformation of a negative right into a positive right.

II

Thus far I have focused chiefly on Robertson's discussion of the desire to reproduce. In fact, however, it is the desire *not* to reproduce that is more foundational in his argument. This is so for the quite simple reason that his argument is almost exclusively a legal (rather than moral) one, and it is the wish not to reproduce that is more firmly grounded in our present understanding of constitutional law. It is, therefore, worth paying some heed to Robertson's discussion (in chapter 3) of abortion.

The chapter is devoted largely to a discussion of what Robertson terms 'a modified pro-choice position that is likely to dominate ethical, legal, and popular thinking about abortion for the foreseeable future' (p. 45). Here as elsewhere in the book a reader may not always be sure whether Robertson is describing or affirming, but, in general, he seems to look favourably upon this modified pro-choice position. From that perspective 'abortion at early stages of pregnancy is generally viewed in most circumstances to be an ethically and legally acceptable act, but an act that should be discouraged or avoided whenever possible' (p. 46). If, however, Robertson does in fact support this position, he has a peculiar understanding of what it would mean to discourage an act. He recommends, for example, that in order to overcome distributive inequities in access to abortion, our public policy should 'fund or provide contraceptive and abortion services' (p. 48). And, he writes, the acceptability of waiting periods longer than 24 hours for an abortion would depend on whether 'such a period of reflection actually aids an informed decision or is merely obstructionist' (p. 62)—a peculiarly negative way of describing a policy which might reasonably be designed to discourage abortion.

Arguments in defence of abortion generally take one of two forms.³ 'Personhood' arguments justify abortion up to that point (if any) in pregnancy at which the fetus is thought to have become a person with rights. 'Bodily support' arguments rely on the claim that, even if the fetus

has rights, a pregnant woman cannot be obligated to provide it with the support of her body. The second of these arguments is principally a right not to have to carry a fetus—which is not the same as the right to a dead fetus. Only by the accidents of medical technology will its exercise in the early stages of pregnancy necessarily result in a dead fetus. That second argument, therefore, is more difficult to relate to Robertson's right of reproductive liberty, which is described as involving a decision to have or not have children. Obviously, even if one is not compelled to carry a fetus to term or rear the child who is born, one may still have a child if abortion is not understood necessarily to result in a dead fetus. (And, as Robertson notes, '[e]ven if the child is relinquished for adoption, there will be powerful feelings of attachment, responsibility, and guilt that will, in many cases, last a life-time' [p. 49]). Hence, one might expect that the personhood argument would carry more weight for Robertson. And, he says, in fact, that abortion is about 'escaping those burdens' not just of carrying or caring for a child but of having one's offspring alive against one's will (p. 49).

He faces the difficulty, however, as he clearly recognizes, that the Supreme Court's reasoning has depended less on the personhood than on the bodily support argument. By making viability a crucial, if not fully determinative, line, the *Roe v. Wade* decision ascribed legal (and perhaps moral) significance to the point at which the fetus can survive outside the womb without the mother's bodily support (p. 54). And, as Robertson also notes, if the fetus is considered to have personal status, the woman's 'morally protectable interest . . . [would consist] in becoming free of bodily burdens and not in avoiding reproduction altogether' (p. 51). Given his understanding of reproductive liberty, it is not surprising that Robertson should seek to move the argument in a different direction.

The importance of viability, he suggests, is not that it marks the point at which the fetus can live without the mother's bodily support. Rather, it is around the time of viability that the fetus becomes sentient 'and thus has interests in its own rights' (p. 53). This does not mean that the fetus is yet a person with rights, since personhood requires 'the ability to reason or make choices' (p. 51). But once the fetus is sentient, we may have some moral duties toward it as we do toward animals (p. 53). For the moment, then, as long as viability roughly coincides with the appearance of sentience, it will be a morally significant line (as it is in *Roe v. Wade*). But the crucial point Robertson sees and states clearly: 'If technology pushes viability back to earlier presentient stages, it will cease to have this moral significance, because survivability will no longer correlate with sentience' (p. 53).

To rest too much weight on the bodily support argument would endanger the entire structure of Robertson's case for reproductive liberty. For if the day comes, as it well may, when fetuses can be kept alive outside the womb even before they are sentient, the reasoning of *Roe v. Wade* would no longer undergird a right to abortion. Thus, Robertson needs the broader right not to have children, the right to a dead fetus, and that in turn will require some version of a personhood argument to suggest that we do no injustice when we abort the fetus. Here

again, of course, one is never certain whether Robertson is pressing a moral argument or predicting (or attempting to shape) the future course of constitutional interpretation. While he seems generally to suggest that he is doing the latter, I think it is the former—a largely undefended argument about the meaning and moral importance of personhood—that is driving the argument.⁴

He claims, for instance, that a blanket condemnation of all abortion after conception 'overlooks the very different biologic stages of embryonic and fetal development' (p. 48). But his claim is underdeveloped in several ways. Once we have made the personhood—and not the bodily support—argument central, it will readily occur to us that an individual human life goes through a variety of developmental stages both before and after birth (a moment which has moral significance according to the bodily support, but not the personhood, argument). We may therefore be uncertain why Robertson says that 'a person's keen interest in avoiding the social burdens of reproduction does not justify infanticide' (p. 50). Indeed, he has given us no argument that supports that claim. We may further note that the process of development within a human life generally follows a trajectory that includes, at the end, decline—sometimes decline into a condition in which one lacks the ability to reason or make choices, sometimes into non-sentience. We will have to consider what the full implications of Robertson's understanding of personhood are before we can decide whether it represents the way of wisdom.

In short, although Robertson writes of 'the extremes and inconsistencies of the anti-choice programme', (p. 66), his own pro-abortion stance is extreme (in its reduction of human personal dignity to cognitive and volitional capacities) and inconsistent (in its failure to follow through on his preference for the personhood argument). He detects in pro-lifers a 'latent agenda' that sees in abortion a denigration of the importance of sex and marriage and 'an attack on or devaluation of their life-style' (p. 67). One would be more impressed with his capacity to discern such agendas, though, were he to note that the interest of many men in their sexual freedom leads them to espouse pro-choice views, or were he to consider whether some pro-choicers might themselves feel threatened by a moral ideal that gives compelling testimony to human interdependence and the strength of character required to deal with the unexpected and unwanted in life. To explore such questions, not just to detect latent agendas, is the true task of moral reasoning.

III

At the very outset of his discussion, on the first page of the introductory chapter, Robertson declares that there is 'something profoundly frightening' about the forms of technological advance and kinds of choices that he will be discussing (p. 3). And at the end of the book he writes of our 'ambivalence'—both individual and societal—toward these techniques. But I suspect that a reader of the intervening pages would probably not discern much ambivalence or worry in Robertson's voice. It is, therefore, a little difficult to take to heart professions of ambivalence unless

we bring other voices into play. That will be my aim here. What Robertson offers us is a relatively straightforward but very thin understanding of human life. Individuals are largely isolated wills, brought together in association when they choose to cooperate in pursuit of their interests. Such an intense but narrow focus might remind us of C.S. Lewis's contrast between the depiction of Adam and of Satan in Milton's *Paradise Lost*:

Adam, though locally confined to a small park on a small planet, has interests that embrace 'all the choir of heaven and all the furniture of earth'. Satan has been in the Heaven of Heavens and in the abyss of Hell, and surveyed all that lies between them, and in that whole immensity has found only one thing that interests Satan. . . . [His] monomaniac concern with himself and his supposed rights and wrongs is a necessity of the Satanic predicament. . . . He has wished to 'be himself', and to be in himself and for himself, and his wish has been granted.⁵

A single-minded focus on the self's wilful pursuit of its projects in the world has the effect, it turns out, of obscuring our vision of other important realities. To attend to these other considerations we turn now to develop a vision of the individual as more situated and embedded—and to consider whether we may not thereby see more deeply into the meaning of human procreation.

Marriage as a Basic Form of Human Life

Robertson recognizes, as I noted earlier, that those who decompose marriage into its constituent parts, who separate its relational and procreative dimensions, may not be 'doing' the same thing as those who beget and rear children within the bond of marriage. Despite recognizing the legitimacy of such a question, however, he never really addresses it. It is therefore worth our seeking to understand why one might believe that the union of biological, gestational, and rearing parenthood within a marriage should be important for human life.

Certainly we are able to separate the personal and the biological, the relational and the procreative, dimensions of marriage and then recombine them in a variety of ways. That we can do so testifies to the marvellous range of human freedom. If such freedom is the sole truth about human nature, if we are simply beings who freely create ourselves, there will be no limit to such self-definition and self-creation other than the limit of harm to others, which Robertson regularly invokes. Human dominion over the natural world has in recent years often been seen as problematic. But in our schizophrenic culture we are able to deplore environmental abuse as unwarranted exercise of human freedom while forging ahead in turning procreation into reproduction. Rather than seeing the person as present in the body, and the person's freedom as necessarily dependent upon respect for the natural world, we suppose that the personal and the biological are entirely separate realms and that we need not honour the body as the locus of personal presence.

Clearly, there is given in human nature a connection between procreation and the differentiation of the sexes.

'To this given connection in our nature . . . it is possible to respond in only two ways. We may welcome it, or we may resent it.'⁶ We may resent it and use our freedom to remake it in the countless different ways that Robertson discusses—and in more ways still to be imagined. We may, that is, find human meaning in the body's procreative powers only when we choose that it should be there and only in the manner that we choose. But we may also honour the body as the presence of the person and ask ourselves what the good might be of holding together procreation and the bond of personal love between a man and woman.

Understanding procreation as appropriate only within the bond of mutual love of husband and wife will, first, be good for the loving relationship itself. No doubt the motives of those who beget children coitally within marriage are often mixed, and they may have much to learn about the meaning of their action. But if they are willing to shape their intentions in accord with the nature of the act itself, in learning what procreation means they may be freed from self-absorption. Rather than being an exercise in self-definition or self-replication, procreation, as the fruition of coitus, should teach us that the act of love is not simply a personal project undertaken for our own fulfilment. That the embrace of husband and wife may prove fruitful and may sustain human life can give to their love a spaciousness it needs. Even when the relation of a man and woman does not or cannot give rise to offspring, they can understand their embrace as more than their personal project in the world, as their participation in a form of life that carries its own inner meaning and has its *telos* established in nature. Some understanding like this is needed if the sexual relation of man and woman is to be more than 'simply a profound form of play . . .'⁷ That our culture desperately needs to reclaim such a vision before the relation of men and women is debased still further seems, to me at least, evident.

Understanding procreation as appropriate only within the bond of mutual love of male and female will, second, be good for procreation itself. Even when a man and woman deeply desire a child, even when their act of love is moved by that desire and hope, the child can never be 'the primary object of attention in that embrace'.⁸ Indeed, unless one's beloved is the object of one's attention and desire, the man, at least, may even be unable to fulfil his designated role. In the act of love the partners must set aside their projects in order to give themselves to each other, and the (perhaps hoped for) child becomes the natural fruition of their shared love, not a chosen project. The child, therefore, is always a gift and, even, a mystery—one like them who springs from their embrace, not an inferior being whom they have made and whose destiny they should now determine. That our culture desperately needs to reclaim such a vision before our care for children is debased still further seems, to me at least, evident.

It is clear, of course, that we remain free to sever the procreative and relational dimensions of marriage at will, to find no personal significance in their natural unity unless we choose that it should be there. In our freedom we can thus soar far above our finite condition, forgetting that there may be more ways to violate our humanity than

by limiting that freedom. Certainly, we ought not suppose that an affirmation of reproductive liberty comes unencumbered with any metaphysical baggage. For, as Paul Ramsey once noted, when we dismember procreation into its several parts and combine them in new and different ways, we simply enact a new myth of creation in which human beings are created with two separate faculties—one manifesting the deepening of the unity of the partners through sexual relations, the other giving rise to children through 'a cool, deliberate act of man's rational will'.⁹ Thus, a symbolic vision of human nature is present both in the position I have outlined above and in Robertson's defence of reproductive liberty. Neither can be offered free of metaphysical implications. We should not therefore assume that those who 'procreate' and, those who—having severed procreation into its parts—'reproduce' are *doing* the same thing. But if we can learn again to think of marriage as a basic form of life within which procreation ought to take place, we will of necessity turn away from the direction of Robertson's argument at any number of important points. We will characterize procreation not simply as a right, but as the internal fruition of the act of love—a task to be taken up for the sustaining of human life. We will see all forms of collaborative reproduction as dehumanizing, as a violation of a basic form of human life. We will doubt whether 'quality controls' of our offspring can express a commitment to human equality that envisions the child not as a product we have made but as one like us in dignity.

Making and Doing

This last point—the child as one who is begotten, not made—deserves more extended development. The contrast between doing and making is at least as old as Aristotle's characterization of *praxis* and *poesis*.¹⁰ This distinction has had no impact on Robertson's discussion, however. When, for example, he discusses the permissibility of noncoital techniques for reproduction, he notes that some people have moral objections. 'However, often the harms feared are deontological in character. In some cases they stem from a religious or moral conception of the unity of sex and reproduction or the definition of the family' (p. 34). One is tempted to respond: 'Well, yes. What sort of objections do we think we might encounter when contemplating the possibility of moral concerns?' But the point is that, for Robertson, making rather than doing, what we accomplish rather than what we do, always wins the argument. '[W]ithout a clear showing of substantial harm to the tangible interests of others, speculation or mere moral objections alone should not override the moral right of infertile couples to use those techniques to form families' (p. 35). Why then, one might ask, did he bother even to mention moral objections? 'Given the primacy of procreative liberty', he writes, 'the use of these techniques should be judged by the same restrictive standard that would be applied to coital reproduction' (p. 35). The point, however, is that—at least if Robertson considers himself to be engaging in moral argument this is not 'given'. He assumes and asserts it, but largely without moral argument. And in so doing he

narrows tremendously the range of considerations that may shape our thinking about the meaning of the presence of children in human life. We need to open our minds to other features of human action in order to see how we might come to think of a child as our equal—and not simply as our product or project.

In passing quickly by any objections thought to be 'deontological' in character, Robertson is refusing to think about what it means to 'do' something, refusing to contemplate the difference between what we do and what we accomplish in our doing. A richer understanding of the ways of evaluating human behaviour will make clear just how much he omits. In *The Responsible Self* H. Richard Niebuhr delineated three different modes of moral reasoning and evaluation.¹¹ I will draw on his categories here to suggest how much is missing in Robertson's treatment.

We may describe human beings, first, as makers or fashioners. We act because we have goals and want to realize goods that we value. We are in the world as people who have projects, which we seek to realize through action. Like artisans or craftsmen, we are at work on a product, attempting to fashion it into the desired shape. From this perspective we necessarily pay attention chiefly to what we accomplish, to the results of our action. Seeking to enhance human life as much as we are able, we cannot help but count the cost—weigh costs and benefits—when pursuing our projects and shaping our products. When we think in this way, our attention focused on the goal we seek to realize, we 'quite naturally suppose that an 'ought to do' follows from an 'ought to be'. If it ought to be the case that people experience the sense of worth and dignity that comes from producing children, then they and we ought to do whatever makes possible such significant experience for them—unless, of course, the harm to others that comes of this is too great. That this first method of moral evaluation is important we cannot doubt, since we are indeed present in the world as goal-oriented, productive beings. True as this is, however, there is more to be said about human action.

Second in Niebuhr's typology is the fact that we come to know ourselves as human agents only within a community of others in whom we recognize a being and dignity like our own.

The sociality of the self refers to the fact that our very possibility of being human subjects comes to us through our relationships with significant others. I need the concern and positive regard of others in order to actualize my own personhood. This need occasions the disclosure of the value others hold for me. Yet I discover a new fact in these need-fulfilling relationships: these 'others' are in a position to lay claims upon me.¹²

Put less abstractly, in recognizing my own dignity I recognize the dignity of others like me. In recognizing that I can sometimes be wronged by others even without being harmed by them, and that they likewise may be wronged by me even without being harmed, I come to see that our humanity is expressed in what we do, not just in what we make or accomplish. We may have obligations to do or refrain from doing that are not grounded in harm to

others. Hence, on this model Niebuhr pictures human beings not as makers or fashioners but as fellow citizens—sharing a common life governed by rules that shape action in ways appropriate to their equal dignity. Recognizing therefore the complexity of human action, that there is more to be said about it than just that it is goal-oriented, we may also learn to contemplate the possibility that some things should not be done even if they would achieve results that might be, on the whole, desirable. This is not simply a 'deontological' concern; it is integral to any serious consideration of human action.

If human action is goal-oriented and intersubjective, it is also—and third in Niebuhr's typology—responsive to all that presses upon us and claims our attention. In Niebuhr's terms, we seek therefore to act not only in ways that realize what is good or do what is right, but also in ways that are 'fitting'—that fittingly respond to all that is acting upon us and shaping us. Just as being a good driver involves not only knowing where we are going and being familiar with the rules of the road but also responding in countless ways to what is going on around us, so also the discerning moral agent must understand his action as limited and responsive.¹³ If, with Robertson, we restrict moral considerations to goals and values, we see human beings only as makers, engineers. We lose then an understanding of community in which our action is limited by the equal dignity of our fellow citizens. And we lose the sense that we are not, finally, beings characterized only by self-modifying freedom. We are also responders: to nature, to others like ourselves, and to what transcends both nature and humanity.

However important 'making' may be, therefore, it does not exhaust the categories by which we should think about and evaluate human action. Moreover, there may be occasions when it is an inappropriate category, when it cannot capture the human significance of what we do. Procreation is such an occasion, for only the child who is 'begotten, not made' can be one equal to us in dignity, one who is not finally a product at our disposal.¹⁴ We must think of the body as the locus of personal presence in order to discern the equal worth of the child who springs from the embrace of our bodies. There are countless ways to 'have' a child. Not all of them amount to doing the same thing. Not all of them will teach us to discern the equal humanity of the child as one who is *not* our product but, rather, the natural development of shared love, like to us in dignity.

The formation of a family is most truly human when it springs from what Gabriel Marcel called 'an experience of plenitude'.¹⁵ To conceive, bear, give birth to, and rear a child ought to be an affirmation and a recognition: affirmation of the good of life that we ourselves were given; recognition that this life bears its own creative power to which we should be faithful. In this sense Marcel could claim that 'the truest fidelity is creative'.¹⁶ That something rather than nothing exists is a mystery lying buried in the heart of God, whose creative power and plenitude of being are the ground of our life. That a new human being should come into existence is not ultimately our doing. Within this life we can exercise a modest degree of control, but if we seek to do more than that we have fundamentally altered the nature of what we are doing—and of

the beings to whom we give rise. Therefore, to form a family ought not be an act of planning and control by which we replicate ourselves or gain access to a pleasurable experience of our own worth. It ought to be an act of faith and hope, what Marcel termed 'the exercise of a fundamental generosity'.¹⁷

Symbols

Summing up his argument, Robertson writes at one point: 'The invocation of procreative liberty as a dominant value is not intended to demolish opposition or end discussion. . . . Procreative choices that clearly harm the tangible interests of others are subject to regulation or even prohibition' (p. 221). Yet, as we have seen, Robertson's discussion is in fact deaf to the wide range of considerations included in moral reflection. All these he tends to set aside as merely 'deontological' concerns, setting aside thereby much that is central to our humanity. But the really 'magical' word in Robertson's book, the word that truly does end discussion, is 'symbolic'. Summing up again near the end of the book he writes: 'As illustrated repeatedly throughout this book, many of the concerns and fears will, upon closer analysis, turn out to be speculative fears or symbolic perceptions that do not justify infringing core procreative interests' (p. 222). It is necessary but insufficient to point out that this has not been 'illustrated', much less demonstrated; it has only been asserted.

But it has been asserted repeatedly. In outlining the course his argument would take, Robertson notes at the outset that the interest in reproductive liberty, though not absolute, will often trump 'competing concerns that are too speculative or symbolic to justify intrusion on procreative choice' (p. 17). The view that it is wrong to separate reproduction from the marital bond he describes as 'symbolic', a matter over which reasonable people may differ (p. 41). Indeed, 'concerns about the decomposition of parenthood through the use of donors and surrogates, about the temporal alteration of conception, gestation and birth, about the alienation or commercialization of gestational capacity, and about selection and control of offspring characteristics' do not involve 'substantial harm to tangible interests of others' but affect only our 'notions of right behavior' (p. 41). Discussing abortion, he asserts that, 'moral objections or symbolic commitments alone, over which individuals in a pluralistic society usually make their own choice' cannot override the right not to bear offspring (p. 50). The unwillingness of some people to view as binding a preconception agreement between collaborators in reproduction is, Robertson thinks, 'based on paternalistic attitudes toward women or on a symbolic view of maternal gestation' (p. 132). Objections to a market for the sale of gestational services express a 'symbolic concern' about which 'reasonable people have differing moral perceptions' (p. 141). Many objections to nonreproductive uses of our reproductive capacity involve 'largely symbolic moral claims on behalf of embryos, fetuses, offspring, and women' (p. 198). Abortion of an existing pregnancy for transplant purposes might be reasonable, since one might well think that 'the additional symbolic devaluation of human life through deliberate creation and

destruction of prenatal life is negligible' (p.214). Clearly, the word 'symbolic' functions as a mantra throughout the discussion, its very invocation seeming to settle disputes.

But, as Paul Tillich might have put it, we should never say 'only a symbol'. One of the important characteristics of a symbol is that 'it opens up levels of reality which otherwise are closed for us'.¹⁸ Still more, symbols do not merely express our own private thoughts; they give rise to thought.¹⁹ We cannot think in non-symbolic ways. Indeed, even the most simple and least mythic human attempts at speech will be freighted with symbolic expression.²⁰ We may make our language less interesting; we cannot make it non-symbolic. We can only be tone deaf to the symbols, as Robertson is, for example, when he reads Judith Jarvis Thomson's defence of abortion. In her hypothetical cases the fetus is symbolically construed as a parasite (in the unconscious violinist analogy) and as a mushroom (in the people-seed analogy) but all this seems quite straightforward to Robertson.²¹ Thomson 'shows', he writes, 'that in many cases, such as rape and sexual intercourse with contraception, a persuasive moral claim that the fetus has the right to use the body of another cannot be made' (p. 51). But Thomson's is not straightforward language about rights and interests. Embedded in her language are (misleading) symbols of the human. To miss them is to misunderstand the argument.

Because symbols give rise to thought and expression, we overlook them or dismiss them at the peril of our humanity. If we think of them as 'mere' symbols, we cut ourselves off from much that is most important in the life of human beings who are, after all, the symbol making animals. Worrying precisely about such possibilities, C.S. Lewis once described the person who attempts to see through the symbolic nature of our language rather than seeing with it.

Quite truly, therefore, he claims to have seen all the facts. There is nothing else there; except the meaning. He is therefore, as regards the matter in hand, in the position of an animal. You will have noticed that most dogs cannot understand *pointing*. You point to a bit of food on the floor: the dog, instead of looking at the floor, sniffs at your finger. A finger is a finger to him, and that is all. His world is all fact and no meaning.²²

I have suggested above that the transformation of procreation into reproduction involves us in new ways of thinking about human life—which, of course, is not surprising, since symbols give rise to thought. Perhaps most dangerous is the possibility that we will find it more difficult to think of the child as one who is equal in dignity to those who make it. It is true, of course, that for some time to come our inherited ways of thinking may encourage us to think of children as equal to those who produce them. 'But if we do not live and act in accordance with such conceptions, and if society welcomes more and more institutions and practices which implicitly deny them, then they will soon appear to be merely sentimental [that is, "merely symbolic"], the tatters and shreds which remind us of how we used once to clothe the world with intelligibility.'²³

When we think of human beings chiefly as 'will', as beings characterized by their interests, we see something true, but we miss much else. We miss ways in which, subjecting the body to their will, they may endanger their humanity, threaten their equal dignity, and degrade their status as the symbol-making animal. Learning to think of human beings as will and freedom alone has been the long and steady project of modernity. At least since Kant, ethics has often turned to the human will as the sole source of value. The understanding of reproduction that Robertson depicts and defends is, from this perspective, not at all surprising; for it is faithful to that very narrow understanding of the human. If we are not surprised by it, however, that itself may be cause for worry. We need to think about more than arguments in law when we read Robertson's *Summa*. We need also to contemplate the image of our humanity symbolically portrayed in his pages.

1. John A. Robertson, *Children of Choice: Freedom and the New Reproductive Technologies* (Princeton, NJ: Princeton University Press, 1994). References throughout the article will be cited by page number in parentheses within the body of the text.
2. For a similar argument, cf. Paul Lauritzen, *Pursuing Parenthood: Ethics Issues in Assisted Reproduction* (Bloomington and Indianapolis: Indiana University Press, 1993), p. 42.
3. Cf., Gilbert Meilaender, 'Abortion: The Right to an Argument', *Hastings Center Report*, 19 (November/December, 1989), pp. 13-16.
4. Cf. Lauritzen, pp. 56-63.
5. C.S. Lewis, *A Preface to Paradise Lost* (London, Oxford, New York: Oxford University Press, 1942), p. 102.
6. Oliver O'Donovan, *Begotten Or Made?* (Oxford: Clarendon Press, 1984), p. 16. The discussion that follows draws upon O'Donovan, pp. 16-17.
7. O'Donovan, p. 17.

8. *Ibid.*

9. Paul Ramsey, *Fabricated Man: The Ethics of Genetic Control* (New Haven and London: Yale University Press, 1970), p. 36.
10. Cf. *Nicomachean Ethics*, VI, 2-5.
11. H. Richard Niebuhr, *The Responsible Self: An Essay in Christian Moral Philosophy* (New York, Evanston, and London: Harper & Row, 1963). My use of Niebuhr's categories here has been shaped and influenced by Thomas W. Ogletree, 'Values, Obligations, and Virtues: Approaches to Bio-medical Ethics', *Journal of Religious Ethics*, 4 (1976), pp. 105-130.
12. Ogletree, p. 114. 13.
13. Niebuhr, pp. 108f.
14. O'Donovan's point in choosing a crucial phrase from the Nicene Creed ('begotten, not made') as the title of his book was precisely to engage us in exploring the meaning of the dignity of the person.
15. Gabriel Marcel, 'The Mystery of the Family', *Homo Viator: Introduction to a Metaphysics of Hope* (New York: Harper Torch-books, 1962), p. 88.
16. *Ibid.*, p. 90.
17. *Ibid.*, p. 91.
18. Paul Tillich, *Dynamics of Faith* (New York: Harper & Brothers Publishers, 1957), p. 42.
19. Paul Ricoeur, *The Symbolism of Evil* (Boston: Beacon Press, 1967), p.348.
20. *Ibid.*, p. 9.
21. Cf. my 'The Fetus as Parasite and Mushroom: Judith Jarvis Thomson's Defense of Abortion', *The Linacre Quarterly*, 46 (May, 1979), pp. 126-135.
22. C.S. Lewis, 'Transposition', *The Weight of Glory and Other Addresses* (Grand Rapids, MI: Eerdmans, 1949), p. 28.
23. O'Donovan, p. 86.

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Ilona Jenei

Prospective Payment System and the Traditional Medical Ethics in Hungary

The modernization of the health care system in Hungary involves a decrease in the number of hospital beds and physicians, and in some hospitals a total change of working activity. This process affects the medical community even more than earlier reforms which did not alter the fundamental aims of our health care.

The need for changes had become apparent already in the mid-1980s; but reforms were possible only after the political changes. Compared with more developed countries, the Hungarian health care system is 'overdimensioned' but, unfortunately, the problems of our

increasingly expensive state health care system are combined with difficulties involved in changing over to a market economy. (see Table 1)

Hungarian health care was operated as a state-owned health care system until the end of the 1980s. Services were provided by state institutions, every citizen had the right to all state services and health provision was free. The state regulated and was in control.¹

The system was characterized by inflexible methods of supply and by neglect of the patients' comfort and personal needs. It provided limited advantages such as equal

Selected data of health care systems in developed countries and Hungary (1990)

Countries	National income per capita (USD)	Health care expenditure in percentage of national income	Health care expenditure per capita (USD)	Public expenditure in percentage of total health care expenditure	Number of physicians per 10,000 population	Number of hospital beds per 10,000 population	Life expectancy at birth	
							male	female
Great Britain	15 682	6.2	972	84	14.0	63.6	72.8	78.5
Austria	16 620	8.4	1 393	67	21.3	102.3	72.5	79.0
Denmark	16 756	6.3	1 053	83	27.8	56.6	72.0	77.7
Finland	16 451	7.8	1 284	81	24.2	125.2	79.0	78.9
France	17 364	8.8	1 532	74	26.8	97.4	72.7	80.9
Greece	7 349	5.5	402	76	32.7	50.6	74.3*	79.4*
Japan	17 994	6.5	1 171	72	16.5	157.8	75.9	81.9
Hungary	3 083	6.0	185	83	36.9	101.4	65.1	73.7
Sweden	16 813	8.6	1 451	90	28.7	124.3	74.8	80.4
Turkey	3 316	4.0	132	36	8.9	21.1	64.1	68.4
USA	21 933	12.1	2 566	42	23.2	46.7	72.0	78.8

*1988

access to services, the planned improvement of and relatively good quality medical services, even compared with Western Europe.²

A special phenomenon emerged in the 1950s, which later became wide-spread. It was called the 'parasolvency' system. At first it was illegal. Later it became a semi-legal way of supplementing physicians' salaries. The latter were kept at a very low level by the state—and still are. 'Parasolvency' is paid by the patient for the theoretically free services to the physician and to all other persons contributing to the care. It ensures the satisfaction of the patients' subjective needs and sometimes the very access to services.

The positive aspects of the present health care reform include: an insurance based service, private health provision, the transformation of structural disproportions, new types of financing which take into account market economy conditions, quality assurance, modern management and modern medical ethics.³

This presentation which follows is a snapshot of the different ethical problems involved in the modernization of the Hungarian health care system.

Performance-based financing is a possible way of cutting the dramatically increasing costs of health care. Recently the financing of the increasing expenses of health care at the macro level has become a serious problem not just in Hungary, but also in the West. The major problem is that technical expenses have increased unexpectedly, even exceeding the rate of economic development in some countries. Furthermore, the need for services has increased while the monies available from the state are insufficient to keep pace with this increase.

We are faced with a contradiction between the 'technically possible' and the 'economically permissible'.³ In the bargaining processes which are involved with the necessary saving strategies, the financial aspects often conflict with medical interests and the traditional ethos of medical ethics. Today's market-economy principles of distribution within the health care system force physicians and hospitals to take a greater interest in a more efficient use of financial resources. Yet, these principles should not be allowed to affect fundamental ethical values. Economic and moral factors must both be considered. But this is not

easy and in the last forty years Hungary has witnessed great conflicts of interest.

What Moral Premises Should the Hungarian Health Care Reform be Based on?

The previous socialist social system was a 'caring state' which treated its citizens in a paternalistic way. In the medical sphere the sense of vocation was diminished, though not destroyed, because it was rooted in a paternalistic medical tradition and medical paternalism clashed with state paternalism. The sense of vocation has been based on religious concepts as opposed to secular, business-centred medicine.

According to P. Balázs,⁴ the morality of vocation may be seen as a secular version of the Christian sense of vocation found in Protestantism, especially in the Lutheran and later Calvinist traditions. In the last 40–50 years the state power turned these two, the Hippocratic and the Christian elements of the medical tradition, against each other. The physicians became public servants still considered to have a vocation and moral status, but to a lesser degree than before. They were forced to earn their money by means of the illegal or semi-legal institution of parasolvency, since the state rewarded them modestly and according to their public servant status.

Not surprisingly the majority of physicians are hostile to today's new requirements, including the economic aspects, and to the new ethos which is nearer to utilitarianism. They are required to accept this utilitarian ethos which is justified in terms of their vocational morality and patient-centred principles. The result is a 'crippled' medical ethics.

Physicians may not be opposed to this financial ethos in general, but they have reservations about a system of financing which may render them less well off. The aim is to introduce a performance-based and controllable distribution of material resources among physicians and hospitals instead of the present mixed systems involving a semi-legal black economy.

Diagnosis Related Groups (DRG) Based Financing

Several kinds of financing systems are used in Hungarian health care. Family doctors, out-patient services and hospital facilities have different financing systems. But unlike the earlier system involving financing from a central budget, the present systems are all normative in nature; it is argued that health care facilities should adopt a more expense-conscious behaviour.

The normative prospective payment system based on DRGs was introduced in Hungarian hospitals on 1st July 1993. The new financing system was expected to result in a more economical health care system which would cater for actual needs and which would control the threatening explosion of expenses.⁵

The DRGs-Based Payment System from the Professional Point of View

This financing system means that the insurer pays a predetermined amount to the facility for the treatment of a patient with a determined diagnosis. The sum is independent of the actual expenses involved in the treatment. These are calculated on the basis of the average costs of treatment for different groups of diseases in Hungary.⁶

As the insurer pays the average expenses for the treatment, the hospitals gain if they treat patients more cheaply; and if they give more expensive treatment they have to cover the additional charges.

The DRGs-Based Payment System from an Ethical Point of View

The most important moral consequence of the DRG system may be the change of the traditional medical attitude. Before, medical practice emphasized technical and professional solutions rather than the cost of treatment. Various factors played a role in the distribution and use of resources, including subjective prestige reasons, the satisfaction of real needs and demands. By contrast, the new payment system looks to what is medically necessary treatment but only if it is permissible economically.

But it is important that the management does not press physicians to be too economical. If there are no built-in controls in the system and if hospitals do not guarantee quality, the fragile balance between the patient's medical needs and the health care facilities' desire to economize may be disturbed. This danger is apparent even when the management of hospitals is moderate and a form of physician self-censorship is operating. It can be described as a conflict between the injunction to 'do no harm' and the injunction 'not to waste money'.

The new financing system is closer to utilitarian thinking than to the traditional medical ethics of duty. In its present form it prefers the economically efficient operation. However, it would be possible for institutions to receive information about their own work from the

data relating to the payment system, which would enable them to promote quality improvement. Even economic efficiency may serve moral aims, such as the aim to prove quality treatment for as many patients as cheaply as possible. This would entail a more just form of distribution of resources, safeguarding the patients' interests at least indirectly.

Nevertheless the moral ethos of the normative financing system is opposed to the understanding of the patients' interests as of the most important value, regardless of the circumstances or conditions. But the availability of provision and its costs can and must be reconciled with individual interests. Today's medicine is forced to face economic limitations and it cannot provide every patient with all the necessary treatment. But it can provide the optimum under the given circumstances.

Health care institutions functioning on the basis of the principles of DRGs can be operated only according to the principles of modern medical ethics. They must respect the interests and rights of patients and they must appreciate (financially also!) the high-level professional work of physicians and the valuable tradition of a vocation morality. In Hungarian health care it is high time to integrate professional, moral and financial interests in favour of the patients. The new system might be the answer.

However, one of the problems with the new system is that it classifies patients according to disease groups without taking into account the seriousness of their condition. The system is disease-centred, not patient-centred. Cases which are more serious than the average are not divided equally among the institutions, but there are a greater proportion in well-equipped university clinics, special national institutions or hospitals with qualified experts. Hence, these institutions are at a disadvantage, which sometimes results in patients being kept in hospital for shorter periods than necessary, or they are sent home, only to be readmitted with another diagnosis.⁷ If there is no law of patients' rights, there is the possibility that patients may be manoeuvred by misinformation.

The Reception and Effect of the DRGs-Based Payment System in Hungary

The transformation of the financing system caught the majority of Hungarian physicians by surprise. They did not see the advantages and disadvantages of the system and so they were rather unenthusiastic in their reception of the system.

The most frequent misunderstanding arose from the fact that some physicians interpreted the new financing system as an instrument that limited their own decisions to the disadvantage of the patient and their own moral identity. They emphasized that medical decisions must be independent of economic considerations. These reservations are partly understandable, since the new system questioned old taboos such as external control and assessment of medical work. The system may also entail a revision of several medical privileges like liberal prescription and limitation on patient admission. In addition, there is the possibility of a conflict between financial

interests of hospitals and the medical interests of individual patients.

DRG Based Payment from a Physician's Point of View

It limits professional autonomy; it distorts the doctor-patient relationship, affecting patients' trust and makes the relationship into a mere economic transaction; it prevents the physician from acting in accordance with the principle of charity (Do not harm!); it subjects medical practice to external control (and external control weakens the trust in the honesty and righteousness of physicians); it promotes an ethical conflict between medical duty and the economical stimulation; it means that physicians must be both agent and provider; it involves administration which detracts too much time from actual healing; and, finally, DRGs are not sensitive to the alternative ways of healing.

It is not difficult to recognize in these arguments the paternalistic attitude based on traditional ethics. In my opinion traditional ethics still contain a number of moral values that the physicians should preserve, but the paternalistic attitude is an obstacle to the modern medical ethics which are required to deal with the transformation of the health care system.

Conclusion

The structural transformation of Hungarian health care, the introduction of a financing system which is sensitive to a market economy and the switch from traditional medical ethics to modern medical ethics are happening simultaneously. Solutions to ethical conflicts deriving

from the financing system are hindered by the fact that the transformation does not rely sufficiently on the moral traditions of the medical community and does not seek to harmonize moral and financial interests. The health care reform and the new payment system have not managed to get rid of the system of 'parasolvency'. But the system of 'parasolvency' is not in accord with the traditional sense of moral vocation.

To what extent the DRGs-based financing system will meet expectations is uncertain. But it has helped the Hungarian health care system to initiate structural transformation which could lead to a favourable change in respect of the patient needs. Ethically the new financing system can be interpreted as a question of how much can be preserved of the values of traditional ethics during the costly development of modern medicine.

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Book Reviews

Christian Choices in Health Care

Dominic Beer
Leicester, IVP, 1995, ISBN 0-85111-144-0, Pb, £8.99

One of the predominant words in present day thinking is autonomy, which emphasizes the importance given to the ability to make decisions, so the title and contents of this book are particularly relevant. Dr. Beer has skilfully blended the contributions of 30 experts to present the challenge of choosing the Christian option throughout the two sections, which are entitled 'Christian Vocation in Health Care' and 'Medical Ethics'.

In *Part 1* the stresses that are experienced by medical students and junior doctors during training are outlined and practical ways are suggested to enable these pressures to be resisted, so that personal spiritual life is not extinguished by physical and emotional fatigue. Useful advice is given regarding communication, caring, relationships with colleagues, career choices, etc., and such diverse topics as resource allocation, women in medicine, the Christian and research, and the place of medical missions today are discussed in ways which are realistic, but still retain the spirit of vocation.

Part 2 deals with medical ethics, with a helpful introduction regarding making Ethical Decisions in Medicine, citing the possible influences exerted by reason, conscience, consensus, consideration of consequences, relativism, authority, etc.: at times,

there may be difficulty in discerning God's will, although we do have the example of Jesus to guide us. The decision-making of the secular ethicist is shown to be inferior to the biblical approach. God's rules for the human behaviour not only are good, but compliance with them results in the best possible consequences for men and women. The problems of imposing our morality on others and the handling of conflict are dealt with in a considerate way.

The rapid advances in medical science and molecular biology bring daily challenges to Christian ethics, and the application of biblical principles (which remain constant) to new developments demands our continuing vigilance. So abortion and euthanasia are not the only topics considered in this book, but also the consensus inherent in some of the techniques used in infertility research, assisted conception, the involvement of donors, embryo research, human genetics, the management of the abnormal foetus and neonate, etc. are discussed factually and sensitively.

Several chapters on aspects of sexuality (virginity, homosexuality, contraception, AIDS) express the Christian ideals, but stress the need of compassion in our dealings with those involved. The inclusion of wider issues such as healing, alternative medicine, psychiatric problems, alcoholism, suffering, bereavement, ageing, dying and the hospice movement make

this book on healthcare one of the most comprehensive, yet concise, currently available. I recently took a post graduate course in health care ethics, and found the modern tendency to denigrate the disadvantaged (foetus, severely handicapped neonate, senile elderly) to 'nonpersons' extremely disturbing—nonpersons with no autonomy have no rights, and the logical extension suggests there is no duty of care towards them. I therefore found 'Christian choices' a welcome antidote to the thinking of John Harris and Peter Singer.

Not all Christians will agree with all the views expressed in this book, but every Christian should be challenged to seek the biblical perspective when confronted by contemporary controversial issues in health care. The stimulating and thought-provoking style is also easy, which makes 'Christian Choices in Healthcare' suitable for a wider readership than that of healthcare workers. It is very good value for (A3)8.99, and should be prominent on every church bookstall and in post graduate centre libraries.

EUNICE R. BURTON, F.R.C.S., F.R.C.O.G.

Medical Ethics: an Introduction

Kenneth Kearon

Dublin, Columba Press, 1995, pp. 111, price £6.99.

Kenneth Kearon is Rector of Tullow Parish in Dublin and lectures at various centres in the city. His aim is to introduce issues in medical ethics to a wide range of professionally or personally concerned readers. The book is billed as exploration rather than teaching, and end discussion questions are appended to each chapter. Most of the subjects that come under the rubric of 'medical ethics' are briefly treated in this book, with the absence of genetic engineering.

The author is successful within limits. He is a clear writer and if some will struggle with the logic of the argument at certain points, this is no reflection on the author, who is adept at reasoning, but an indication of the complexity of the themes. We must face the fact that if, for practical reasons, we are forced to decisions in medical ethics, we are conscientiously forced to intellectual efforts that are very taxing, in preparation for our decisions. Kearon's contribution is true both to the practical needs and the intellectual necessities of 'medical ethics'.

Nevertheless, the book has a weakness born of the author's early claim that the basis of the analysis is Christian, though, he adds, it is hoped 'that sufficient common ground will be established to enable a discussion with those of other faiths and of none' (p. 7). The weakness is twofold:

(1) The author, as he admits, often leaves issues open, which means that any 'Christian' note is often heard as one among many, and even then a robustly theological defence of positions is usually absent. 'The Christian response' is most manifestly in evidence in the discussion of whether AIDS is an exercise in divine wrath (pp. 104ff) and the vigour with which the author prosecutes his case here throws into relief the contrasting decision to leave other issues open-ended.

(2) The mood of the book changes slightly at the beginning of the seventh chapter with a series of short evaluations. From a theological perspective we have a curious imbalance here. Kearon opines that a woman should not be artificially inseminated with the frozen semen of a husband now deceased; but vital issues of research on embryos are matters of 'subjective judgment' (p. 77). Why, on a Christian basis, do we find dogmatism on the first, openness on the second point? The problem may lie in the author's theology, or it may lie in the execution of an attempt to write a book which tries to leave things open at some times and to propound a definite position at other times.

Finally, it emerges early on that the author is strong on the principle of consent. However, he does not tackle the question of a moral framework for consent in society nor the wider questions probed by such as Oliver O'Donovan (*Begotten or Made?*) and Nigel Cameron (*The New Medicine*) on the social philosophy of medical practice in the West. As a result, we encounter the issues, but we are not alert to the broader context in which we meet them, nor to the consequences of certain practices in this particular context. It may seem that we expect too much of a book designed to be brief and skilfully managed within its bounds. But the issues are socially vital and require a more comprehensive setting.

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STEPHEN N. WILLIAMS

Science and the New Age Challenge

Ernest Lucas

Apollos (Inter-Varsity Press), Leicester, UK, 1996, ISBN 0-85111-440-7, 192 pp, £10.99, paperback.

The New Age movement is not so much an organisation but, as described in the book under review here, a large, loosely structured network of organisations and individuals holding common values based on a world view that 'all is one', and a common vision that the coming age, the 'Age of Aquarius' will bring in peace and mass enlightenment. Many people who espouse one form or other of New Age philosophy distrust science and technology and indeed equate many of the perceived problems of western society as being caused by science and/or technology. For some in the New Age movement, the claims of science to investigate objective reality in the material world are a nonsense. This attitude, especially in a post-modern intellectual climate where one view is as valid as any other, whatever the apparent evidence, has led at least one New Age philosopher, Zukav, to state that the end of science is in sight. In opposition to science, many New Agers will draw attention to spiritual values, particularly those loosely derived from Eastern religions. Almost always these New Age spiritual values lead to a monist, pantheistic world view in which there is a single cosmic consciousness of which everything, whether inanimate or living, is a part (or is approaching that state). Further, and again in common with some post-modern views, certain manifestations of New Age thinking lead to a denial of the concepts of 'right' and 'wrong'.

However, here we encounter a paradox because some influential New Age thinkers, despite their general opposition to science, have been quite ready to use science, albeit very selectively, in support of their philosophical views. Thus, Capra attempts a synthesis of some features of quantum theory with Eastern religion and New Age thought, while others have drawn extensively on the work of Teilhard de Chardin and Sheldrake in biology and of Lovelock in environmental science.

It is this general situation which is analysed by Ernest Lucas in *Science and the New Age Challenge*. The book is written from the standpoint of biblical Christianity and in many places in the book, particular facets of New Age thought are compared and often contrasted with Christian doctrine, belief and practice. Lucas shows that Capra's use of quantum theory is very selective and often erroneous, in interpretation both of the science and of the Eastern religions for which Capra is attempting to marshal scientific support. Lucas concludes this part of the book by suggesting that we should be cautious in reaching metaphysical conclusions from physical theories. Lucas then goes on to show that the work of Teilhard de Chardin on which New Agers place a lot of weight is not widely accepted in the scientific community, that the theories of Sheldrake range from the speculative/untested to the bizarre and that the reliance of New Agers on

Lovelock's Gaia hypothesis is based on their own interpretation of just part of the hypothesis. Overall, Lucas suggests that the use of science by New Age thinkers may be characterised as follows: 'Accept and if necessary re-interpret what you like; reject all the rest'. Following this analysis, Lucas then expands his comparison of New Age philosophy and Christianity in discussions of 'Ecology and New Age spirituality' and 'Green Christianity'.

For readers of this journal I need to state that there is very little here of *direct* relevance to medical ethics, although of course the pervading emphasis in New Age thinking on all sorts of alternative therapies, some proven and others definitely not proven, will certainly be of interest. Indeed, this is a very interesting book. It is well-researched and very well written, making it a very readable text. I read the book on a very full flight between London and Chicago. This is not an ideal situation for reading a serious text but the clarity of the writing style held my attention throughout. Having said that, I also need to say that I have a few (very few) minor criticisms to make. I felt that in the chapters on physics, some of the evidence giving rise to current views in quantum theory is somewhat glossed over. There are also two minor technical inaccuracies in the chapters on biology; however these make no difference to the conclusions reached by the author. Finally, for a book written from an unashamedly biblical Christian viewpoint I thought that the attitudes of the Christian community towards science are somewhat idealised. As the author rightly states, Christians share with New Agers a rejection of *scientism* and the materialist reductionism which flows from it. The implication is that Christians, unlike New Agers, do not reject science itself. Whilst this is certainly true for many, it is also a sad fact that significant numbers of Christians are deeply suspicious of science and scientists. Further, some Christians are as ready as New Agers to accept some science and to reject the rest. I have met some who are entirely happy to accept the 'Big Bang' theory for the origin of the universe (because it is consistent with a creative event *ex nihilo*) but who reject out of hand anything relating to evolutionary theory (because it conflicts with their views on creative events subsequent to the Big Bang).

However, these minor criticisms do not detract from the overall value of the book. This is an excellent and readable text which I commend to readers of this journal, not because of its specific medical ethical content but because of its general interest to anyone who wishes to understand, particularly from a Christian perspective, how New Age spirituality relates to science and technology.

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The Illusion of Trust: Toward a Medical Theological Ethics in the Postmodern Age

Edwin R. DuBose
Dordrecht/Boston/London, Kluwer Academic Publishers, 1995,
140 pp. N.p.

This is the fifth volume in the 'Theology and Medicine' series under the editorial management of Earl Shelp at The Foundation for Interfaith Research & Ministry in Houston, Texas. Its author

wants to bring a theological perspective to bear on the problem, indeed, crisis, of trust in the medical profession. On its surface, this is the problem of patient lack of trust in physicians, but DuBose wants to expose its fuller dimensions and view it as a mutual difficulty, requiring resolution at the most fundamental level of personal and professional relationships in the medical world. His initial chapters aim to uncover this through a self-consciously 'phenomenological' approach to the subject, with due acknowledgement of the philosophy of Edmund Husserl. Those in the medical profession who lack philosophical background may find some of this discussion convoluted and abstruse, though they may equally emerge from the end of it concluding that it is no more than a sophisticated rendering of a very familiar set of themes, the problems of expertise, professionalism and trust that they commonly encounter.

As a matter of methodological principle, DuBose holds that a description of the problematic dynamics of trust and the lack thereof must precede the task of bringing a theological perspective to bear on the matter. He proceeds to theology in the fifth chapter, two-thirds of the way through the volume. DuBose tries to steer clear of overtly or dogmatically siding with one or other of the extremely diverse and conflicting views on the concept of God in modern theology. What he does say is this: the traditional theistic notion of God suggests an 'other' who stands at the ontologically polar extreme from ourselves, our dependency answering to his domination. The cultural carry-over of this into the medical situation is a domination-dependency matrix which, in the post-theistic world, runs out in 'relationships of mutual self-defense and self-interest' (p. 85) grounded in suspicion. If, however, we reconceive the nature of God and our relationship to God, we can inject into medical ethics a healing conceptual remedy. Let us rather see, in God, a self-giving being grounding human inter-dependency and not a culture of competitive domination. The proposal, in brief, is that we call for inter-dependency, acknowledging the physician's need to receive purpose and meaning from the patient as much as the patient's obvious need to be sustained.

There are points in this book where one suspects unwarranted generalization and exaggeration, as in the description (partly inspired by Nietzsche) of patient resentment harbouring 'envy, the counterpart of shame' (p. 93). This includes the point that the patient envies the physician's health and concomitant security. It is those who are daily involved in medical care, who are best equipped to judge whether this is true to the facts or whether a kind of philosophical (phenomenological) scheme is distorting the realities. The crucial theological proposal, which the book offers, seems to be to fail. This is partly because the theological exploration is minimal. It is even more because it issues in a portrayal of physician-patient inter-dependency which seems unrealistic, in the sense that the condition of treated illness, in its typical form, does indeed establish a dis-parity in the physician-patient relationship in the clinical setting. While one welcomes DuBose's desire to broaden this relationship as far as possible, I do not see how the ideal of inter-dependency avoids the danger of denying the facts of the situation. Even if I am mistaken here, surely, a theological approach must emphasize a culture of *service*, born not just out of the fact of generic human inter-dependency, but specifically out of Christian belief, and we may face, not chafe at, unequal dependency.

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