

# ETHICS & MEDICINE

AN INTERNATIONAL CHRISTIAN  
PERSPECTIVE ON BIOETHICS

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C. Ben Mitchell, Ph.D.

# The Shape of the Future

The commencement of a new year should always be accompanied by reflection on the past year and the one before us. Always, however, one must remember that the calendar is somewhat artificial and its divisions are imposed on cultural and social movements. With respect to medical ethics this is obviously true. We measure ethical movements in eras, not annus. We measure cultural and ethical epochs, not weeks or months. From the longer perspective, we may even mark centuries or ages. How will history mark the last decades of this century? How should we characterize the 90s? Where are we going?

Some may disagree, but it seems to me that with respect to ethics and medicine we may observe two interesting things. On the one hand, we are witnessing the end of the 'age of autonomy'. That is to say, earlier in this enterprise known as medical ethics, autonomy seemed to trump nearly every other value. And while beneficence, nonmaleficence, and justice were guiding principles in medical ethics, they were each measured in odd but certain ways against autonomy. Radical self-determination has had its day in medicine, however. Covenant has given way to contract, and the physician-patient relationship has given way to subject-vendor triad (the doctor, the patient, and the HMO). In an era of growing communitarianism and managed medicine, autonomy is giving way to community concerns and global justice issues.

At the same time, while radical autonomy is morbid, it is not dead. Its last furtive kicks are aimed at end-of-life issues, where the question is always and only, 'Whose life is it, anyway?' Of course autonomy answers, 'Mine and mine alone.' And, sadly, many offer no rebuttal to autonomy's death rattle. Yet, just as we have learned in other areas of cultural debate and just as the apostle has said: 'none of us lives to himself alone and none of us dies to himself alone' (Romans 14:7). Autonomy is a convenient bludgeon but it has no power to resolve the hard issues which we will face in the coming millennium.

For instance, as commercial biotechnology continues to burgeon and human life is increasingly commodified, autonomy offers no answer to the dilemmas we will face. It

will not matter that I do not allow my own genes or cell lines to be the subject of patenting, someone already has or most certainly will. And the products which result from those body parts will be marketed whether or not I give my consent. The potency of the new genetics to reshape the debates is awesome. The issues are no longer local, but international in scope. In a global marketplace threats of genetic discrimination, invasion of privacy, and commodification of human beings become vastly greater than any one individual and any discreet healthcare decision.

In addition to an expanding list of ethical issues, we are faced at the end of this century with an ethical pluralism that provides little hope of building consensus. Postmodern moral thought is increasingly perspectival and intractably diverse. The question will be less, 'how do we reach consensus?' and more 'can we even have a meaningful conversation?'

That is where journals such as *Ethics & Medicine* become increasingly important. Not only is the journal an ongoing exploration of the ethical issues in medicine, but it is an important repository of ethical deliberation informed by a distinct tradition. What has been dubbed 'Christian Hippocratism' is not merely an interesting moniker, it is a way of thinking about ethical issues in medicine. It is a long tradition with definite first principles and discernable virtues. It is a part of a larger worldview. And thinking worldwisely about medicine is the goal of our labours. How well we accomplish the task must be left to others to decide. How convincingly we put our case will, in some important ways, determine the shape of the future. Either these pages will become a quaint antique for a future generation's amusement or they will be a depository of truth for a future generation's rehabilitation. Of course, the editor and the board of advisors hope for the latter.

So, as we face this new year with all its opportunities and dangers, let us resolve to think deeply and clearly about the intersection of medicine and ethics. Remembering that what we are about is not only local and not only global, but in a very real sense transcendent, let us be transformed by the renewing of our minds.

Reverend Richard Baxter (1615–1691)

# The Duty of Physicians

*Editor's note: Richard Baxter was born November 12, 1615, at Eaton Constantine, near Salop, England, where his father was of some standing in the community. At the age of twenty-three he entered the pastoral ministry and spent most of his life in*

*Kidderminster. Baxter was known as an eminent 'curer of souls,' and his best known works are probably The Saint's Everlasting Rest and The Reformed Pastor. The following article is taken from his massive volume, A Christian*

Directory, a practical theology of nearly a thousand double-column pages. The volume was penned in 1664–1665 and was finally published in 1673. 'The Duty of Physicians' provides interesting insights into the physician-patient relationship in the seventeenth-century and has useful implications for the present.

Neither is it my purpose to give any occasion to the learned men of this honourable profession, to say that I intermeddle in the mysteries of their art. I shall only tell them, and that very briefly, what God and conscience will expect from them.

*Direct. I.* Be sure that the saving of men's lives and health, be first and chiefly in your intention, before any gain or honour of your own. I know you may lawfully have respect both to your maintenance and honour; but in a second place only, as a far less good than the lives of men. If money be your ultimate end, you debase your profession, which, as exercised by you, can be no more to your honour or comfort than your own intention carrieth it. It is more the end than the means that ennobleth or debaseth men; if gain be the thing which you chiefly seek, the matter is not very great (to you) whether you seek it by medicining men or beasts, or by lower means than either of them. To others indeed it may be a very great benefit, whose lives you have been a means to save; but to yourselves it will be no greater than your intention maketh it. If the honouring and pleasing God, and the public good, and the saving of men's lives, be really first and highest in your desires, then it is God that you serve in your profession; otherwise you do but serve yourselves. And take heed lest you here deceive yourselves, by thinking that the good of others is your end, and dearer to you than your gain, because your reason telleth you it is better and ought to be preferred: for God and the public good are not every man's end, that can speak highly of them, and say they should be so. If most of the world do practically prefer their carnal prosperity even before their souls, while they speak of the world as disgracefully as others, and call it vanity; how much more easily may you deceive yourselves, in preferring your gain before men's lives, while your tongue can speak contemptuously of gain!

*Direct. II.* Be ready to help the poor as well as the rich; differencing them no further than the public good requireth you to do. Let not the health or lives of men be neglected, because they have no money to give you: many poor people perish for want of means, because they are discouraged from going to physicians, through the emptiness of their purses; in such a case you must not only help them gratis, but also appoint the cheapest medicines for them.

*Direct. III.* Adventure not unnecessarily on things beyond your skill, but in difficult cases persuade your patients to use the help of abler physicians, if there be any to be had, though it be against your own commodity. So far should you be from envying the greater esteem and practice of abler men, and from all unworthy aspersion or detraction, that you should do your best to persuade all your patients to seek their counsels, whenever the danger of their lives or health requireth it. For their lives are of greater value than your gain. So abstruse and conjectural is the business of your profession, that it requireth very high accomplishments to be a physician indeed. If there concur

great deal of study, reading, and acquaintance with the way of excellent men; 3. And considerable experience of your own, to ripen all this; you have cause to be very fearful and cautelous in your practice, lest you sacrifice men's lives to your ignorance and temerity. And one man that hath all these accomplishments in a high degree, may do more good than a hundred smatterers: and when you are conscious of a defect in any of these, should not reason and conscience command you to persuade the sick to seek out those that are abler than yourselves? Should men's lives be hazarded, that you may get by it a little sordid gain? It is so great a doubt whether the ignorant, unexperienced sort of physicians, do cure or hurt more, that it hath brought the vulgar in many countries into a contempt of physicians.<sup>1</sup>

*Direct. IV.* Depend on God for your direction and success. Earnestly crave his help and blessing in all your undertakings. Without this all your labour is in vain. How easy is it for you to overlook some one thing among a multitude that must be seen, about the causes and cure of diseases; unless God shall open it to you, and give you a clear discerning, and a universal observation! And when twenty considerable things are noted, a man's life may be lost, for want of your discerning one point more. What need have you of the help of God, to bring the fittest remedies to your memory! and much more to bless them when they are administered! as the experience of your daily practice may inform you (where atheism hath not made men fools).

*Direct. V.* Let your continual observation of the fragility of the flesh, and man's mortality, make you more spiritual than other men, and more industrious in the preparing for the life to come, and greater contempters of the vanities of this world. He that is frequently among the sick, and a spectator of the dead and dying, is utterly inexcusable if he be himself unprepared for his sickness or for death. If the heart be not made better, when you almost dwell in the house of mourning, it is a bad and deplorable heart indeed. It is strange that physicians should be so much suspected of atheism as commonly they are; and *religio medici* should be a word that signifieth irreligiousness: sure this conceit was taken up in some more irreligious age or country; for I have oft been very thankful to God, in observing the contrary, even how many excellent, pious physicians there have been in most countries where the purity of religion hath appeared, and how much they promoted the work of reformation; (such as Crato, Platerus, Erastus, and abundance more that I might name;) and in this land and age, I must needs bear witness, that I have known as many physicians religious proportionately as of any one profession, except the preachers of the gospel. But as no men are more desperately wicked, than those that are wicked after pious education, and under the most powerful means of their reformation; so it is very like that those physicians that are not truly good are very bad; because they are bad against so much light, and so many warnings; and from some of these it is like this censorious proverb came. And indeed man's nature is so apt to be affected with things that are unusual, and to lose all sense of things that are grown common, that no men have more need to watch their hearts, and be afraid of being hardened, than those that are continually under the most quickening helps and warnings. For it is very easy to grow customary and senseless under them; and then the danger is, that there are no better means

remaining, to quicken such a stupid, hardened heart. Whereas those that enjoy such helps but seldom, are not so apt to lose the sense and benefit of them. The sight of a sick or dying man, doth usually much awaken those that have such sights but seldom; but who are more hardened than soldiers and seamen, that live continually as among the dead? When they have twice or thrice seen the field covered with men's carcasses, they usually grow more obdurate than any others. And that is it that physicians are in danger of, and should most carefully avoid. But certainly an atheistical or ungodly physician is unexcusable blind. To say, as some do, that they study nature so much, that they are carried away from God; is as if you should say, they study the work so much, that they forget the workman; or, they look so much on the book, that they overlook the sense; or that they study medicine so his health. To look into nature and not see God, is as to see the creatures, and not the light by which we see them; or to see the trees and houses, and not to see the earth that beareth them. For God is the creating, conserving, dirigent, final Cause of all things; He is all in all. And if they know not that they are the subjects of this God, and have immortal souls, they are ill proficient in the study of nature, that know not what a man is, or what they are themselves, is little to the honour of their understandings. You that live still as in the sight of death, should live as in the sight of another world, and excel others in spiritual wisdom, and holiness, and sobriety, as you advantage by these quickening helps excel.

*Direct.* VI. Exercise your compassion and charity to men's souls, as well as to their bodies; and speak to your patients such words as tend to prepare them for their change. You have excellent opportunities, if you have hearts to take them. If ever men will hear, it is when they are sick; and if ever they will be humbled and serious, it is when the approach of death constraineth them. They will hear that counsel now with patience, which they would have despised in their health. A few serious words about the danger of an unregenerate state, and the necessity of

holiness, and the use of a Saviour, and the everlasting state of souls, for aught you know, may be blest to their conversion and salvation. And it is much more comfortable for you to save a soul, than to cure the body. Think not to excuse yourselves by saying, It is the pastor's duty; for though it be theirs ex officio, it is yours also ex charitate. Charity bindeth every man, as he hath opportunity, to do good to all; and especially the greatest good. And God giveth you opportunity, by casting them in your way; the priest and Levite that passed by the wounded man, were more to be blamed for not relieving him, than those that never went that way, and therefore saw him not, Luke x. 32. And many a man will send for the physician, that will not send for the pastor: and many a one will hear a physician that will despise the pastor. As they reverence their landlords, because they hold their estates from them, so do they the physician, because they think they can do much to save their lives. And alas, in too many places the pastors either mind not such work, or are insufficient for it; or else they stand at odds and distance from the people; so that there is but too much need of your charitable help. Remember therefore, that he that 'converteth a sinner from the error of his way, shall save a soul from dath, and shall hide a multitude of sins,' James v. 20. Remember that you are to speak to one that is going into another world, and must be saved now or never! And that all that ever must be done for his salvation must be presently done, or it will be too late. Pity human nature, and harden not your hearts against a man in his extreme necessity. O speak a few serious words for his conversion (if he be one that needs them) before his soul be past your help, in the world from which there is no return.

1. As overvaluing men's own understandings in religion, is the ruin of souls and churches; so overvaluing men's raw unexperienced apprehensions in physic costeth multitudes their lives. I know not whether a few able, judicious, experienced physicians cure more or the rest kill more.

*Dr Barbara Maier, Consultant Gynaecologist & Obstetrician, Salzburg*

## Theoretical and Philosophical Reflections About the Medical Approach Towards Procreation

**Summary:** Ten to fifteen percent of couples remain childless unintentionally. An increasing number request medical assistance. The new technological possibilities of reproductive medicine challenge our image of man.

### Why 'make' babies?

*The desire for a child*

Are there any ethical implications of the desire for a child? Why discuss a couple's wish for a child at all?

Infertile people as well as physicians who specialize in reproductive medicine claim: There should be no discussion about the expense when infertile patients seek help from reproductive medicine.

There should be no further discrimination against women and men who are unintentionally childless and therefore socially widely discriminated against.

The intensity of the desire for a child usually leads to the decision to seek medical assistance. Reproductive medicine regards the suffering of infertile people as legitimation for acting under certain conditions. But what is the meaning of this kind of pain, apart from the intensity of crying out, 'Give me children or I shall die'? Suffering is a composite concept, including experiencing pain on many levels: physical, psychological, social. The interweaving of all these dimensions is reflected often in a strong, if not too strong desire for a child. We construct our realities within the embrace of social and cultural expectations; social discrimination and self discrimination as well as discrimination against the infertile partner, thus aggravating the suffering from infertility.

Infertile people tend to suffer from the diagnosis of infertility because diagnosing involves judging a person. Often this appears as shocking as the loss of a very beloved person. Infertile people suffer from self-condemnation which leads frequently to 'Loss-Experiences', described by Mahlstedt<sup>1</sup>, such as the loss of an acceptable self or body image, the loss of self-esteem, the loss of status or prestige, of self-confidence or an adequate sense of competence or control, the loss of security and last but not least a loss of a dream (it could mean that these people may never experience all the effects of parenthood personally, socially, etc.). Being a parent is a part of one's vision of an idealized adult.

No wonder that people are often prepared to submit to nearly every procedure which promises fulfilment of the desire for a child.

The answer given to this complex situation is above all the answer of reproductive medicine. This means that infertile people become patients suffering from illness that others do not understand. From the *psychological point of view* certain interventions of reproductive medicine are too often and too uncritically applied and without the psychological support they may lead to problems for the persons involved. IVF treatments which do not result in a baby might lead to another attempt. Instead of facing the fact that they may possibly remain childless, women undergo treatment again and again—not allowing themselves to stop the procedure, which is followed finally by a sterility-crisis. The way out of such a crisis would be the development of alternatives for their lives. Nevertheless they continue with the IVF-circles, do not face a sterility-crisis, do not give up hope during follicular stimulation, follicular puncture and embryo-transfer and the long waiting-period until the next menstruation or pregnancy. Disappointments are fought against by another attempt. Are women who try so hard—often without any psychological support—predisposed to developing in this way, comparable to some sort of addiction without substance? (Acting for the sake of acting, losing all other possibilities of their lives, as U. Auhagen-Stephanos<sup>2</sup> describes, the years of their existence becoming years of waiting, not

knowing if their longing will ever become reality.) The success rate of reproductive intervention is 50%, of IVF 20%–30%. More than half of the couples still stay childless even after many interventions of reproductive medicine. But do the methods themselves contribute to the developments as just described, because they attempt to give plain medical answers to much more complex problems of infertile couples? Reproductive medicine in this perspective cannot provide the only and sufficient problem-solving strategies. More often it prolongs the psychological problems of childless women and men, aggravates their situations (physically—the procedures are hard to bear; psychologically there is no chance to cope with the crisis; socially—they might become isolated because it is very often considered a taboo to talk about it; financially—in Austria e.g. the costs are very high).

Are we not exploiting the infertile couples? Does reproductive medicine indeed touch upon the crucial aspects of suffering, do physicians even know about these problems and if so (as I do sincerely hope), do they pay enough attention to these aspects in their therapeutic efforts, which, must consequently be interdisciplinary.

It is the suffering of human beings which legitimates stimulation, insemination, *in vitro* fertilization (IVF), intracytoplasmic sperm injection (ICSI), etc. before therapy in reproductive medicine. After unsuccessful treatments, experts are no longer available to take care of the often increased problems of childless women and men. Studies about women and men after IVF frustration demonstrate this situation<sup>3</sup>. Consequently they no longer have options for alternatives in their lives, the capacity for a dialogue with others has decreased, isolation and disillusion very often throw them into depressions and lead to psychosomatic disorders, addictions. . . . Frequently the problems after treatment seem to be even worse than before.

#### *Possible implications of infertility treatment*

Problems inherent to reproductive interventions themselves, some of which are even produced by them, can occur in various ways:

- The so-called—but not only—medical implications, such as multiple pregnancies, hyperstimulation syndromes, higher rates of abortion, cesarian sections etc. may have negative consequences.
- Psychosocial problems are often dismissed by physicians and biologists but intensely expressed by people who receive or have received infertility treatment.

Is this because of reproductive medicine itself and its conditions, the application of methods by questionable indications or because of the predispositions of the people concerned? We may find the answer somewhere in between.

#### **Right for children—right for parents? The question of autonomy and responsibility**

Is there a right for a child? First of all, is there a right to procreation? In many countries procreation is granted by law as well as by ethical considerations. This includes

providing structures, such as reproductive medicine in order to help people who cannot succeed in having children without medical assistance. The autonomy of procreation is not an issue in discussion as long as other persons are not disturbed or harmed. But is there a right to procreation at any cost?

Instrumentation (e.g. of the woman and the future child) is one of the limits of autonomy in procreation; intransparency of the relationships produced by reproductive medicine might be another restricting factor.

Autonomy and responsibility are dialectically interwoven, rights correspond with duties. Autonomy is not something absolute, it is possible only to the extent that society allows. It grows within an atmosphere of beneficence and justice. We concentrate on the realization of reproductive autonomy when we acknowledge the intensity of the desire for a child as the central principle, leading to reproductive interventions. But is this enough legitimation, especially when possible negative consequences are included?

'Der Kern der Verschiebung der Wertorientierung in der Elternschaft liegt also entweder in der Instrumentalisierung anderer einschlägiger Werte oder aber in ihrer Kompensierung durch die Intensität des sich immer stärker individualisierenden Kinderwunsches<sup>4</sup>.' The right to one's own child cannot lead to the right to possess a child. Only a right to procreate can be demanded; a discussion is also needed about the costs and the people eligible.

If it is a right at all, is it not a dual right, a right of two persons?

If it is a right at all, is it not an ambivalent right, a right intimately intertwined with duty?

If it is a right at all, is it not the right of parents for children as well as the right of children for identifiable parents?

### Reproductive medicine—available for whom?—under which conditions?

Only for spouses or people with stable socially accepted partnerships? This is the law in Austria, Germany and other countries. The welfare of presumptive children (or children to be) seems to be guaranteed best by family structures.

What about women or eventually also men without partners? What about their right to procreate with medical assistance?

Under what conditions should reproductive medicine be made available?

- Just in cases of infertility, not in cases of more exact planning of the realization of becoming parents?
- Also for sick, HIV infected people?
- For people who have undergone e.g. oncological treatment, chemotherapy, radiotherapy?
- For people with a history of genetic disorders in their family? PID (preimplantation diagnoses) would offer them the possibility of finding out in advance (before ET = embryo transfer) if an embryo carries the genetic disorder or not. IVF for genetical reasons would mean something different from IVF for infertility treatment. The desire for a child would be transformed into the claim for a *healthy* child.

### Reproductive medicine and the people involved

Although not a person yet—very often the discussion about the embryos leads to dominant judgments about infertility treatments. We should concentrate on the welfare of the child-to-be when making decisions. The relationships created by medical assistance under certain circumstances are often minor items for discussion. The discussion of the role of the women in this respect will be introduced later when we consider Feminist Arguments.

Here are some remarks for counsellors, physicians, psychologists: they have to explain the procedure and performance to their clients, have to work out possible implications and whenever they foresee them, anticipate problems which may occur later.

The style of counselling should be non-directive, that is, not intermingled with the counsellor's own point of view, but instead providing information and guidance to the infertile couples to make their own decisions in accordance with their own personal circumstances.

### The IVF process and its possible ethical implications

IVF is *the* established service for women and men who are unintentionally childless, suffering from their unfulfilled desire for a child.

IVF also involves embryos not being transferred to the uterus but rather destroyed, frozen, thawed . . .

IVF creates for women serious physical and/or psychological problems.

IVF dehumanizes by medicalizing the reproductive process, especially intruding on a couple's privacy. The introduction of third parties can result in genealogical confusion performed in the heterologous system which splits relationships.

IVF can lead to deception within the family, the price to pay for the preservation of anonymity.

IVF may cause psychological and emotional disturbances for the donors as well as for the recipients and their partners.

Does the success rate, which is statistically often more than questionable, justify the risks and the costs for the people concerned?

In addition IVF opens the way for genetic diagnosis of the embryo . . .

Preimplantation diagnosis may cause fundamental changes in the application of IVF and its implications.

Looking ahead, is it not only one step from the desire for a child to the claim for a healthy child after genetical check-up?

IVF is the current method by which large numbers of embryos are 'produced'. The numerous surplus embryos might be used for research purposes.

### Judging reproductive medicine

#### *The nature of arguments:*

Arguments are complex amalgams of factual and moral judgments.<sup>5</sup> E.g. the question of the embryo's status is not

factual alone. It is a judgment which we make very often, dependent on what we believe (value-system) and what we want to achieve.

The status of the embryo may be described as:

1. Human life from conception onwards.
2. The first step on the gradual development into an individual.
3. A being with the potential of becoming a person (with all the person's qualities, such as sensitiveness, reasoning-capacities, self-consciousness, having interests, interactions with others, all in all capabilities of a child aged 2–3 years).

Dyson shows the various approaches in defining the status of an embryo:

1. by a genetic definition
2. by a biological, physiological definition and
3. by a cultural definition (for the sake of a better word)<sup>6</sup>.

The social context is therefore indispensable for the evaluation of reproductive medicine. Within the specific context of cultural expectations, some realities have little and others more validity.

It is only in the perception of infertile people (in their social surroundings) that childlessness may develop into an existential problem. Judging reproductive medicine is clearly dependent on perspective. From a simple perspective *in vitro* fertilization (IVF) is a single event, overloaded by its own experiences, fears or eventual success. From a less simple perspective it involves the concepts, images, information, often provided by the mass media. What does IVF mean and for whom?

Our judgment of the goals and means of reproductive medicine depends on our own interests and knowledge.

Moral judgments about IVF are prejudiced by the polarization *natural and artificial*. Many misleading concepts result from the dichotomy which results from a one-sided biological approach to procreation as well as to medical assistance. But what does natural mean? Does it cover the biological, sexual, genetical, psychological mental dimensions . . . the comprehension of artificial, the planned, controlled, man-made spheres, especially expressed in technologies? So-called natural procreation is naturally, (what else?) man-made with or without medical assistance. There is no antithetical, but a dialectical relation between the natural and artificial. Man is artificial by nature. He seeks to comprehend and plan his life, his future and he also aims to gain control of procreation. IVF as a human procedure is a different kind of procedure from procreation, but it is not inferior. The concept of human nature is an abstraction from concrete human appearance which makes the invasion of technology into man's body and soul possible—often to his or her advantage, sometimes to their disadvantage.

L. Kass has entitled one of his excellent papers about reproductive medicine *The New Biology and the Old Morality*<sup>7</sup>. What is meant by talking of new biology against the background of old (-fashioned) mortality? Is the biological base of man changeable—and if so—to what extent? How does one cope with the existing changes—in fact, are there possibilities as well as realities in genetics, reproductive medicine, etc.—morally or ethically? Conditions—even

biological conditions—have indeed changed in various degrees. Men and women, formerly considered inescapably childless have become fertile. Women aged over fifty, men with only few sperms of lower motility may be rendered fertile; this indicates the success of medicine, but is it success indeed? For whom and at what costs? The increasing privatisation of morals seems to leave the decisions about procreation-methods and consequences completely to the individuals who long for children. They are left alone with their decisions as well as with the consequences which, especially for the single person, are often not predictable at all and very hard to bear.

### Feminist arguments

Feminist arguments about reproductive medicine are complex and ambiguous. Reproductive medicine has the potential to empower as well as to disempower women.

Empowerment or disempowerment depend on the socio-political context. In any case, reproductive medicine has contributed to the ongoing medicalization of human, especially female existence.

Empowerment means enlarging autonomous reproductive choices (becoming pregnant in spite of age, blocked tubes), disempowerment might be caused by depersonalization, instrumentalisation and reduction of women to consumers of reproductive medicine. Persuasive and coercive tendencies emerge.

Medical practice often reduces women's bodies to their constituent parts and makes developments such as surrogate motherhood possible. The discussion about the dangers of reproductive exploitation and prostitution has finally begun. Are we facing another reduction of female autonomy as described by G. Corea in *The Mother machine*<sup>8</sup>?

Some reproductive techniques involve women who are not infertile themselves. Intracytoplasmic sperm injection (ICSI), the established treatment for male infertility, can force completely healthy women (and possibly vice versa) into procedures which are hard to bear.

We experience the specific female reactions of the women also: (donating eggs, lending their bodies in cases of surrogate motherhood, receiving donor semen or eggs, embryos). Whereas male donors supposedly dream up imaginary relationships with the donor recipients, and gain in this way ego-reinforcement, the women's receiving position is one of being fertilized by some anonymous anybody; a fact which most of them find very difficult to cope with. On the other hand, the situation of the infertile partner is also a very complicated one indeed, as seen for example in the Bible. One can think of the difficulty of being Saint Joseph. . . . Both, woman and man feel as if they are committing some sort of adultery . . . which of course is nonsense as no sexual intercourse happens. They still feel very strongly about the issue.

When women function as donors we need to consider in which scenario could 'the donation, the gift' take place. In the context of infertility treatments (surplus eggs, embryos . . .) or in that of operations during ovulation-time or simply without primarily involving the donating women; only on demand for the needs of others?



Surrogate motherhood means lending a body for nine months, carrying through a pregnancy which results in a child for an unrelated, alien couple. Should women be paid for such a deal at all? Do we not risk the exploitation of poor women who become engaged in such procedures, possibly harmful to them—physically as well as emotionally/mentally?

A woman is inclined by education and tradition to fulfil obligations (social obligations, especially towards their families). We could assume therefore that it would not be an easy decision to donate an egg to an infertile sister or to lend her body to a woman who lost her womb because of an operation . . . The tendency of subtle persuasion seems more likely than the freely given informed consent.

### Developments

Nowadays we experience *modifications* and even *transformations* in the perception as well as in the conditions of the existence of human beings—in procreation as well as in reproductive medicine.

Modifications in the embryonic status, historically developed, have been overdone. Recent developments on the background of special interests reflect linguistically what kind of modifications and transformations have happened.

The interest in embryo-research has modified speaking as well as thinking about embryos. Speaking about pre-embryos should probably make it easier to defend embryo research. But what are pre-embryos? An embryo is an impregnated egg. Fertilization itself is a process and transcends every defined beginning. Confusion of language leads to confusion of perceptions. We distinguish the undistinguishable.

Another example of modifying processes is the shift in acknowledging indications for infertility treatment. We move on a slippery slope from IVF, performed because of stringent indication, e.g. sterility because of blocked tubes, to IVF, for so-called 'idiopathic sterility' (we really do not know why). It is then performed as a more effective therapy for sterility. A next step could be the use of IVF as a comfortable intervention—because of timing factors, planning or check-up possibilities. Here personal desire is the leading motive for action. IVF is integrated in genetical research (PID = preimplantation diagnoses).

Anticipating future visions, IVF might be considered as the usual method of procreation because of better, improved control compared to so-called old fashioned natural procreation, the basis for only the healthy 'new' man after genetical check-up.

We see here, once again, the combination of several technologies.

### Ethics and reproductive technologies

Heidegger has explained philosophically what happens when technologies are created and applied'. Wherever we perform technological operations, we transform nature into substance/material, initiating series/chains of technical processes . . ., in this way technology could develop into

nemesis/fate which reduces human liberty/autonomy. Applying technologies, utilizing them, what Heidegger calls the 'Gestell'<sup>10</sup>, turns into restriction of human possibilities. We may lose the memories of having had any other kind of existence in the world. Nature in this way is presented as a 'technicalized' figure, obscure, altered in its substance. Furthermore, everything seems producible, man-made. In addition step by step man-made things, products become more and more perfect. Better controlled, they function without external and internal disturbances, indeed more perfect than imperfect man. 'In vitro better than in vivo' . . . so the title of a paper presented at a congress on IVF. ' . . . what a pity', remarked a few more sensitive people, but most of the participants approved of such an example of medico-scientific skill. Obviously, 'Die Antiquiertheit des Menschen' by G. Anders<sup>11</sup> can be discovered in reproductive medicine. Even language indicates the changes from pro-creation into re-production. But what should be produced under reproductive medicine's conditions? Babies, embryos (surplus), eggs, etc. Nothing is produced, but pro-created by means of nature; growing, developing organically, assisted by medical help. The equivalent of producing would be cloning, a technical possibility whose realization has been until today rejected as dehumanizing.

Medically assisted help for procreation acknowledges its limits in the old saying, 'Medicus curat, natura sanat'.

If reproductive medicine leads to commodification and in consequence to commercialization—and indeed it has shown the potential to develop in this direction, unrestricted, dehumanizing practices are performed frequently.

New concepts of our responsibilities can teach us what knowledge we should be able to achieve<sup>12</sup>. Knowledge should always keep step with the consequences of putting it into action but this is a counsel of perfection.

Technical developments occur much faster than their ethical or juridical perceptions. We are challenged to think and react as soon as possible after these developments and their ethical implications have taken place, but we should also try to anticipate problematic consequences.

After the application of certain technologies it is necessary to re-define problems. What has been solved, what transformed, what aggravated, what side effects have emerged (intended and unintended)? In IVF the production of surplus eggs and embryos produces new difficulties. What should we do with them? Throw them away, freeze (expiring date!), implant (too many!), donate, research?

The task of philosophy/ethics is to demonstrate that 'Technology is much more than technique'<sup>13</sup>.

Technology may sometimes even be a means by which problems can be hidden. By applying technologies we often tend to define problems as those capable of being solved by technologies. . . . The disclosure of unquestioned adaptation of human acts and passions to the demands of technologies, even their subordination should be a task of philosophical criticism. Accepting and applying technologies means creating new realities. Under their conditions our lives become more or less, consciously or subconsciously, modified. These tendencies of reproductive medicine enable us to produce and control in this very intimate sphere whatever we are willing to do, thus not increasing but decreasing personal autonomy. The succeeding potential of the reali-

zation of technological possibilities often leads to uncritical realization.

Technology assessment in its ethical perspective, as proposed by H. ten Have<sup>14</sup>, should be performed not as another technical problem-solving strategy, but as criticism from a philosophical ethical point of view.

Transparency of relationships must become one of the central ethical issues in reproductive medicine. Reproductive technologies have produced the possibility of dividing parenthood into genetical, gestational and social parts. Donation of eggs, semen, embryos and surrogate motherhood provide the technological bases for dividing essential relationships such as mother/father/child relationships.

Donors often want to remain anonymous as far as their donation is concerned, a tendency which is also supported by the recipients and especially their infertile partners. Adolescents on the other hand, wish to know about their origins, and are hurt and uncertain because of unidentified relationships. We have learned about these disturbances from adopted children who were not informed by their social parents and lost trust in them when they learned about their background purely by chance.

Human relationships are personal relationships. If we concentrate in the evaluation of prevailing values on the intensity of the desire for a child, the communication between mother/father and the child could shift to individual satisfaction. Children—not only in reproductive medicine—are often wanted and needed in our society (a society in which efficiency and productivity are overvalued and which lacks emotional support), by those who hope to be provided with emotional support and love by having children.

Personal relationships cannot be separated from people; this involves sexuality, procreation, alleviation of children; all factors of gaining continuity and consistency. Parenthood and childhood are neither reducible to biological functions, nor to partially social ones. The ethical crisis of parenthood is not only due to reproductive medicine. The design of parenthood has changed and to a certain extent paralyzed our society. Is it not this paralysis which has

created the base for possible divisions and separations, provided by the reproductive medicine?

'The New Biology and the Old Morality' (L. Kass)<sup>15</sup> could result in changes for man and his relationships. Reproductive medicine and its implications ought to be examined carefully regarding its potential to transform man and the images of man. In this way people who are unintentionally childless as well as providers of reproductive medicine (who carelessly deal with infertile couples) may benefit from philosophical criticism.

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## National Bioethics Advisory Commission (USA)

# Religion-Based Perspectives on Cloning of Humans

*Editor's note: On March 13–14, 1997, the National Bioethics Advisory Commission, a federal advisory committee appointed by President Bill Clinton, convened a meeting to discuss human cloning. Part of the two-day meeting focused on religious arguments. Below is an edited excerpt from the meeting. Lisa Cahill teaches at Boston College, Rev. Dr. Albert Moraczewski represented the National Conference of Catholic Bishops, Gilbert Meilaender teaches at Valparaiso University, and Nancy Duff teaches at Princeton University. Other participants in the dialogue are members of the NBAC.*

### Roman Catholicism Lisa Cahill

DR. CAHILL: Thanks for giving me the opportunity to be with you. I will try and make my comments relatively brief and leave a short paper behind also in case you would like to take a look at them later.

I really have three comments or three topic areas that I would like to introduce as part of this discussion as moral issues related to cloning and they are basically the issue of

individuality, the issue of co-modification, and the issue of family. But before I get into that I would like to make just two preliminary statements about the possibility of religious communities participating in the dialogue about policy on cloning.

The first comment is that while religious language and religious symbols can bring a prophetic voice to the public's fear they can also be obfuscating and alienating when we use what I think of as kind of magical phrases like the 'miracle of life' or 'playing God' without relating those very carefully to the human and scientific realities that are on the table. So one of the things that I would like to try to do today is advance consideration of some of those realities.

The real questions to my way of thinking are not so much whether humans have any God given or natural right or even responsibility to intervene in the processes of life but rather what constitutes appropriate intervention and where appropriate limits can be drawn. I think those questions of appropriate limits are questions not just for religious communities obviously but for all of us in our society.

My second point is related to that. It is about religion and the public dialogue. Here I am going to revert to my Roman Catholic standpoint and roots. A particular contribution of the Roman Catholic tradition is to speak to the question of religion and public discourse by affirming that, indeed, there are some basic human experiences, basic human values, basic human obligations and limits that we can talk about in common.

In fact, our 100 year old tradition of Papal Social Encyclicals which talks primarily about economic issues, government issues and political issues is testimony to that commitment to talk about the common good together across moral, political and religious traditions. So it is in that spirit that I come to you today and that I hope to talk in human terms as well as religious terms about cloning.

Now I would like to move to my three substantive points about the cloning of humans and as I mentioned they have to do with human individuality, with the co-modification of medical techniques and technologies in general, and finally with the issue of family.

So, first of all, individuality. The popular press has provided us with some great visual aids on this issue. We have *Newsweek's* three identical babies. We have *Times's* two ewes and inside even more frighteningly or promisingly depending on your point of view we have five Dennis Rodmans.

The amount of play in the popular press and popular conversation that has been given to the issue of individuality is quite striking to me. It causes me to ask what is it that people are actually afraid of? Where is the terror in cloning? I think for many people it lies in a perceived threat to individuality because absolute individuality is the ground of our political tradition's prized equality, liberty, autonomy and privacy. And to many Americans individuality and autonomy seem like the moral *sine qua non* without which there can be no real moral content to our social life.

But as I am sure everyone else here is well aware, especially because I know that this morning you heard scientists, but even on a little bit of practical reflection it is pretty obvious that a cloned individual could never grow up to be the exact copy of the individual who was the origin of the DNA.

As the mother of identical twins myself I can tell you that a shared genetic code is not enough to create true identity even between same sex children raised in the same household, never mind individuals raised at different times and in different environments.

But I think it would be a mistake to assume that once we have rebutted the individuality argument against cloning we have rebutted the major real arguments or even that we have gotten rid of the fundamental issue under the argument about individual uniqueness.

One of the things that I would like to point out and emphasize quite strongly is that our cultural tradition, including its moral traditions, tends to assume that autonomy should hold the most privileged and central place in moral thinking. That is why the popular mind and the mind of most of us go immediately to that issue of individuality and want to debate that back and forth.

But while autonomy is certainly a keen moral value as well as political value in our tradition I think that an excessive focus on that can prevent us from seeing why other values as well are socially important and protectable and why certain freely chosen practices can still be wrong even if they do not result in immediate or quantifiable harm or direct infringement of the options of other free agents.

A narrow focus on autonomy to freely choose personally preferred goals undermines our ability to talk together about what would go to make up a good society and what we can do concretely to move towards one. In addition to autonomy and individuality we need to place on the table other human goods like the interdependence of all in the society we create for ourselves and for our children, or concern for the well-being of people with less decision making power than all of us sitting here in this room with fewer options.

Certainly we need to keep on the table a sense of restraint in the face of the profit motive.

So I would say that we need more than autonomy in order to morally and socially consider the scientific imperative as it is sometimes phrased, or free enterprise. We need to put those agendas in a broad and humanistic context which includes but extends beyond self interest and self determination of very talented scientists and very shrewd entrepreneurs. That leads me to my second area of focus here and that is co-modification. That is closely related to what I have been talking about.

Treating others as means to the ends of those with more status, more privilege and more power is represented in a particularly clear way by the dominance of the market in issues of human health and human life. Some bioethicists that have been quoted in the press over the last few days such as Daniel Callahan and Laurie Andrews have even gone on record as predicting that economic incentives will control when human individuals will be cloned and not any supposed ban.

There was a very compelling, a very frightening but also impressive editorial by Kirkpatrick Sayle in last Friday's *New York Times* and its title was 'Ban Cloning, Not a Chance.' To illustrate the cult of progress which ensures that science will proceed with little conscious and few restraints Sayle quoted the makers of the atomic bomb. He quoted them as saying, 'When you see something that is

technically sweet you go ahead and do it.' And 'Technological possibilities are irresistible to man.' Those were quotations from Oppenheimer and Van Neumann respectively.

History teaches us, I think, that every instance of human progress creates an equal and opposite opportunity for moral and social regress. Let us not be naive, neither nuclear power nor new genetic technologies like cloning are intrinsically beneficent instruments for the improvement of the human lot.

The Catholic social tradition has always exhibited confidence that human decisions and policies can be influenced by reasonable public discourse about values but my level of pessimism about self interest and profits as the key motivators of human behaviour is rising quickly. The Doctrine of Original Sin is a religious symbol which springs all too readily to mind for the theologian.

Where people can make a buck they will and a variant on the same theme is the irresistible attraction of research prestige via landmark discoveries or even on the part of bioethicists, myself, a desire to protect our place close to the centres of economic and political power by refraining from damning commentary.

Certainly cutting off federal money will not be a deterrent to the cloning of humans. Stronger measures and more profound attention to our social values and the way we express and promote and change them will be required. Now just to add a footnote here, cloning a human being can be and should be distinguished from other kinds of genetic research which helps us in the pursuit of disease therapies. Profits are not completely out of line and immoral when we are talking about development and marketing even of disease therapies. Or at least that is certainly part of our current tradition.

So I am not trying to suggest that the entry of economic incentives at any point in this process is immoral or should be prohibited by policy nor should all research having to do with the behaviour of human genes and control of human genes. That does not need to be banned or legislated away either but the tricky part, the task is to distinguish carefully and prudently between categories of research and not let the profit incentive in one area have a big spill over effect into the other so that the whole thing is either accepted or banned as one big category. So there are distinctions to be made. It is difficult. I realize there will always be ambiguities but in my view that is not enough to deter the process.

Finally the issue of family which I am using as a broad category here. Up until now every human child has had two parents. The biological relation between parents and children is a symbol of reproductive, social and domestic partnership with great personal and social significance. Historically and cross culturally families in all their variety of cultural form have been key institutions for the structuring of societies. A cloned individual will have a biogenetic link to one lineage only.

In the first relatively innocuous cloning cases we might imagine an infertile couple using genetic material from one spouse only to create a child without having to resort to donor gametes. The child will have a genetic relation at only one step removed after all to both of the lineages of the cloned parent. But it would, of course, be possible in time to develop all male or all female genetic lineages.

It would be possible for female lineages to proceed without any male contribution at all and it would be possible for one woman to create her own child using her own ovum and DNA. My feminist instincts are at one level attracted to this possibility, at least in a kind of iconoclastic move, but the bottom line is that I am far from sure that separating male and female procreation or making men unnecessary to the procreative process at all would work to the ultimate advantage of women. I am pretty sure it would not work to the advantage of human responsibility for the next generation.

So the child who is truly the child of a single parent would be a genuine revolution in human history and her or his advent should be viewed with immense caution. In my view it is not too strong to say that cloning is a violation of the essential reality of human family and of the nature of the social related individual within it. Of course, I am talking about cloning an individual not other kinds of experiments with genetic material.

In conclusion, I hope the National Bioethics Advisory Committee will take up questions of the common good, will resist the technological imperative and market forces, will engage in moral reflections that go beyond autonomy, informed consent and even immediate identifiable harms to specifiable individuals.

Please provide our nation with a forum in which to set our sights on the big long range social picture that can be so difficult to envision, to assess, and even to regard as a meaningful context of ethical responsibility and action.

It can and should be possible to discuss prudent nuance policies that resist pressures from either advocates or detractors of cloning to place the cloning of individual humans in the same policy category as research on disease therapies.

In the debate about human cloning the NBAC may have an opportunity to begin to create a more reflective, more cautious, more farsighted, less entrepreneurial and pragmatic social ethos in this country.

Thank you.

DR. SHAPIRO: Thank you very much for your remarks.

In order to make sure that we give each of our speakers here this afternoon adequate time the way we will do this is I will ask Dr. Moraczewski to speak to us next and the new speech will go to a period of discussion and questions and then we will do the same thing for the other two speakers.

I am afraid that if we get into discussion after every speaker we will just leave our last speaker with very little time and I really do not want to do that.

Dr. Moraczewski?

### Rev. Dr. Albert Moraczewski

DR. MORACZEWSKI: Thank you, Dr. Shapiro.

Now we are going to have a change of pace and a change of face. I am sure that Dr. Cahill is much more attractive to look at than I.

I also want to emphasize by way of a preamble a very important point. Being both a scientist and a theologian, though I am speaking here primarily as a theologian and as a member of the religious body, the Catholic Church, I am

approaching this from a different angle than I would if I were approaching it as a scientist or approaching it as an academic theologian. So when I am saying I am approaching this from what I believe would be the church's, the Catholic church's position, it is the best I can understand it from its documents and its tradition. So it is important to understand the way I am approaching the topic.

In the Catholic church and generally in many churches the source of their beliefs and their actions, and their policies are at least for Christians and Jews the Scriptures, and then not only the naked Scriptures but as the Scriptures have been interpreted and understood over many centuries, and then for the Catholics particularly there is the understanding that the living Catholic church of each generation has the position of authority in interpreting that tradition, that Scripture and whatever facts we can get from it. So I will be alluding then to authoritative statements from the Pope.

Now ordinarily it is the Pope who speaks to that subject for the whole church and it is each Bishop in his respective diocese that speaks to his faithful regarding the topic at hand whatever it may be.

With these few words by way of introduction I have the paper that I have given to each member of the commission, it has a brief biography and then I will read the rest of the paper.

'To be or not to be cloned, that is the question.' Is it ethically appropriate to clone a human being? Just because the technology to do so is available does not mean ipso facto that the application of cloning technology to human beings is morally acceptable. Neither Sacred Scripture nor the Catholic Church's moral tradition have explicitly and fully treated this issue.

In contemporary times, the Church has noted that 'attempts or hypotheses for obtaining a human being without any connection with sexuality through "twin fusion", cloning or parthenogenesis are to be considered contrary to the moral law since they are in opposition to the dignity both of human procreation and of the conjugal union.' That was stated by the Congregation for the Doctrine of the Faith in its paper 'Instruction on Respect for Human Life in its Origin and the Dignity of Procreation, February 22nd, 1987'.

More recently, Joseph Cardinal Ratzinger in an interview published in the Italian daily, *La Repubblica*, March 5, 1997, stated relative to cloning that 'The sanctity of human life is untouchable.'

Over many centuries the Church has treated in depth the human dignity of each and every individual human being from the beginning of life to natural death. It is that human dignity which is violated, we assert, by the cloning of human beings. The foundation for this dignity, as the Church sees it, is the fact that each human being is called into existence and maintained in existence by a unique creative act of God.

Furthermore, each and every human being is created in the image of God. As the Book of Genesis tells us, the 'image of God' consists in the dominion, delegated and limited to be sure but also very real, a dominion given to the human race over the creatures that swim in the sea, that fly in the air, or walk on the earth. That dominion is a delegated one with the consequences that humans have a

limited dominion for which an accounting must be rendered to God, 'The Lord God gave man this order: "You are free to eat from any of the trees of the garden except the tree of knowledges of good and bad."' That is in Genesis 2:16-17.

Adam and Eve were given freedom in the garden but with one limitation, which if transgressed would lead to death. Accordingly, human beings have been granted intelligence and free will so that human beings can search for, and recognize, the truth and freely pursue the good. In the cloning of humans there is an affront to human dignity for the ones who actively participate in the process as well as for the one who results from the cloning. Yet, it should be noted that in no way is the human dignity of that person diminished.

There are two other bases for human dignity which the Church recognizes: (1) every human being has been redeemed by Jesus Christ; and (2) every human being is called to share in the Divine Life and be united to God for a joy-filled eternity. Each and every human being, regardless of race, colour, religion, socioeconomic status, nationality, age, or health status, possesses this inherent and incomparable dignity which must be mutually respected by all.

Does the cloning of human beings violate this inherent dignity? Yes.

And how? It does so by exceeding the limits of the delegated dominion given to the human race. There is no evidence that humans were given the power to alter their nature or the manner in which they come into existence. Cloning involves the deliberate duplication of the genome of an existing person. This would jeopardize the personal and unique identity of the clone or clones as well as the person whose genome was thus duplicated. Would that adult tend to see in the developing clone his or her own biological, psychological, and social development?

Identical twins are identical to be sure; but neither one is the source or maker of the other. Cloning also radically alters the manner in which a new human person is brought into this world. By sexual intercourse a husband and wife are united in body and soul to procreate another human being. At the same time, that physical and spiritual act both expresses and strengthens their mutual love and the strength and life and stability of that family.

In contrast, cloning introduces a technological substitution which eliminates the need for a male in the procreation of another human being; the clone-child would have no biological father, but obviously it would have at least in some cases a biological grandfather or great-grandfather depending on what the relationship is of the cloning sequence.

All that is needed is a woman's unfertilized oocyte, egg cell, and the nucleus taken from a cell of almost any human tissue. A woman could even choose to use both her own oocyte and a nucleus from one of her own body cells so that her offspring would be genetically an identical copy of herself except for differences of age and the influence of environmental factors. In effect, such cloning would be to fashion a human being in the image of the woman.

Furthermore, couples who would utilize this technology would be asserting implicitly a right to and over another person. The child is treated as an object of manipulation

when the marital act is eliminated and the couple attempts to design and control the very identity of the child. Cloning would offer the opportunity for genetic manipulation of the nuclear genome, perhaps with eugenic intent, before transference to the enucleated oocyte.

'The biological nature of every person . . . ' as John Paul II has written ' . . . is unchangeable in the sense that it is constituent of the personal identity of the individual throughout the course of his or her history. Each human person in his or her absolute unique singularity is not constituted only by the spirit but also by the body. Thus in the body and through the body one touches the person itself in its concrete reality.'

While this technology may be a helpful contribution to animal husbandry and the production of medicinal substances it is entirely unsuitable for human procreation even under exceptional circumstances. One may not use, even for a single instance, a means for achieving a good purpose which is intrinsically morally flawed. One can grant that this technology presents an opportunity for increasing our understanding of animal reproduction and indirectly of our own reproduction.

For example, is there an intrinsic barrier to interspecies reproduction? One could implant the nuclei from various species into the unfertilized oocytes of other species to determine whether one would obtain a viable and fertile offspring, say, a cat-dog or a lion-goat. But what if this were tried between a human and a chimpanzee? What sort of creature would we have produced if it were technically feasible which had the nuclear genes of a human but the mitochondrial genes of a chimp or vice versa?

Cloning may be a way of saving endangered species. It may be a way of improving the quality of sheep's wool, boost the quality of cattle whether for meat or milk, and the quality of horses for strength or speed, but certainly is not a way to improve human beings.

Any legislation or regulation should be crafted to promote and protect research and development in animal husbandry while at the same time it should prevent and block absolutely any and all such research involving human subjects.

We of the Pope John Center thank you, the National Bioethics Advisory Commission, for giving us the opportunity to make this presentation. It will take the wisdom of Solomon, and more, to recommend suitable actions to prevent abuses of this new cloning technology and meet the abiding concerns of the citizens of the United States.

May God grant you the grace of that wisdom which is from above.

Thank you.

### Discussion

DR. SHAPIRO: Thank you very much.

We will now go to questions from the commission. I hope there will be some interaction between us and both of the speakers who have just spoken.

Eric?

DR. CASSELL: Father Moraczewski, I understand where you would have us go and that is quite clear but, Dr. Cahill, I hear ambiguity at every paragraph. On the one hand we

are a nation like Gary Larson's cartoon of the penguins all on a rock and one of them saying, 'I want to be me.'

DR. CASSELL: On the one hand we are a nation which is driven by individuality and autonomy and that is a current theme where it goes back to the 17th Century. So we are both individual, in which case we would not want to be cloned except for the narcissistic desire it raises in us and anyway cloning does not make another person just like us because they are not going to be exactly like us. They either are or they are not.

On one hand the profit motive is terribly important and it is going to drive it but the profit motive has its limitations. On the other hand nothing is going to be done or will be done if technology is sweet. There is no question about it. If technology is sweet it gets done.

Now I understand the ambiguity because, in fact, that is the problem. What I am trying to understand is what would you have us do?

DR. CAHILL: Well, first of all, I do not have, a completely developed policy proposal that I am bringing in for you to sign. But I was, I guess, trying to make a couple of points. One about autonomy. I think that the public concern about individuality is like the tip of an iceberg. The individuality issue is not really my basic concern because I do not think it is threatened by cloning.

I think that the bigger issue is that we tend to use autonomy and individuality and individual freedom to drive and resolve most of our social problems and that is the one principle that you can get most people in a diverse group to agree on, that autonomy should be respected. Absolutizing or excessively focusing on autonomy, although it certainly is of value, then short circuits our ability to look at other values, other issues, ways in which autonomy perhaps should be eliminated. So I was suggesting that this group could provide a forum for trying to put additional issues on the table.

As I mentioned I was quoting from that *New York Times* editorial where the author mentioned the developers of the atomic bomb and they were the ones that said, 'If technology exists then the human drive is to follow it.' And where I see a problem or a difficulty, and this includes my approach to this as a theologian, is that indeed there is a very strong human tendency to act on the basis of self-interest and that often plays itself out through economic interest and through the market. It can also play itself out in the so-called scientific drive to take research as far as it will go.

So on the one hand I do not want to be overly sanguine about our ability to stop so-called progress by trying to develop a number of bans and caveats and so on. Yet at the same time my more optimistic side wants me to at least place on the table the prospect that there are human values and moral values, including autonomy but extending beyond that, that we can discuss here together or that our society as a whole can discuss even though we come from different moral and political subtraditions. And even though we are members of different religious communities, I still think we can talk sensibly and prudently about the meaning of this research, about types of research that are on the table. It is not just cloning individuals but other researches having to do with disease therapies.

So I am pleading for, and expressing some hope, if not

absolute confidence in our ability to think carefully about policies or bans and legislation, not to put everything in one basket, not to use autonomy as the only moral principle but to try to look at what is possible, what is not, and what are some of the long-range goods that might be at stake.

DR. SHAPIRO: Thank you.

We have a number of commissioners who want to speak. I will try to recognize them in some order.

Jim?

DR. CHILDRESS: I want to begin by thanking both speakers very much.

The official Roman Catholic moral thought over recent years has been clearly opposed to a number of reproductive technologies and one could imagine one sort of an argument from the positions already taken regarding reproductive technologies to human cloning. But I take it in both your comments there are some distinctive features about what you would be suspicious of and recognize again that there are differences between the two positions you have presented, at least in tone.

What would be distinctive from your standpoint in the way you would view the Roman Catholic tradition in relation to human cloning that would be different from the way the arguments might go in relation to artificial technologies generally? I mean, one way to think about this again would be to put it on that kind of continuum and just see how the arguments fit.

But would either of you or both of you like to comment on what is distinctive in the opposition to human cloning?

DR. CAHILL: Well, we could probably both say something but I will just start and you can amplify it.

Of course the thing that is the same is that you do not have procreation through a sex act between committed partners. The thing that is different is that you are creating a child that does not represent the combination of the two intergenerational families that each genetic parent would ordinarily bring. That is the one thing that I can think of that is distinctive about cloning that does not exist in any other kind of reproductive technology or other technologies in general.

DR. MORACZEWSKI: I would say also that it represents a greater attempt to control the output, the product, by already specifying the genome. Whereas when you have a man and woman sharing the sperm and the egg you do not ever know quite the outcome. I have a brother with seven daughters and they are all different. The same father, same mother, but each one is different. So I think that is another way.

In our culture of course control is so important. We have sort of an engineering mind where we want to control and be able to say, 'I do not care how you get the product but get it done.' And I think this is what we are saying. It does make a difference how you get the product, the human being. I think what cloning introduces is again a greater control over what comes out at the end.

DR. SHAPIRO: Thank you.

Steve?

DR. HOLTZMAN: Just as a follow up question to elicit what is special about this. In the context of, I think, the embryo study commission, they contemplated the following kinds of cases where you twin an embryo, you take one,

you freeze it down, the other one grows up, says I like myself, all right, and then unfreezes the embryo. Is that really distinctively different?

DR. CAHILL: I do not think that is —

DR. HOLTZMAN: The same — both the elements are there —

DR. CAHILL: Right.

DR. HOLTZMAN: — and being able to examine its own life and make that decision.

DR. CAHILL: I mean, yes, but either of those could be carried out in a number of different circumstances representing greater or less degrees of replicating one's self or another human being or to exert control.

In the Kennedy Institute of Ethics a year or so ago there was a report on human cloning that was done by the National Advisory Board on Ethics and Reproduction of which I am a member, and Gladys White, our executive director whom I saw here before. It spoke to that earlier type of cloning and tried to draw some parallels, although the kind of cloning that has recently been developed was not actually on the table at that point.

DR. HOLTZMAN: The reason I am asking the question is that already there is legislation or potential regulations or whatever being introduced that are making much of the fact that the DNA is from an adult somatic cell. I am wondering if that is where the rubber hits the road in consideration of the subject.

DR. CAHILL: That it is from an adult?

DR. HOLTZMAN: It is from a somatic cell.

DR. CAHILL: Yes, yes, yes, I see what you are saying.

DR. HOLTZMAN: And I am not sure that that is where the —

DR. CAHILL: Yes. I am not sure to be perfectly honest whether I could get distinctive moral content out of the difference between cloning from an embryo and cloning from an adult cell. Although maybe with more thought that would become evident.

DR. SHAPIRO: Thank you.

David?

DR. COX: So I —

DR. MORACZEWSKI: I would like to make a comment.

DR. SHAPIRO: Were you addressing it to both or just —

DR. MORACZEWSKI: Well, when you began your question I thought it would end something like this, I was once faced with having to baptize twins, identical twins, so I thought, ah, here is an opportunity, I will just baptize one and then have them both raised and see what — if baptism made a difference in their behaviour.

(Laughter.)

DR. CAHILL: You know, to go back to your point, I think it will make a difference whether you viewed the embryo that was cloned as the parent or as the twin. I mean, it is a philosophical or a logical distinction and I am not sure which is the appropriate way to regard it. But would it be better or more accurate to regard the cell taken from the embryo as derived from an already existing individual which is then in effect the parent although at a very early stage as with an adult in a somatic cell?

I think the difference is that with the embryo the cell would not be as developed. That would be the whole point. That is why it was possible to do that earlier. And we have not been able to do cloning with somatic cells until

now because the technology or the science was not in place.

So if the embryo was viewed more in the construct of identical twinning then both of those individuals could be regarded as having the two genetic parents, which is not the case with a child created from the somatic cell of an adult which only has one genetic parent.

DR. SHAPIRO: Thank you.

I want to turn to Professor Cox in a moment but I just want to observe that your story about the baptism is a marvellous illustration of not being able to straighten out your role as scientist from priest.

(Laughter.)

DR. SHAPIRO: We all have that difficulty.

Professor Cox?

DR. COX: Yes. I would like to follow up on Eric's question and put in a slightly different way and actually to both of the speakers the question he asked Dr. Cahill, which is about this ambiguity. I actually appreciate the comments from both speakers very much because the ambiguity is obvious and you have just stated both points. What faces this commission is figuring out a way of how to balance that and I think Solomon is quite appropriate. We do not have Solomon though so what we have to do is figure out how we are going to do it and I would be very interested in hearing from you what kind of process you think would be a good one to be able to balance these kinds of issues because that is what we are really faced with. We have to identify them and I think that you have both done a good job of doing that. But how do we balance them? And that is not so clear to me and it is not so clear to me that that kind of process exists in our society in any kind of clear way.

I realize I am a scientist and I do not want to make this, more reductionist than it is but we have to proceed down that path. So how do we do it?

DR. CAHILL: Balance the what?

DR. COX: So let me make it really clear.

DR. CAHILL: Yes.

DR. COX: Is the balance the concepts of individuality and autonomy you were talking about versus the other social goods? Is it the balance of commercialism versus an individual self-interest versus society's interest in commercialism? Is it the balance of destroying the standard family structure by cloning versus the ability of people? And in the context of the family, they would argue that it gives us an opportunity to have kids that we would not otherwise.

I detect that Eric was frustrated by the equivocation but this is the reality. We have to find a way of adjudicating, of discovering what the balance is, of coming out with a final answer. Maybe it is not the same answer in all three questions. But is it a question of do we or don't we clone? Is that how simple it is?

You have to look at these different things and weigh them up. So how shall we weigh them?

DR. CAHILL: I think both of us were saying (and this does not give us the process) that we should not at this point give support to the cloning of human individuals, which does not mean that there should not be any support for any of the research that is related to the science that goes into that.

DR. COX: Good. So you just weighed them for me which is great. And I think that I did not have any problems

hearing Dr. Maraczewski weigh them. I heard how you weighed them.

But do you have comments, doctor, in terms of the process of how the panel would go about doing this?

DR. MORACZEWSKI: Well, I would commend the panel, is to hear the various voices in society and not try to homogenize everything. This is one of the great difficulties. One speaks from a certain perspective and the perspectives are different and yet now we have to be able to transcend the differences. And, a dictionary of translation does not help very much. But bringing people together and working with them for a while does help. It cannot be settled in 90 days. It is a problem of communication.

I have worked with interdisciplinary fields many times and we find we use the same words but they mean different things because the context and our previous experience is different. So what I am saying here is one step towards what you are trying to achieve. You need a lot of discussion among yourselves. You represent many different groups and many different disciplines. You will be hearing from us and a variety of input from the public. You need to weigh this and eventually you have got to take a step.

Now there is no easy way to do it. You have got to bite the bullet and go on. But I think that, roughly speaking, it is the question of balancing individuals and society, individual rights and societal rights because sometimes they are in conflict. And, to start off with, we realized there is no easy answer but we need good will and a clarification of what we hold in common. This is the important thing, what do we hold in common? Upon what platform can we speak together because if we do not then we speak at cross purposes. But establish what is the common note and then argue with trust about the differences.

DR. SHAPIRO: Thank you very much.

I have quite a few members of the commission who want to speak. No double questions allowed, and you cannot even ask two people the same question. So if you could direct your questions and find your most important one.

Let me turn to Tom first.

DR. MURRAY: This is not a question but I cannot resist thanking Father Moraczewski for his wonderful experiment and pointing out that one of my colleagues mentioned that there was a potential moral problem, namely how would you get IRB approval for that study, also scientific difficulty, that is it would be very difficult to assess the dependent variable of real interest, at least in this earthly existence. But a good example.

Then let me just praise both of you and thank both of you for what I think are two very rich contributions to our conversation. If I have to choose and I hate to choose I will ask Father Moraczewski my question.

As Dr. Cahill, I think, rightly reminded us and as you have just so eloquently expressed, we need to have a really intense conversation listening carefully to each other and I think that means we need to put our arguments in the most forceful but accessible manner possible. Now it is clear to me how as an American who is committed to the Catholic faith tradition, you have eloquently described the basis of the beliefs you would expect the panel to have, and the concept of human dignity of course has resonance much more broadly than in any particular faith tradition in the United States.



Could you help us to frame, again as forcefully as possible, what the argument is that human cloning would, in fact, be an affront to human dignity and frame it in a way that would be understandable and accessible to people from disparate faith traditions?

DR. MORACZEWSKI: I wish I was Solomon but I will try. He was about to use a sword and I think that the only sword I have is to make distinctions. There is a famous philosophical principle that says, seldom affirm, never deny, and always distinguish.

DR. MURRAY: I like that.

DR. MORACZEWSKI: So I have to make some distinctions you see. Obviously the question asked does not bring a quick answer, at least from myself. My mind does not work as quickly as it used to when I was younger, but to begin with — as I said before — we need a commonality. What do we agree on? Well, we can agree on a certain number of things. We can agree that life is important. We agree that individuality, autonomy, all these values are important.

We need perhaps for one thing to have a priority among these values. Are they on one and the same plane or does one supersede the other? And that is the one thing to clarify and come to an agreement about. We say that would be one of the steps after deciding what is the common ground.

But to be able then to decide which of the values is going to be relevant here and now, from the Christian point of view and generally from many other points of view as well, individual life and individual integrity is important. We try to protect that in a number of ways and yet we see in public life that the integrity of many individuals has been, shall we say, twisted and distorted by greed perhaps or some other factor.

So we need to identify what it is that is really important in human life that we share in our society and that will take a process of discussion. And then to be able to formulate a question properly is half of the answer. So that means we have to formulate the question properly and that takes time, too. Time that we do not have here in these few minutes for me to do.

But I would at least encourage you to continue as you are doing. You need not only to listen but some time among yourselves privately. I do not want to drag this out but I think that is the thing I would emphasize.

DR. MURRAY: Thank you. I know it was a very difficult question and I appreciate your effort to help us.

DR. MORACZEWSKI: Thank you.

DR. CASSELL: Father, the context makes a difference. King Solomon would not have cut the baby in half, he would have cloned the baby and satisfied both mothers.

DR. SHAPIRO: We could rewrite that incident in modern terms. If I could ask my fellow commissioners to restrain their natural enthusiasm let me go down this list and turn to Dr. Lo next.

Bernie?

DR. LO: First, I also want to thank both our speakers for not only their presentations but their very thoughtful answers to our questions. One of the things as we think about this is that it is not always difficult to identify the main themes that are concerning people but it is sometimes harder to articulate why exactly that theme is of such great

concern for cloning compared to other technologies or actions.

Dr. Cahill, you said that individuality is a real concern but when you look at it more closely maybe it is not as big as concern as it first appears. Could you help me understand concerns about family? I think there are on a very intuitive level grave problems with confounding the roles of parent and twin and so forth.

But in a society where a lot of children have one parent doing the child rearing, although they have two genetic parents, can you articulate for us exactly what is the nature of the ethical problem with having the genetic sort of linkage to only one parent that would happen in cloning? Can you give us more detail about what you mean by that?

DR. CAHILL: Well, I am not sure I can give a satisfying answer but the first thing I will do is distinguish as Father Moraczewski suggested. I am not sure that it would really be accurate to say that my concerns are the general public concerns and that is one of the things that bothers me. It goes back to my focusing on autonomy as the one moral principle that everybody at a gut level thinks should be absolute.

And I think is based on much of the way we regard families that autonomy principle, that people have a right to choose the kind of family they want to have, that they have a right to have children if they choose and how they choose, that if they want to use cloning or any other method then that should be a free and informed decision of that couple or that individual.

I think that that is a very common popular approach to these issues. My own view is that that is not adequate although autonomy is important. I do not want to be read as saying that individual autonomy is meaningless but to me it is not a full enough understanding of the human reality of parenthood, being a child and family.

So I am trying to raise consciousness a little bit more about the historical and cross cultural importance of inter-generational family networks that we do not capture adequately if we only look at couples and their children, and the nuclear family, or an individual or two individuals making a free choice to create a family however they choose and, using the means that they choose.

I realize that one of the great liabilities of the so-called natural law tradition in general or just appealing to common human values and experiences in general is that those experiences and values are always read differently in different cultures by different people in different ways.

So I realize that while I might be able to point to the historical universality of the two lineage intergenerational family I do not have a final logical or empirical argument that will convince everyone beyond a shadow of a doubt that that can and must be preserved for all future generations.

So it is a matter of trying to work more consensually and inductively to raise up human experiences and at least to present the question whether, given the real revolution in human family and reproduction that cloning of individuals would represent, we should not approach that with a great deal of caution and not assume too quickly that free choice should determine the decision that we may make that may have immense implications for our society and for other societies for that matter in the future.

DR. SHAPIRO: Thank you.

Larry?

DR. MIIKE: I am going to ask a simple question but my guess is the answer would be complex. In your minds, and I am asking both of you, do you distinguish between cloning itself and the consequences of cloning?

I know from the Catholic Church's position that probably there is no distinction because once one has the potential for a full life one is considered a human being. But is it — would it be as simple as that? There is no distinction between the science of cloning as we have been talking about it today? Is there no room for discussion in that debate and the balancing of interests if that is, indeed, my correct interpretation?

DR. MORACZEWSKI: Well, there are several questions you have asked, but maybe we should first address one point. You spoke of the difference between cloning and its consequences. The way I approached the issue initially was to address cloning in itself, that is to say the very nature of cloning, and not the use of cloning rather than the abuse of cloning.

There are many things that can be done with cloning which one would find reprehensible and that is a secondary interest in the way I approached it. I wanted to get at cloning itself. Now I would say that there is a difference there between looking at cloning in itself as its use versus its abuse.

But now with regards to whether there is room for discussion, is relative to the first, I would say there is room for discussion and I would not want to say off-hand that the discussion was already predetermined in terms of a conclusion.

I think that the church would be concerned about discussion in case there be something that has been overlooked. But I would dare say for the most part that it would have to be a most unusual element that was not considered.

So if you want to conclude that this is a dead end — well, I say it probably since what I tried to present was the essence of it so that it does not depend on the circumstances or the consequences or the need, but the very essence. It has to do with the very essence of human nature, human procreation and human marriage and family. I think that is why there is no room for discussion because if we understand correctly the nature of these items then cloning is really inimical to those standards.

DR. SHAPIRO: I just want to comment that Larry tried not only to ask two questions but two questions to two people. That is four times as bad and so I am going to go on to our next commissioner.

Alta?

MS. CHARO: Dr. Cahill, by way of clarification, you talk about concerns about cloning of what you call a human individual. I wonder if you can help me understand what you precisely mean by that term. Do you mean a live born baby? Do you mean an embryo? Do you mean a fertilized egg? Do you mean sometimes one or another of the above?

DR. CAHILL: I meant a person — an individual after birth because that does not prejudice any position I would take on, zygotes or embryos. But I think that publicity and the nature of the recent discussion that has been in the press and that was stimulated by the scientific work that has been

done in the last few weeks, focus the moral and policy debate on taking the somatic cell of the developed individual presumably after birth when the desire to clone that individual would arise and then stimulating or, using its DNA so that it could grow. So that was where my comments also were intended to focus.

DR. SHAPIRO: Thank you.

Arturo?

DR. BRITO: This question is for Father Moraczewski. A little clarification, on page four, the address by John Paul II to the World Medical Association where it stated that 'Each human person in his or her absolute unique singularity is not constituted only by the spirit but also by the body.' It would help me in thinking through this process if you could clarify this and it is a question with a couple parts to it but it is very short. I just want to ask you whether you would agree with that statement I have just read or that the individuality of a human being is more of a spirituality which we cannot assume is determined scientifically or any other way, and if you agree with that am I to understand that, therefore, a major concern with human cloning is more of a biological concern than one that is theological?

DR. MORACZEWSKI: Well, from the church's point of view the individual is constituted, the Pope says, of their soul or spirit and the body. The two constitute the person. When the church speaks about the human person it is speaking about the soul-body union. It is not the union of two things but of two principles to constitute one thing, namely the human person. And so that explains our treatment of the zygote.

The point is that the human person is constituted of both the soul and the body and both are equally important but from different points of view. Say that the body individuates in a certain way certainly and genetically — we see that as a very important element. So that a person is truly an individual. It is different even as identical twins are different not only by virtue of the minor differences in their body and their experiences in utero or outside utero, but also by their spirit which we feel is also uniquely and separately created by God. So both are involved but from different aspects.

DR. BRITO: Okay. So, therefore, the body is also involved. So how would you distinguish this from let's say a cell biologist manipulating human cells versus a heart transplant surgeon transplanting an organ into a human being, where you are affecting the body. Is the Catholic Church also against this kind of interference in the human body as individuals?

DR. MORACZEWSKI: No. Because you see we are talking about parts of the body. An individual cell or an individual organ is a part of a total — of a larger organism, the human being, the human person. So in the case of heart transplant, for example, or any transplantation, understanding the need for consent, it is ultimately for the good of the recipient that the heart be replaced or kidney be replaced, or liver, or what have you. And there has been no problem because you are not dealing with moving persons about, you are moving parts of the person into another.

A cell, while in one sense a unicellular organism, is an organism whereas one cell from a multicellular organism is

only part of an organism. In itself it is not freestanding.

Now the totipotential cell from the very beginning is able, and given the right environment, will develop into a full adult. But after differentiation has set in it loses its totipotentiality and is no longer able to develop into an adult.

DR. SHAPIRO: Thank you very much. I, myself, have a long series of questions but you have had three half questions and one follow-up questions in case you think I am not keeping track. But I think we really do have to move on. There are a lot of further questions. I want to express my thanks again but I really would like to move on to our next speakers who have been kind enough to join us this afternoon, and that is Dr. Duff and Dr. Meilaender.

Dr. Meilaender, thank you very much for coming and we will turn to you first.

### **Protestantism Dr. Gilbert Meilaender**

DR. MEILAENDER: Well, thank you very much for this opportunity. Although my time is brief I want to take a moment at the outset to make a few introductory qualifications to everything that I will say. I have been invited, as I understand it, to speak specifically as a Protestant theologian. I have tried to take that charge seriously and I have chosen my concerns accordingly.

I do not suppose, therefore, that the issues I address are the only issues to which you are to give your attention. Thus, for example, I will not address the question of whether we could rightly conduct the first experiments in human cloning given the likelihood that such experiments might not at first fully succeed. I assume that is an important moral question but I will not take it up. Nor do I suppose that I can represent Protestants generally. There is no such beast.

Indeed, Protestants are specialists in the art of fragmentation. In my own tradition, which is Lutheran, we commonly understand ourselves as quite content to be Catholic except that when on certain questions we have been compelled to disagree. Other Protestants might think of themselves differently.

More important, however, is this point. Attempting to take my charge seriously I will speak theologically, not just in the standard language of bioethics or public policy. I do not think of this, however, simply as an opportunity for something like the Protestant interest group to weigh in at your deliberations.

On the contrary, this theological language has sought to uncover what is universal and human. It begins epistemologically from a particular place but it opens up ontologically a vision of the human. The unease about human cloning that I would express is widely shared. I aim to get at some of the theological underpinnings of that unease in language that may seem unfamiliar or even unwelcome but it is language that is grounded in important Christian affirmations that attempt to understand the child as always our equal, a gift and not a product.

In any case I will do you the honour of assuming that you are interested in hearing what those who speak such a language have to say and I will also suppose that a

faith which seeks understanding may sometimes actually find it.

Lacking an accepted teaching office within the church Protestants had to find some way to provide authoritative moral guidance. They turned from the authority of the church as interpreter of scripture to the Biblical texts themselves. That characteristic Protestant move is not likely, of course, to provide any very immediate guidance on a subject such as human cloning. But it does teach something about the connection of marriage and parenthood.

The creation story in Genesis chapter 1 depicts the creation of human kind as male and female, sexually differentiated and enjoined by God's grace to sustain human life through procreation. Hence there is given in creation a connection between on the one hand the differentiation of the sexes and on the other the begetting of a child.

We have to come at the question of cloning indirectly then starting from that point.

It is from the vantage point of this connection that our theological tradition has addressed a question that is profound but mysterious in its simplicity. What is the meaning of a child and what is good for a child? That question is, as you know, at the heart of many problems in our society today and it is against the background of such a question that I want to reflect upon the significance of human cloning.

What Protestants thought they found in the Bible was a normative view, namely that the sexual differentiation is ordered toward the creation of offspring and the children should be conceived within that marital union. By God's grace the child is a gift who springs from the giving and receiving of love. Marriage and parenthood are connected, held together in a basic form of humanity.

To this depiction of the connection between sexual differentiation and childbearing as normative it is, of course, possible to respond in different ways. We may welcome the connection and find in it humane wisdom to guide our conduct as I hope you will. We may also resent it as a limit to our freedom and seek to transcend it. We did not need modern scientific breakthroughs to know that it is possible and sometimes seemingly desirable to sever the connection between marriage and begetting children.

The possibility of human cloning is striking in one sense only because it breaks the connection so emphatically. It aims directly at the heart of the mystery that is the child. Part of the mystery here is that we will always be hard pressed to explain why the connection of sexual differentiation and procreation should not be broken. Precisely to the degree that it is a basic form of humanity it will be hard to give more fundamental reasons why the connection should be welcomed and honoured when in our freedom we need not, but moral argument must begin somewhere. 'To see through everything is...' as C.S. Lewis once put it, '... the same as not to see at all.'

If we cannot argue to this starting point, however, we can argue from it. If we cannot entirely explain the mystery we can explicate it and the explication comes from two angles. Maintaining the connection between procreation and the sexual relationship of a man and woman is good both for that relationship and for children. It is good first for the relation of the man and woman. No doubt the motives of those who beget children coitally are often

mixed and they may be uncertain about the full significance of what they do.

But if they are willing to shape their intentions in accord with the norm I have outlined they may be freed from self-absorption. The act of love is not simply a personal project undertaken to satisfy one's own needs and procreation as the fruit of coitus reminds us of that. 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 it has its talis established in the creation.

The meaning of what we do then is not determined simply by our desire or will. As Oliver O'Donovan, a well-known contemporary Anglican theologian, has noted, 'Some understanding like this is needed if the sexual relation of a man and woman is to be more than simply a profound form of play.'

When the sexual act becomes only a personal project so does the child. No longer then is the bearing and rearing of children thought of as a task we should take up or as a return we make for the gift of life. Instead it is a project we undertake if it promises to meet our needs and desires.

Those people, both learned commentators and ordinary folk, in recent days who have described cloning as narcissistic or as replication of one's self see something important. Even if we grant that a clone reared in different circumstances than its immediate ancestor might turn out to be quite a different person in some respects, the point of that person's existence would be grounded in our will and desire.

Hence retaining the tie that unites procreation with the sexual relation of a man and woman is also good for children. Even when a man and woman deeply desire a child the act of love itself cannot take the child as its primary object. They must give themselves to each other setting aside their projects and the child becomes the natural fruition of their shared love. Something quite different from a chosen project.

The child is, therefore, always a gift, one like them who springs from their embrace, not a being whom they have made and whose destiny they should determine. This is light years away from the notion that we all have a right to have children in whatever way we see fit, whenever it serves our purposes.

Our children begin with a kind of genetic independence of us, their parents. They replicate neither their father nor their mother. That is a reminder of the independence that we must eventually grant to them and for which it is our duty to prepare them. To lose even in principle this sense of the child as gift will not be good for children.

I will press this point still further by making one more theological move in very theological language. When Christians tried to tell the story of Jesus as they found it in their scriptures they were driven to some rather complex formulations. You probably did not think you were coming to this meeting to talk about these formulations but for a moment I want to.

Christians wanted to say that Jesus was truly one with that God whom he called Father lest it should seem that what he had accomplished did not really overcome the gulf that separates us from God. Thus while distinguishing

the persons of Father and Son they wanted to say that Jesus is truly God. Of one being with the Father was the language. And the language in which they did this, was language from the 4th Century, the Nicene Creed, one of the two most important creeds that antedates the division of the church in the west at the reformation, a language which describes the Son of the Father as begotten not made.

Oliver O'Donovan has noted that this distinction between making and begetting crucial for Christians' understanding of God carries considerable moral significance. What the language of the Nicene Creed wanted to say was that the Son is God just as the Father is God. It was intended to assert an equality of being. For what was needed was a language other than the language of making. What we beget is like ourselves. What we make is not. It is the product of our free decision and its destiny is our's to determine.

Of course, on this Christian understanding, human beings are not begotten in the absolute sense the Son is said to be begotten of the Father. They are made but made by God through him in begetting. Hence, although we are not God's equal, we are of equal dignity with each other and we are not at each other's disposal. If it is, in fact, human begetting that expresses our equal dignity we should not lightly set it aside in a manner as decisive as cloning.

I am well aware, of course, that other advances in what we are pleased to call reproductive technology have already strained the connection between the sexual relationship of a man and woman and the birth of a child. Clearly procreation has to some extent become reproduction making rather than doing.

I am far from thinking that all of this has been done well or wisely and sometimes we may only come to understand the nature of the road we are on when we have already travelled fairly far along it. But whatever we say of that, surely human cloning would be a new and decisive turn on this road. Far more emphatically a kind of production. Far less a surrender to the mystery of the genetic lottery which is the mystery of the child who replicates neither father nor mother but incarnates their union. Far more an understanding of the child as a product of human will.

I am also aware that we can all imagine circumstances in which we, ourselves, might, were the technology available, be quite tempted to turn to cloning. Parents who lose a young child in an accident and want to do something that they might call replacing. The seriously ill person in need of embryonic cells to repair damaged tissue. A person in need of organs for transplant. A person who is infertile and wants in some sense to reproduce.

Once the child becomes a project or product such temptations become almost irresistible. There is no end of good causes in the world and they would surely tempt us even if we did not live in a society for which the pursuit of health has become a god justifying almost anything.

As William F. May has often noted, 'We are preoccupied with death and the destructive powers of our world.' But without in any way glorifying suffering or pretending that it is not evil, Christians worship a god who wills to be with us in our dependence, teaching us in May's words, 'Attentiveness before a good and nurturant god.' We learn, therefore, that what matters is how we live, not only how long,

that we are responsible to do as much good as we can but that means as much as we can within the limits morality sets for us.

I am also aware finally that we might for a time approve human cloning but only in restricted circumstances. As, for example, the cloning of preimplantation embryos up to 14 days for experimental use. That would, of course, mean the creation solely for purposes of research of human embryos, human embryos who are not really best described, I think, as preimplantation embryos. They are unimplanted embryos. Elocution which makes clear the extent to which their being and destiny are the product of human will alone.

If we are genuinely baffled about how best to describe the moral status of that human subject who is the unimplanted embryo we should not go forward in a way that peculiarly combines metaphysical bewilderment with practical certitude by approving even such limited cloning for experimental purposes.

Protestants are often pictured, actually erroneously, in many respects as stout defenders of human freedom. But whatever the accuracy of that depiction they have not had in mind a freedom without limit, without even the limit that is God. They have not located the dignity of human beings in a self-modifying freedom that knows no limit and that needs never respect a limit which it can in principle transgress.

The meaning of the child, offspring of a man and woman but replication of neither, their offspring but not their product whose meaning and destiny they might determine, that I think constitutes such a limit to our freedom to make and remake ourselves. In the face of that mystery I hope that your commission in its deliberations will remember that progress is always an optional goal in which nothing of the sacred inheres.

Thank you.

DR. SHAPIRO: Thank you very much. I appreciate all your remarks.

Now we will turn to Dr. Duff and then we will go to our discussion period.

Dr. Duff, thank you for being here.

### Dr. Nancy Duff

DR. DUFF: I appreciate very much the opportunity to be here not only to speak but to listen to all that has gone before and to have the opportunity to stay tomorrow and listen to the other presentations.

In the 16th Century John Calvin wrote this about childbirth: 'Although it is by the operation of natural causes that infants come into the world yet therein the wonderful providence of God brightly shines forth. This miracle because of its ordinary occurrence is made less accounted by us. But if ingratitude did not put upon our hearts the veil of stupidity we would be ravished with admiration at every childbirth in the world.'

Now in the 20th Century we find that infants do not always come into the world through the operation of natural causes. The miracle of childbirth has moved beyond ordinary meaning through such procedures as *in vitro* fertilization. Now that we face the possibility of human lives springing not from a fertilized egg whether fertilized

artificially or in the old-fashioned way but from a clone, we are making great account, some people would say too much account, of this possible new form of bringing an infant into the world.

Many people wonder whether this is, indeed, a miracle for which we can thank God or an ominous new way to attempt to play God. At the very least it represents the tension that often exists between the church and science.

On the one hand the church has sometimes taken an overly antagonistic opposition to scientific advances. So Galileo was charged with heresy for supporting the unbiblical Copernican notion, that the earth revolves around the sun. Darwin's theory of evolution, which apparently scared him a bit in the beginning too, is still opposed by some church groups who want to promote what they believe to be the biblical view of creationism so that it will be given equal time in schools.

Such examples remind us that the church must guard against the assumption that faith requires protection by being shrouded in ignorance. We should be able to celebrate human accomplishments, including accomplishments in genetic research, as a result of the divinely bestowed gifts of knowledge and technical skill.

On the other hand, the church widely understands that human sin can lead us to new scientific advances for extremely evil purposes. We can never support the pursuit of knowledge for its own sake without asking serious moral questions about the implications of that which we seek to know.

To date we have not been able to deal with the moral implications, the moral and legal implications of adoption, much less artificial reproduction. We certainly are not yet morally, legally or spiritually prepared to tend to the difficult issues that would arise if human cloning became a reality.

So my position that I recommend to you is: While I do not rule out completely the morality of research into human cloning, I support a moratorium on such research which would be removed only in light of strong evidence for the positive benefits of such research. I offer eight guidelines with some supporting theological rationale for the commission to consider:

(1) We should proceed with research into human cloning only if compelling arguments can be made for its potential benefits. While the medical benefits of animal cloning and other kinds of genetic research on human beings are readily discussed in the material that I have read (and though there is not a consensus about those they are certainly discussed and proposed), I have not found equally compelling accounts of the potential benefits of human cloning.

The reasons that I have heard so far are inadequate. An infertile couple's desire to have a child through cloning does not provide a reason to proceed. There are other existing means of artificial reproduction. Furthermore, I agree that we should not make reproduction or in this case the replication of children, no matter what the cost or what the reasons, a constitutional right.

At the same time whenever I have proposed that to my students or different groups they say that I have not experienced the tragedy of infertility and challenge my saying that I want to diminish that freedom to reproduce arti-

cially. We need to be careful about that. There is a real sorrow for people who face that that some of us do not know but I still cannot go so far as to say that it is all right, no matter what the cost.

A grieving parent's wish to replicate a dying child does not justify research into human cloning. In fact, it misunderstands the distinctiveness of each human being called into being by God.

We need to question any motivation to replicate a human being in order to replace another. I would even question having a child to replace another through birth if that is our only reason for wanting to give birth to the next child.

Of course, any overt suggestion that children can be cloned for directly instrumental purposes such as providing the military with more soldiers or a basketball team with more talented players is ruled out of hand.

I do not dismiss the possibility that benefits from research into human cloning exist but I have not yet heard what they are.

(2) We must guard against self-deception and, of course, public deception when presenting the pros and cons of human cloning. As Dan Horowitz (?) has pointed out, one test for truth, Christians would say one test for gospel truth, is that it destroys avenues for self-deception and forces us to recognize the limits of our own identity.

Debate over abortion provides an excellent and tragic example of our inability to avoid self-deception in search of truth. The debate over abortion recently focusing on late term or partial birth abortions, depending on your position, indicates a reluctance to look at the facts surrounding both sides of a very serious issue for fear that one might discover or publicize a fact that does not support one's stance.

Representatives from pro-life and pro-choice groups are equally guilty in this regard. They are rarely able to state each other's positions fairly and hide facts, sometimes from themselves as well as from others which do not support their particular position and exaggerate facts which do.

We need to avoid repeating this error in the debate over human cloning. We should understand as clearly as possible the benefits to humanity and the potential threats. The public needs to hear in language that nonscientists can understand what the potential benefits and ills of human cloning are.

(3) Research — I think while this moratorium or ban is in place we need to research all pertinent related topics. For instance, what is the effect that twins have on one another positively and negatively. What does it mean to their identity that they are twins? It is not exactly the same thing as being a clone but it is the closest parallel we have. So might we study the effects of twins' close identity as a way to try to speculate what it would be like to be a clone?

What is the impact of artificial insemination with an anonymous donor on a child in the family that it produces? Does that child have a strong desire to know who the anonymous biological father is? It is not the same as having no biological father but it still might bring us insight into what human cloning would mean for the child who came into the world that way.

During the moratorium we need to continue to gather information and anticipate policy decisions for that day

when human cloning may occur whether banned or not. Also during that ban or moratorium on human cloning or research on human cloning we need to make a clear distinction, as Dr. Cahill said, between human cloning and other forms of genetic research.

(4) We must consider the status of the human embryo in research. Given the divisiveness of this question in relation to the abortion debate it is the hardest issue that must be considered and one that cannot be fully resolved to everyone's satisfaction.

The Doctrine of Vocation claims that God calls each of us into the world for a purpose. Each human life has divinely bestowed value and purpose. Although we may never agree on the point at which that developing life becomes a person, (that is the popular way to pose the question) I believe we are compelled to take that life seriously and ask after what point is it no longer morally acceptable to experiment.

If it took 277 tries to get this one sheep, if we had a similar research experiment for human cloning, what is the status of all those developing embryos that did not make it? Are we only losing genetic material? I am open to there being an affirmative answer to that. Or would we actually be losing human lives? I am not proposing an answer to that one but I think that we cannot get around asking it.

(5) No human being can ever be cloned to serve a predetermined purpose in the world. Hence we cannot clone human beings as I said earlier to provide soldiers for the military or with the expectation they will be great athletes or in an attempt to create a great musician or scientist. God alone calls a person into being, no matter how that person was conceived, reproduced or replicated.

No matter how well we learn to manipulate genetic matter or replicate human life we do not create life in the way that God does. We do not, as God does, call human beings into existence nor do we, as God does, call human beings into different identities and tasks. Identical roles cannot be assigned to members of any one race, class, culture or gender.

We cannot provide — I am sorry I cannot read my writing so I will leave that last statement for — I will just leave it.

(5) We can proceed with research into human cloning only after considering the larger issues of elocution. I think this is very significant. From a Christian perspective we are concerned about the least of the brothers and sisters around us. 'For such as you have done to the least of these so you have done it to me.' A well known passage from Matthew.

While many of us, certainly myself can included, can thank God that our children are not likely to die from flu, diphtheria or polio, or even suffer from the mumps, measles or rubella because of advances in medicine, we must remain mindful of the enormous number of children and adults in this country and abroad who are forced to live as if these advances had never occurred. Simple diarrhea kills thousands of children every year.

When considering research into human cloning we must look at the responsible use of limited resources. Though I am not a utilitarian ethicist I do believe that it is mandatory to ask whether other research projects will serve a greater number of people than research on human cloning and take the answer to that seriously.

(6) If we proceed with research into human cloning we must be mindful of those who are most likely to be exploited. Given the past history of medical experimentation and lack of access for certain groups to medical facilities we must be especially concerned that women, racial and ethnic minorities, prisoners and the poor are not exploited as a result of research into human cloning.

Do we desire to clone to enhance or eliminate certain racial features or to replicate one gender in greater numbers than the other? Or will we exploit one group such as prisoners in the process of experimenting on human cloning? We have to look at which groups are the most likely to be exploited if we went ahead into research on human cloning.

(7) Consider the best interests of children and I would really — though it is coming at the end of my presentation — I put this at the top of my list. From a Christian perspective we can affirm that all children belong only to God. They are not ours to manipulate, control or abuse. But even for those without religious convictions there are many reasons, both compassionate and practical, for society to put the best interest of children first.

Unfortunately, no matter how a child comes into the world, through the operation of natural causes, through *in vitro* fertilization or eventually through cloning, we have not been and no doubt will not be ravaged with admiration at every childbirth in the world.

Recent Court cases indicate that we are already confused about the best interests of children if not sometimes indifferent. We find it difficult to sever ties between abusive parents and their children, to give custody of that child to a loving non-abusive foster parent who wants to adopt. We can undervalue the biological and genetic tie of a so-called surrogate mother to the child she gives birth to at the same time that we can grant custody of a toddler to a biological father he never has met before.

We have sometimes considered contractual agreements and rights of biological parents with more zeal than we have pursued the best interest of children. Here if we want to anticipate what sort of policies will be put into effect if human cloning became a reality we have an opportunity to put the best interest of children forward and I would urge you to consider that.

Finally, I would — it is almost an aside because I do not believe that it within your responsibility but I have to mention the regulation on the treatment of animals. Although there is a point where we can clearly distinguish between this is research into animals, this is research into human cloning, I think they are more closely tied than we seem to think.

Ever since I published a little piece in the *Washington Post* I have had calls from people all over the country as if now I am an expert on cloning. I think it is just because there is not enough material and they do not know who else to call. But all of them consistently have been interested only in human cloning and there is no interest in raising the question about animal cloning.

Two ways reasons I think we cannot divide them is firstly that research into animal cloning adds to our knowledge about research into human cloning. There is a point at which everybody got so nervous when they had cloned the monkeys because that is one step closer to doing a human being. I do not think the research can be divided quite that clearly.

The second is that animal cloning is meant for our benefit, for human beings who have been called into responsibility for them. So even if it is not your task to regulate the treatment of animals I do not agree with Peter that we should stop all cloning, all experiments and cloning of animals.

What I do agree with him on is that we should be concerned about how those animals are treated. If that is not your responsibility I would wish for you to take this opportunity to pass that concern on to some commission who does that have that responsibility.

### Discussion

DR. SHAPIRO: Thank you very much. I thank both of you once again.

We now turn to members of the commission who may have questions they want to raise.

Eric?

DR. CASSELL: They were both excellent presentations. I am allowed to address only one of you. Dr. Duff, you are it.

But as I listened I am struck by the fact of the evolution of the human condition in this nation and that people who share the human spirit have widely different views about the subject, that we are a pluralist society and that whatever comes out of this commission must meet the needs of this diverse society. And I am interested in how you feel about, what you think about both ends being met, matters that concern you greatly and the fact that others who are good persons and true believe differently from you.

DR. DUFF: I am concerned that we do not seem any longer to have a sense of the common good. So we do have incredibly diverse positions on things, but where I wish we would come together is to have some sense of serving the common good and I do not think that we have that as a society.

Although I would put forward an argument in language besides my religious language to promote an interest in the common good that argument does spring from my religious understanding of tending the least of the brothers and sisters.

I would have as a primary category, no matter where we stand on this, who is most likely to get hurt, who is most likely to gain, and can we use our resources to help people with the most devastating illnesses. I know we may have reached a point where we wish science would cure our mortality but if you know somebody who has a disabled child or one who is mentally disoriented, I do not think that is wrong to wish for research to find ways to cure that.

So I wanted to target the worst diseases and disabilities, the people who have always been left out, and let that guide our disagreement and our decisions over what we are going to do. And there are very practical and even selfish reasons to do that as well as compassionate ones.

Thank you.

DR. SHAPIRO: Thank you.

Zeke?

DR. EMANUEL: My question is directed to Dr. Meilaender. I really do appreciate your talk to us and I am sorry I am not sure I got all the subtlety but it was quite powerful.

What I want to just try to say is difficult to summarize in a sentence and I think that is one of the difficulties we as commissioners and other people in the debate are having. But it seemed to me that central to your concern was the issue of making and the fact that the usual connotation of making for us creating an artificial world.

To add this artificial creation of ours seemed to me objectionable on your point for two related reasons. One is that it robs the sort of mystery of earth and natality, and human development. The second is that it endangers our keeping our position in the world, as it were recognizing the need to have limits.

Is that right? Could you maybe elaborate because I think both of those are powerful understandings that we are not used to.

DR. MEILEANDER: Well, you know, when one is asked to elaborate there is a tendency simply to repeat what one already said. I will try not to do that. Yes, I think that those are at least two aspects of what I was trying to get at. On the one hand by using the language of mystery I do not want to suggest that, we just cannot think about it. But I did want to suggest that there might be here something that we can only explicate as I put it. We cannot entirely offer more fundamental reasons that in some sense are grounded or from which we can deduce it.

It has to do with an understanding of what it means to be human and I think that what we do has implications for how we think though perhaps not immediately in any given individual's case. I mean I do not know how to predict that exactly, but if these really are such fundamental matters then what we do teaches us to think about each other in certain ways and there are ways we ought not think about each other. Ways that encourage us finally to think of some as at the disposal of others, in some sense of being the product of someone's will.

We get here the movement over several centuries to the idea of the primacy of will in moral matters, and in a sense we see important philosophical idea working itself out practically here. There might be occasions when one would want to say, 'Well, that idea oughtn't to work itself out any further.'

I do not know if I am responding or if I am making sense and I guess you are not allowed to respond to me. But it is that kind of concern that seems to me to be important. I realize that it is not the kind of thing that one draws up a code about but it would be unfortunate to miss that sort of question in these deliberations.

DR. SHAPIRO: So that I am not accused of being so critically rigid do you wish to respond?

DR. EMANUEL: I think I got enough. Thank you.

DR. SHAPIRO: Dr. Lo?

DR. LO: Since I actually asked a double barrelled question of two people last time I will try and redeem myself by not asking a question but asking the three speakers from asking whom I do not have a text of your talk if you could provide one to the commission and also the other speakers tomorrow as well. I think that would be very helpful. I would appreciate the opportunity to go back over in more detail what you presented so well orally.

Father or Reverend, I think we have your document already.

DR. SHAPIRO: Thank you very much for that

suggestion, Bernie. That really would be very helpful to all of us.

I have three people on my list and I will tell what the order is so you know. Jim, then Diane and Tom.

Jim?

DR. CHILDRESS: I would like to express my appreciation to both speakers and direct a question to Gil Meileander.

It is a variation of the question I addressed to the previous panellist. You spoke about human cloning in relation to various reproductive technologies. Some times it was unclear to me whether you were talking about a difference in degree or a difference in kind. Some of your language seemed to suggest that human cloning is merely different in degree from the other reproductive technologies we use.

You used language about it, if I recall correctly, more emphatically and more decisively. I just wonder if you could say a bit more about how closely you are connecting human cloning with the other technologies or whether there is really something pretty distinctive about the concerns you have raised at this point?

DR. MEILAENDER: Well, these are deep puzzles in some ways. Let me put it this way: I could be persuaded that we are talking about something that is a difference in kind here and not just a difference in degree. That does not mean that some of the issues are not, roughly similar. I mean, the making versus begetting issue does not arise only here as I noted. Although as I also said sometimes when you see where it takes you, you rethink what you thought about other matters.

But the production of someone who, looks and talks, and thinks, and smells, and so forth like us, but is not the child of a man and woman, I am not sure whether I, even if it were only a matter of degree it may be an important enough matter of degree to be genuinely worried about and that is probably sufficient for my concern today.

But actually I think there are deep metaphysical puzzles about what this subject would be and it might, therefore, be actually a difference in kind. I am not sure of the best way to pursue the subject but it is a question that I would not necessarily assume I am 100% certain of the answer to.

DR. SHAPIRO: Thank you.

Diane?

DR. SCOTT-JONES: My question is actually a version of the question that Jim just asked you so I will try to ask it a little bit differently than I had planned and you can tell us a little bit more about how you think about this. This is for Dr. Meilaender and I should say that I enjoyed very much both your presentations.

If you think of a human cloning as part of a continuum and we can set aside for the moment the issue of whether it is different in degree or is qualitatively different, if we think of it as the endpoint of a continuum of techniques of having children or being able to rear children that we might find acceptable or at least questionable, how would you see other kinds of techniques that are used for having children or raising children?

For example, you talked about the importance of the link between marriage and parenthood, the importance of the contribution of both the men and women. Given that, how do you see reproduction that is a result of a woman having



a child from sperm from an anonymous donor or even how do you see adoption in this whole issue if you think of there being some type of continuum of ways of our wanting to have children or be able to raise children?

DR. MEILAENDER: Well, I would have got off the train sooner than here, in fact. Exactly where, you know, I want to get off sometimes puzzles me myself. I think adoption is a different matter. I will simply say that.

I mean, I am the father of three children who are biologically mine and one who is adopted. But I think there are different sorts of reasons that ought to move one to that. If it is only that I want to have a child somehow, I would want to talk to such people myself. Adoption is a matter of caring for a child who for unfortunate reasons cannot be reared by his or her biological and gestational parents.

But I blurred the issue in my talk a little bit and I did it intentionally because I figured there was already more theology than you wanted and I did know exactly what you wanted. But I sometimes use the language of the connection between marriage and parenthood, and I sometimes use the language of the connection between the sexual differentiation and the offspring, the children.

Those are a little bit different in some respects. One might say that artificial insemination by donor breaks or at least stretches the connection between marriage and parenthood. It does not, I guess, break the connection between the sexual differentiation itself and the production of a child. It is, therefore, a further step, whether we call it degree or kind and in that case I think degree probably. But it does not so decisively step away from what I think a lot of Christians have found as part of the divinely created order that connects that sexual differentiation with the production of the child.

For other reasons I think it is a bad idea and that is why I said I would have got off the train sooner. I would not wish to be understood to recommend artificial insemination by a donor. If you caught me in the right mood I would even say it is wrong but I still think it stands within that general understanding that connects the sexual differentiation with the child and cloning is a little different I think. I do not know. I hope that is clear anyway.

DR. SHAPIRO: Thank you.  
Tom?

DR. MURRAY: When I raised my hand a few minutes ago I had intended to ask a question essentially similar to Jim Childress' but another has occurred to me so I am not going to give up my place.

I do want to begin, though, by sincerely thanking you, Dr. Meilaender and Dr. Duff, as I earlier thanked Dr. Cahill and Father Moraczewski. Anybody who was despairing of the quality of public dialogue about some deeply important human and moral issues should have been here this afternoon. This has been something I am going to reflect on for a good deal longer and may very well come back to you for assistance in understanding some of the implications of what you said today.

Let me direct my question to Dr. Duff since we have let you off rather easily so far. I very much like your list of considerations and in my artful note taking I came up with nine rather than eight points but that is fine. I liked the points very much. I think they are morally relevant considerations that anyone would wish to take into account. We

are going to have to make recommendations obviously to a pluralistic community and in the context of, legal, constitutional and political traditions, one of which is this focus on individual liberty and autonomy.

Now I have to confess that it is not necessarily for religious reasons, but I share very much the kind of position that I have heard many of you express about the language of autonomy and individual liberty being relevant but inadequate to capture what really is important here.

But given our sort of commission's constraints and given that we have to respond to this pluralistic world that gives a lot of importance to individual liberty and autonomy, what would you suggest we do? I mean, how can we formulate a response that does justice as I really want to do to the kinds of considerations that you have raised?

DR. DUFF: Two responses. One that I know is hard because I found it hard as I put together my own response but it is related to one of the things I said and that is honestly to give both sides of the issue. Now the reason why I think it is hard when you are giving a report like you do, and I found it hard here is that I was afraid you would just accuse me of not having said anything, that I just stated both sides and it was confusing.

But I think that should not keep us from being fair to both sides and there are more than two sides. So that means really making people feel that their position has been represented even if you think it is a position that is wrong, you do not agree with it, but you have heard it and you want to present it as fairly as you can.

One of my teacher's rules of thumb for academic debate was that you should be able to state your opponent's position so clearly and so fairly that your opponent would say, 'Yes, that is what I mean,' and we do not do that. We certainly do not do it in politics and we do not do it in academics very well either. So that would be one way so that a lot of people would feel that they had been heard.

But my other response is the same I have already given, that I think that we have to proceed with a sense that we are trying to move towards a sense of the common good. I do not know whose original quotation it was. I heard it from Paul Lehman and maybe he got it from Luther, I do not know, but he understood the relationship between the individual and the community as saying, 'In each the good of all and in all the good of each.'

You cannot put individual rights and freedom, and autonomy over the concern for the community, and you cannot put concern for the community over concern for individual rights and autonomy. The two have to work together and they are not necessarily opposed.

There might be certain cases where one is limited by the other but they are related to one another from beginning to end so that we need to look after the common good. I care for fellow human beings even when I do not agree with them. A pluralistic society does not mean that we cannot have a deep concern for the good of all which is related to the good of each.

DR. SHAPIRO: Eric?

DR. CASSELL: Well, I will preface my question by saying that the complexity of the problems that face us that science raises, that the world in which we live raises, cries out for an educational system that does what Aristotle wanted, that makes its participants able to make choices. But now

time has passed, it is 25 years from now, you are very healthy because of the advances in medicine, Dr. Meilaender, and here are several children who have been cloned, and actually this is one family that presents three. What is your stance towards those individuals?

DR. MEILAENDER: What do you mean by what is my stance? Are you asking —

DR. CASSELL: Well, they —

DR. MEILAENDER: — I think there are entological statuses, how are we going to treat them —

DR. CASSELL: — well, how are you going to treat them? How should they be treated in this society? I mean, we are sitting here looking at a misconception, that is one thing. But are these other persons in some sense different from us? Will we treat them differently? Should the nation treat them differently?

DR. MEILAENDER: Well, let me say a couple of things. We are back to the deep metaphysical questions here that I do not know that I am entirely prepared to answer. But I do assume that it might be possible that human beings could make other beings who would not simply be one of us. I do assume that is possible and I think that actually intuitively a lot of people do not think that in this whole conversation. But I do assume that they might look like us and talk like us and so forth but not be one of us, that history affects nature in a way.

Christians have always thought there was some rational species other than human beings, angels, for instance. And you run into a rational species that is not human and you have to ask yourself how you ought to treat them. So I think there would be questions for one thing that would arise.

But I do not think the issue is really so much how would we treat them but how would we have learned to think of each other also and insofar as we come to think of the possibility that some human beings are the creation of our free will and desire, I think, it is imponderable, it is incalculable how we might learn to think of some or another of us or of some other species.

So how would I treat them? Well, if I really thought they were human beings then I would treat them the way I treat other human beings. If I thought they were some other rational species then I would sit down and try to do my best thinking about what our duties to other rational species were. But I think the real question is how will we have trained ourselves to think about each other and will we still have the kind of intellectual wherewithal to sustain a notion of equal dignity. I am not sure.

DR. DUFF: Can I respond to that?

DR. SHAPIRO: Yes?

DR. DUFF: It is just slightly different but I think it is significant. I think it is imperative to assume that they are the same human beings as the rest of us and that one of the reasons I want us to anticipate the possibility or is it an inevitability that people will be cloned is just for the reason that we would have already put in policies in place that say this is a person the same as the rest of us, with the same civil rights, who cannot be bought and sold, cannot be manipulated, cannot be owned, so that I cannot imagine that it would be a different species.

If possible, I guess I would have to admit that but until we found out that this was something other than a human being we have to assume they are human like the rest of us

and theologically the answer to the question is that they are children of God just like my children are or they would be. So they must be in a civil society, be given exactly the same kinds of rights and protections.

DR. SHAPIRO: Thank you.

### Evening Session

DR. SHAPIRO: Zeke?

DR. EMANUEL: Dr. Meilaender, you couched the distinctions between making and begetting, producing and procreating in religious terms. You were invited for that. And people recognizing their limits also in religious terms in relationship to God.

The question I heard Tom ask is do we need a religious base or do we have to have a religious world view to make those kind of claims? I ask that question because if we do, we as a commission are going to be quite paralyzed and hampered. If we do not, well, how do we go about making that extension or making those arguments and justifications without invoking God?

DR. MEILAENDER: I take very seriously, maybe too seriously the notion that I was brought here to talk theologically and that is to say in other words to put before you one view that you ought to consider and it is kind of your job to figure out what in the world you are going to do with it. Not all together my job to do that. I do not believe in role differentiation. But with that sort of caveat the only sort of quick thing that I would say to this is that the notion that you people on this commission could really say anything very constructive about a question like this entirely deriving from views about the good life for human beings, whether you couch that in religious terms or not, is I think probably an illusion.

You could try accentuating autonomy, try to turn to some kind of procedural solution, couching it in the language of pluralism and so forth. That does carry a notion of what is the good life. However, in some ways it carries a notion of kind of what it means to be a human being along with it.

In other words, I do not think that you are going to find a language that does not itself bear normative implications, whether religious or not. So that for me, the religious language is just one further complication of that problem. By avoiding religious language and finding some other kind of lowest common denominator language you are not actually going to avoid the problem.

Now I did try to say at the start of my presentation that, on the one hand, I wanted to talk theologically but I did not want to be the Protestant interest group popping in here for a moment. I do think that at least in some cases theological language of the sort that I quite deliberately used has been an attempt to get at what was thought of as being really fundamentally human.

I do not suppose, therefore, that the only way to articulate at least some of what I said is by talking about the relation between the first and second persons in the Trinity in Christian language. But I simply wanted to try to explore some of the underlying theological reasons that are at work there. I think at least some of those insights can be articulated in other ways.

I used the phrase, which is certainly not original with me, but goes back a long way, 'Faith seeks understanding.' Well, if faith finds understanding then understanding is presumably something that can be communicated and that one can talk about it. You can talk about equal dignity and so forth not necessarily putting it in my specifically religious terms. But you are not going to get away from value laden language in one way or another.

DR. SHAPIRO: Thank you.

Larry?

DR. MIKE: This is for Dr. Duff. He said — I am paraphrasing — 'Cloning exceeds the limits of powers delegated to the human race.' Dr. Duff, I do not know what would convince you that there are some legitimate reasons for cloning human beings. You have given a whole bunch of areas in which one might consider it. But am I wrong in assuming that that is really also underlying the basis for much of the religious concerns about cloning, and if so how does one get beyond that issue?

DR. DUFF: I agree in large part with what was said earlier but not entirely. I would not rule cloning out of bounds apart from its consequences, and say that it is wrong in and of itself. I would not say automatically that it exceeds the power that human beings have and makes us like gods. Though certainly it opens up the possibility of us attempting to be like God.

What could be some compelling reasons to stop a moratorium so we would allow research into human cloning, that is if someone could show to me that it really would enhance the well-being of future lives, that children who now suffer from incredible genetic disabilities or other kinds of illnesses could be corrected through cloning, that is really gene manipulation or gene therapy or other kinds of genetic research that seems to address devastating illnesses.

I have not read anywhere that human cloning addresses the correction of those horrible things that some people face. But if you could show me that it does then I would reconsider the ban. I do think that the consequences of cloning are important and the results of those kinds of research. I guess the one place where I also differ perhaps with all the panel members that I do value has been in having children either biologically or through adoption. I do not think that that it is absolutely mandatory in every case to create a family.

DR. SHAPIRO: Thank you.

Steve?

DR. HOLTZMAN: Well, let me follow up with that, Dr. Duff, because the kind of argument that has been articulated goes along the following lines: First, it does not assume that the research will go to the end of actually trying to create a human being. What it suggests instead is that you can take a totipotent cell and now we have found out that all cells are totipotent, put them into an oocyte, and that what could come potentially out of it are autologous stem cells so that you would now have, for example, hematopoietic precursors, neural precursors, whatever, such that if you were to get into an accident severing your spinal cord, you may now have transplantable cells which you would not reject, and could help yourself.

The presumption behind that, again one could say cloning a human being, is out of bounds. The kind of research is the same kind of research that could lead to that but stops short of it. What is implicit in that, however, is that at least given current technology a la Wilmut you would be using oocytes, as the vessel for the genetic material and you would be creating something which if reimplanted, could become a human being.

DR. DUFF: Right.

DR. HOLTZMAN: All right. And so what some of us are struggling with is the notion that even if one says I do not want to see new human individuals who are created clones, do you then intellectually run into an argument from another group that says, 'But to the extent that you had to use an oocyte and, therefore, created an embryo it is out of bounds.'

DR. DUFF: I indicated, I think, that we have to take that very, very seriously. If research into human cloning could lead us to the day where we could clone body parts apart from a developing embryo then I would want us fully to support such research. It is problematic for me but I am not entirely sure that in using what could develop into a human embryo for body parts we are in a different ball park. Do I automatically rule that out? It is such a difficult question.

I think we need to admit that in existing forms of artificial reproduction and I actually do not like the term 'reproduction' either we discard fertilized eggs as part of the process. So is this really different from what already exists is one question legally. But morally is that okay?

I stand somewhere between pro-choice and pro-life groups. I cannot say that a conceived egg, a fertilized egg is exactly the same as a born human being. I do not think anybody entirely says that. We do end ectopic pregnancies and I cannot think of a parallel way where we end the life of a child already born to save the life of the mother if both are going to die. But I cannot be entirely with the pro-choice either if we are unconcerned that this is human life.

At what point does it become a person, you may have to consider, but it is not feline life, it is human life. So that I want us to pause over just that question. How we answer it I do not know and that really brings us to the heart of probably the most controversial part of this. It lands us back in the middle of the abortion debate.

DR. SHAPIRO: Thank you very much.

We only have a very few minutes left before we have our public comment section scheduled and I want to leave a chance for the committee to stretch as we have been sitting here for quite a few hours now. But before doing that I want to do two things.

One to thank once again all of the panel members. We are very grateful to you for the very thoughtful way you have addressed us this afternoon. And I want to echo the words of my colleague, Professor Murray, to just thank you for the quality of the overall presentations and the thoughtfulness with which you took this assignment.

So thank you all very, very much. I think our public comment session is scheduled for 4:15 which is five minutes from now. I think we have a federally mandated obligation to begin at 4:15 so let's stretch and reassemble. Thank you very much.

C. Ben Mitchell, Ph.D.

# A Protestant Perspective on Cloning\*

'I was convinced that there was still plenty of time.'<sup>1</sup> With those haunting words Aldous Huxley looked back to the 1931 publication of his prescient book, *Brave New World*. Huxley's vision of an oppressive culture of authoritarian control and social engineering was among the more shocking literary events of the twentieth century. But a mere 27 years after the publication of his novel, Huxley was already aware that he had underestimated the threat of modern technocratic society.

It comes as no surprise that we are living at the threshold of the new genetic age. New books chronicling the genesis of this new age come off the press almost weekly. Volumes with ominous titles adorn the shelves of our popular book-sellers:

*The Gene Wars: Science, Politics and the Human Genome*  
*The Book of Man: The Human Genome Project and the Quest to Discover Our Genetic Heritage*  
*Double-Edged Sword: The Promises and Risks of the Genetic Revolution*  
*Altered Fates: Gene Therapy and the Retooling of Human Life*  
*The Lives to Come: The Genetic Revolution and Human Possibilities*  
*Perfect Children: A Pragmatic Approach to Genetics*

Sociologists Dorothy Nelkin and Susan Lindee have recently and persuasively argued that the gene has become a new cultural icon.

In supermarket tabloids and soap operas, in television sitcoms and talk shows, in women's magazines and parenting advices books, genes appear to explain obesity, criminality, shyness, directional ability, intelligence, political leanings, and preferred styles of dressing. There are selfish genes, pleasure-seeking genes, violence genes, celebrity genes, gay genes, couch-potato genes, depression genes, genes for genius, genes for saving, and even genes for sinning.<sup>2</sup>

In light of the fact that we are on the cusp of the genetic age, it is a bit difficult to explain the attention received by the February 23, 1997 announcement that Ian Wilmut and colleagues had cloned a sheep. Not only has cloning been part of the literature of science fiction; not only have we been doing it for years in the lab; not only have we been using cloning techniques with livestock for some time; but also a 1994 NIH panel investigated human cloning in embryo research.<sup>3</sup>

Perhaps the reason cloning has touched a nerve in our

cultural consciousness is the fear that, like Huxley, we thought we had plenty of time. We did not realize the technology would push us with such force and such speed. We thought we had plenty of time. Nevertheless, ready or not, here she is. Well, hello Dolly!

I have been invited to speak to religious perspectives on cloning technology. I assume, since my colleagues are also here, that I am to give a Protestant dimension to our conversation this morning. In the spirit of informed consent, I suppose I should identify my particular religious point of view before launching into a discussion of cloning proper.

While my ethical training has been largely in the context of a university philosophy department, my theological training is from a Protestant, evangelical, and Reformed perspective. As a Protestant, I will not appeal to a magisterium or ecclesial hierarchy. As an evangelical, I am persuaded that the biblical texts of the Old and New Testaments alone are authoritative for faith and practice. I also believe that the scriptural texts apply to every possible situation we might encounter, including the one before us today.

I have to admit that it is tempting to use the language of public policy or the moral Esperanto of bioethics to address cloning. I shall try, as best I am able, not to do so; rather, I will attempt to be faithful to my own religious tradition.

## Explaining our Dis-ease with Cloning

When Wilmut, et. al, announced the first successful cloning of an adult mammal, there was a public gasp, as it were. That which could only be imaged as science fiction had become science fact. If one mammalian species could be cloned, surely the cloning of *Homo sapiens* could not be far off. And, indeed, it may not be long until we learn of either an attempt or a successful human cloning.

The public is decidedly against cloning human beings. In nearly every poll, the overwhelming majority of those surveyed find the idea of cloning a human being repugnant. In a poll released by ABC's NIGHTLINE program the day after the Dolly announcement, 87 percent of those polled said the cloning of a human being should be banned. Eighty-two percent said cloning human beings would be morally wrong, and 93 percent said they personally would not choose to be cloned.

President Clinton said, 'This new discovery raises the troubling prospect that it might someday be possible to clone human beings from our own genetic material. There

\* This is the substance of an address at the conference: The Moral Challenge of Cloning Technology, convened by The Center for Jewish and Christian Values, 24 June 1997, Washington, DC.

is much about cloning that we still do not know, but this much we do know—any discovery that touches upon human creation is not simply a matter of scientific inquiry, it is a matter of morality and spirituality as well.'

In his recent article in *The New Republic*, Leon Kass argued compellingly that cloning is not 'to be fretted about for a while, but finally to be given our seal of approval . . . the future of our humanity hangs in the balance.'<sup>4</sup> Moreover, Kass maintained that 'repugnance' is the proper moral sentiment to possess toward cloning. Though I find Kass's repugnance argument compelling, I believe it ultimately fails to do the work he hopes it will do.

Kass is appealing to a form of intuitionism for his view that cloning a human being would be immoral. Our intuition of repugnance is evoked, he says, at the prospect of human cloning. Indeed it is. What Kass fails to show, however, is how this intuition differs from what bioethicists sometimes call, 'the yuck factor.' The yuck factor is the phenomenon most often apparent when any new technology emerges. When we first learned to transfuse human blood, the first reaction was 'yuck.' When we discussed the possibility of transplanting human organs, some persons replied, 'yuck.' As the goals of the Human Genome Project became clear to the American public, many intuitively reacted with 'yuckification.' Over time, however, we have found all of these technologies less and less yucky. Now, we find them to be largely noble enterprises.

Likewise, I think, given time and a few 'successful' cloning stories, the American public could lose their sense of repugnance at cloning and view it as merely another 'fact of life.' Our intuitions (or at least their content) have a way of changing over time. Already, many scientists and some ethicists are calling for us to lower our defences and give cloning a shot. In an editorial in the same issue of *Nature* which featured the Dolly breakthrough, we are told, 'Ethical constraints aside, there are even some rare genetic and medical disorders for which [cloning] would be a desirable way for a couple to produce offspring.'<sup>5</sup> Furthermore, President Clinton's temporary moratorium is castigated: 'At a time when the science policy world is replete with technology foresight exercises, for a US president and other politicians only now to be requesting guidance about what appears in today's *Nature* is shaming.'<sup>6</sup> Or, listen to Philip Boffey's editorial in *The New York Times*: 'For all the furor it excites, the power of cloning pales in comparison with gene splicing . . . Cloning poses less risk to health and the environment than does gene splicing, promises fewer benefits and raises ethical issues no more difficult than those grappled with for the past quarter-century.'<sup>7</sup> At the same time, the International Academy of Humanism, a group which includes such luminaries as Francis Crick, Richard Dawkins, Antony Flew, W.V. Quine, Kurt Vonnegut, and E.O. Wilson, 'call[s] for continued, responsible development of cloning technologies, and for a broad-based commitment to ensure that traditionalist and obscurantist views do not irrelevantly obstruct beneficial scientific developments,' which include human cloning.<sup>8</sup>

We should anticipate such reactions. George Annas pointed out in 1989 that 'ethics is generally taken seriously

by physicians and scientists only when it either fosters their agenda or does not interfere with it. If it cautions a slower pace or a more deliberate consideration of science's darker side, it is dismissed as "fearful of the future," anti-intellectual, or simply uninformed.'<sup>9</sup>

### So What's Wrong with a Little Cloning Around?

In my view, it will take something much stronger than moral intuition to prevent the cloning of a human being. The technological imperative ('if we can do it, we should do it')<sup>10</sup> and the commodification inherent in contemporary biotechnology are powerful forces. The technopologists are many.

Probably the first question any religious person finds challenging with respect to cloning is, 'Is a cloned human being a human person?' I will, for sake of time, have to make short work of this question. Not only do I think we have to agree that a human clone is a human person, but I think it would be dangerous not to think this would be the case. Joseph Fletcher, the father of Situation Ethics, teased us with this question back in the 1960s. He invited us to imagine cloning chimeras or sub-humans who could do the menial and repetitive tasks which were either too dangerous or too demeaning to full human existence.

There is no good reason to assume that a human clone would be any less human than a person conceived through normal reproduction. A cloned human being would have the full complement of genomic information in her DNA. If Dolly is the prototypical clone, a cloned human being would mature normally and possess all the faculties of any other human being.

From a Christian perspective, a cloned human being would be as much a person as any other human being. She would be an embodied soul and would be an imager of God (Cf. Genesis 1:27; 9:6ff). Humans are, according to both Jewish and Christian theology, the only beings made in the image of God (*imago Dei*). As an imager of God, human clones would possess the same dignity and divinely-bestowed moral worth as any other member of our species.

The dignity of individual human lives both prescribes and proscribes how human beings are to be treated. Human beings may not be used as means to our own ends. They may not be the subjects of experiments without their knowledge and permission. We may not demean human beings by imposing upon them conditions they might not have consented to, if allowed to make the decision for themselves.

These principles would make immoral most of the reasons which have been suggested as reasons to clone human beings. Thus, human clones would not be suitable 'organ farms' for those needing transplantable organs. Human clones would not be acceptable 'substitutes' for children who died leaving their parents grief-stricken. Human clones would, likewise, be ethically unacceptable candidates as 'icons' in some kind of narcissistic cult of self-worship.

Furthermore, research on human embryos for the purpose of cloning is wrong on the face of it. Note that it took

some 277 attempts to clone one little lamb. That means that 276 little lamb embryos were sacrificed on the altar of biotechnology. While this might be an acceptable practice when cloning sheep (providing the sheep were not abused in the lab), such experimentation would be unconscionable when applied to human embryos.

I am troubled, therefore, by the move of the National Bioethics Advisory Commission (NBAC) to support the cloning of human embryos, as long as those embryos are not allowed to develop into babies.<sup>11</sup> According to the Executive Summary of the NBAC report on human cloning, 'The commission concludes that at this time it is morally unacceptable for anyone in the public or private sector, whether in a research or clinical setting, to attempt to create a child using somatic cell nuclear transfer cloning.'<sup>12</sup> Yet, the commission nowhere condemned experimentation on preborn children. In fact, the commission's recommendations would permit the cloning of human embryos.<sup>13</sup> It is too early, of course, to know the precise language of forthcoming legislation, but at this point it seems clear that NBAC and the President have left the gate wide open for privately-funded embryo research, including embryo cloning.<sup>14</sup>

In my view, there is no relevant moral distinction between an embryo and a postnatal baby. Because both are imagers of God, both possess the same dignity and deserve the same protection. Philosopher-ethicist and former bench scientist Dianne Irving has argued convincingly that the terms 'preembryo' and 'preimplantation human embryo' reflect a politicization of science rather than biological facts.<sup>15</sup> 'Embryo,' 'baby,' and 'adult' are merely three terms we use to discriminate between stages of biological development. They are not terms which ought to carry moral baggage. With respect to the ontological status of *Homo sapiens*, these terms represent a distinction without a moral difference.

In June 1997, members of my own denomination, the Southern Baptist Convention, passed a resolution on genetic technology and cloning which made just this point. Messengers at the convention affirmed, 'WHEREAS, Southern Baptists are on record for their consistent and vigorous opposition to the devaluation of human life and the encroachment of the culture of death . . . BE IT FURTHER RESOLVED, That we call on Congress to enact federal legislation against producing human embryos for the purpose of experimentation, whether by tax-funded or privately-funded researchers.'<sup>16</sup>

Interestingly, the United Methodist Church's General Board of Church and Society concurs with this view. Their Genetic Science Task Force issued a statement on May 9, 1997, stating:

1. At this time, we call for a ban on human cloning. This would include all intended projects, privately or governmentally funded, to advance human cloning. (For purposes of this document, human cloning means the intentional production of genetically identical humans and human embryos.)
2. We call for a ban on therapeutic, medical, and research procedures which generate waste embryos.
3. As Christians, we affirm that all human beings, regardless of the method of reproduction are children of God

and bear the Image of God. If humans were ever cloned, they along with all other human beings, would have inherent value, dignity, and moral status and should have the same civil rights. . . .<sup>17</sup>

Since neither I nor, presumably, the United Methodists, wish to be viewed as reductionists, it must be said that human cells, genes, tissues, etc., are not human beings. We are more than the sum of our genetic parts. That is to say, even though I think cloning human embryos is wrong, that does not mean cloning human genes for research purposes or cloning individual human organs for transplant or cloning human nerve cells to treat spinal cord injuries would be wrong. In fact, I would support such uses of cloning, as long as the means of getting there does not treat humans sub-humanly. (I also have grave problems with patenting human body parts, but that's the subject for another discussion. You might note that the reason Dr. Wilmut waited 7 months to announce Dolly's existence was that he had to make application for patent protection. According to a May 15, 1997 article in *Nature*, the patent application was very broad and would cover 'all "animals", including humans.'<sup>18</sup>)

### The Newest New Reproductive Technology and the Family

Another of the major foci in the cloning debate is the way human cloning would impact the family. Family is, obviously, a very important institution in Jewish and Christian theology. It is clear to observers that human cloning would upset traditional family patterns.

Mark Sauer, M.D., an infertility specialist at Columbia Presbyterian Medical Center in New York sees cloning as offering a potentially powerful new reproductive technology for helping infertile couples.<sup>19</sup> At the same time, Randolfe Wicker, one of the founders of the Mattachine Society, an early homosexual rights advocacy group, sees cloning as a desirable means of asexual reproduction. Jack Nichols, author of *The Gay Agenda: Talking Back to the Fundamentalists*, says, 'Let's not rush to judgment and forget the way in which the technology might help gay people create their own families, free from the coercion of the state.'<sup>20</sup>

Quite apart from the debate over homosexuality, cloning raises the important question, 'Why have children? Why reproduce?' In his article, 'Why Have Children?' Marshall Missner suggests that persons choose to have children for either social or personal goals. He includes:

#### Social goals

1. The survival of humanity.
2. The survival of one's culture or community.
3. Biological drive.

#### Personal goals

1. A simple desire to have children.
2. Viewed as part of a 'full' human life and young adulthood.
3. Financial benefit and/or improved social status.
4. Religious conviction.

5. As a kind of personal immortality.
6. Enhancement of personal happiness.
7. Altruism.<sup>21</sup>

John A. Robertson, University of Texas law professor (and one who testified at the NBAC hearings on cloning), has argued that 'in almost all instances an individual or couple's choice to use technology to achieve reproductive goals should be respected as a central aspect of people's freedom to *define themselves* through reproduction.'<sup>22</sup> Is that what is going on in reproduction? Are we having children in order to 'define ourselves'?

Before I proceed, I suppose I should confess that I am half of an infertile couple. My wife and I have been married for 23 years and have been unable to have children. I mention this to explain that I understand something of the psychology of infertility. I also have written on the ethics of the new reproductive technologies. If anyone has a personal stake in cloning, I do. Nevertheless, I find that theological reasons against cloning as a reproductive (or should I say, replicative?) assistance technology always trump the psychosocial reasons for the technology.

From a biblical perspective, then, sexual differentiation (male and female) and the place of childbearing within the matrix of a monogamous heterosexual marriage is normative. From the beginning God said, '... in the image of God he created them: male and female he created them' (Genesis 1:27) and 'Therefore shall a man leave his father and mother, and shall cleave unto his wife: and they shall be one flesh' (Genesis 2:24). From this one-flesh relationship children proceed. They are 'a heritage from the Lord,' as the psalmist says. They are a gift from God. Procreation should not be viewed as a form of self-definition. Rather, bearing children is a covenant responsibility granted sovereignly by the God who made us.

Now, assuredly, in the biblical witness there is a presumption in favor of procreation. We are told to 'Be fruitful, and multiply, and replenish the earth ...' (Genesis 1:28). As Anglican theologian Oliver O'Donovan points out, 'Some understanding like this is needed if the sexual relation of a man and woman is to be more than simply a profound form of play.'<sup>23</sup>

Nevertheless, children are to be viewed as a divine gift, not a narcissistic means of self-definition. The gift of children comes with an enormous bundle of moral and spiritual obligations. They are to be reared 'in the training and instruction of the Lord' (Ephesians 6:4 NIV). Parents, fathers in particular, are not to provoke to wrath or exasperate their offspring (Ibid).

My point is that the time is long overdue for us to re-examine and recommit ourselves as a culture to fulfil our obligations to our children as treasured members of the familial covenant—not commodities to be used for our desired ends.

If Barbara Defoe Whitehead's recent book, *The Divorce Culture*, teaches us anything, it teaches us that, removed from the context of a nurturing, two-parent family, children are tragically sacrificed on the altar of modernity's selfishness.

Contrary to what some feminists believe, 'the conjugal bond is not a biological trap from which we should seek escape. The marital relationship is the only divinely sanc-

tioned locus of human sexuality, and the bearing of children. The blessing of children is the intended result of the marital bond and the conjugal act.'<sup>24</sup>

Some forms of reproductive technology have separated fertility and child bearing from the conjugal act, and in many cases from the marital relationship. This separation is of great moral consequence. As Gilbert Meilaender says in a recent work, 'In our world there are countless ways to "have" a child, but the fact that the end "product" is the same does not mean that we have done the same thing.'<sup>25</sup>

In a post-Enlightenment culture which celebrates atomistic individualism as its crowning achievement, the use of cloning as a reproductive technology would be like sending divers down to repair the screws as the Titanic slowly sinks into the darkness.

There are many additional concerns raised by human cloning, such as,

1. To what extent children have a right to expect to have a mother and father.
2. The incipient eugenic mentality that is inherent in the desire to clone human beings. Would persons with disease genes be cloned? Would the near-sighted, far-sighted, or deaf be cloned? Would the obese or frail be cloned?

These are not trivial matters. In fact, Kass may not be far off when he says of the cloning debate: 'We must rise to the occasion and make our judgments as if the future of humanity hangs in the balance. For so it does.'<sup>26</sup>

1. Aldous Huxley, *Brave New World Revisited*, (New York: Harper and Row, 1958), p. 3. I am indebted to my colleague and president, R. Albert Mohler, Jr., for this observation.

2. Dorothy Nelkin and M. Susan Lindee, *The DNA Mystique: The Gene as a Cultural Icon* (New York: W.H. Freeman and Company, 1995), p. 2.

3. See my pamphlet, *Was Jesus an Embryo? The Ethics of Human Embryo Research and the Brave New World*, (Nashville: The Christian Life Commission, 1994).

4. Leon R. Kass, 'The Wisdom of Repugnance: Why We Should Ban the Cloning of Humans,' *The New Republic*, (2 June 1997), p. 18.

5. Editorial, 'Caught Napping By Clones,' *Nature* 385 (27 February 1997).

6. Ibid.

7. Philip M. Boffey, 'Cloning: An Anticlimax?' *The New York Times* (6 April 1997), D3.

8. Press Release, International Academy of Humanism, 'Statement in Defense of Cloning' (16 May 1997).

9. George J. Annas, 'Who's Afraid of the Human Genome?' *Hastings Center Report* (1989), p. 21.

10. Neil Postman reminds us that 'technology is not a neutral element in the practice of medicine: doctors do not merely use technologies but are used by them.' Neil Postman, *Technopoly: The Surrender of Culture to Technology* (New York: Alfred A. Knopf, 1992), p. 105.

11. Rick Weiss, 'Panel Backs Some Human Clone Work,' *The Washington Post* (4 June 1997), A1, 29.

12. Executive Summary, *Cloning Human Beings: Report and Recommendations of the National Bioethics Advisory Commission* (June 1997), p. iii. Emphasis added.

13. Patricia Wilson, 'U.S. Ethics Panel Urges Ban on Human Cloning,' *Reuter's News Service* (8 June 1997). President Clinton announced in 1994 a ban on tax-funded research which involves producing human embryos solely for research which would result in their destruction.

14. George Annas, Art Caplan, and Sherman Elias have opined, 'To create human embryos solely for research — or to sell them or to use them in toxicity testing — seems morally wrong because it seems to cheapen the act of procreation and turn embryos into commodities. Creating embryos specifically for research also puts women at risk as sources of ova for

- projects that provide them no benefit. The moral problem with making embryos for research is that as a society we do not want to see embryos treated as products or mere objects, for fear that we will cheapen the value of parenting, risk commercializing procreation, and trivialize the act of procreation.' George Annas, Arthur Caplan, and Sherman Elias, Sounding Board, *New England Journal of Medicine* (16 May 1996).
15. Dianne N. Irving, in Diane M. Gianelli, 'Embryo Research Division Set to Spark Controversy,' *American Medical News*. (20 June 1994).
  16. 'Resolution on Genetic Technology and Cloning,' adopted by messengers to the 140th annual Southern Baptist Convention, meeting in Dallas, Texas, June 17-19, 1997.
  17. Statement from the United Methodist Genetic Science Task Force, General Board of Church and Society of the United Methodist Church, Washington, DC (9 May 1997).
  18. Declan Butler, 'Roslin Patents Come Under the Spotlight,' *Nature* (15 May 1997).
  19. Gina Kolata, 'For Some Infertility Experts, Human Cloning Is a Dream,' *The New York Times* (7 June 1997), A6.
  20. Chris Bull, 'Send in the Clones,' *The Advocate* (15 April 1997), p. 37.
  21. Marshall Missner, 'Why Have Children?' *The International Journal of Applied Philosophy* 3 (Fall 1987). Of course all of these questions were thrust into the American conversation in the Ayala case, where a California woman chose to give birth to a child for the purpose of producing a bone marrow donor for her 16 year-old daughter. See 'Conceiving a Child for "Ulterior Motive" Creates Ethics Furor,' *Medical Ethics Advisor* (April 1990), p. 41-43.
  22. John A. Robertson, *Children of Choice: Freedom and the New Reproductive Technologies* (Princeton: Princeton University Press, 1994), p. 18.
  23. Cited by Gilbert Meilaendar in his testimony before the National Bioethics Advisory Commission, 13 March 1997.
  24. R. Albert Mohler, Jr., 'The Brave New World of Cloning: A Christian Worldview Perspective,' forthcoming in Ronald Cole-Turner (ed), *Religious Perspectives on Cloning* (Louisville: Westminster/John Know Press, 1997).
  25. Gilbert Meilaender, *Bioethics*, p. 15.
  26. Leon R. Kass, 'The Wisdom of Repugnance.'

## Book Reviews

### The Ground of Professional Ethics

Daryl Koehn

New York & London: Routledge, 1994  
0-415-11667-8 (pbk), xi + 224 pp., \$18.95

What type of occupation can be considered a profession, or who can be considered a professional and on what basis or ground can one make this claim? The term professional or profession has little clarity. It appears as though all adults who work at jobs they view as their career pursuit can claim the title, 'professional.' The dictionary does little to bring any specific understanding to the term: a professional is one who follows 'an occupation as a means of livelihood.' A profession is described as a 'vocation requiring extensive education in science or the liberal arts and often specialized training.' To cloud the issue still further a second description of a profession is provided: 'any vocation or business (Random House Webster's College Dictionary [New York: Random House, 1996] 1077). With these and other generalized descriptions of what it means to profess and be a professional, it is easy to understand why professionalism is so broadly applied and carries little or no meaning.

Let me give you a brief example. When I think of a professional, I think in the terms described above, of someone who is at the top of his or her field and thoroughly skilled. However, I also add the trait, trustworthy. Recently we moved from Astoria, Oregon to Chicago, Illinois. Our first contact with so-called professionals was with a well-known moving and storage company. One of the nation's best. They were more than just movers, they were concerned about the family property and our personal connection to that property. At least that was our assumption. 'After all, they are professionals, the best.' Do you really want to know about the fan they denied destroying or their unwillingness to live up to a promise they made to return to pick up our packing debris?

Never mind! When we arrived in Chicago, we had the opportunity to deal with many other professionals: a motel establishment of 'professionals' who promised me a non-smoking room and then proceeded to put me in a 'newly established' non-smoking room that graciously provided matches and an ash-

tray in the event I decided to start smoking (do you sense the sarcasm?); a telephone company who was more interested in getting their service fee than correctly installing our phones; a glass company 'professional' whose 'I'll call you Monday' actually meant, 'If my memory doesn't fail me, I'll call again sometime in the future;' and last, but certainly not least, a new home in which the 'professional' contractor believed substandard materials would suffice. Within three weeks of our being here, we have replaced the kitchen floor, the carpets throughout, a window, and discovered that the water damage on the kitchen floor, of which the previous owners (one of whom was a 'professional' in real estate) knew nothing about, was the result of the contractor failing to ensure that proper weather-stripping was on the sliding glass doors. We won't mention the 'professional' job that was done on the siding. After reading this list of disrepair, you may think that I was crazy to have bought this home. Did I forget to tell you that I hired a 'professional' inspector to check the house over?

Ultimately, the problem is mine. To my, possibly naive, way of thinking, a professional is someone who has a commitment to my good, a person in whom I can place my trust, a person who will accomplish what has been pre-arranged with a good-faith contract. When society thinks of a professional it thinks of someone who is simply skilled and willing to do a job for a fee. It is to this concern that Daryl Koehn presents her volume. Her effort is an attempt to identify a ground or basis on which professionalism can project an authority that is respected and trusted. The ground of professional ethics rests in pledges that are unique to only a few occupations. What is it that makes physicians, lawyers and the clergy distinct from other occupations? What places them in the position of being trusted professionals? The answer is a covenant or pledge that focuses on the good of the client.

Authority cannot be granted to a profession whose clients have no trust in it. In chapters 2-3, Koehn arguably puts aside any defence for a view suggesting that expertise and a 'fee for service' contract creates the kind of trust in clients that will give authority to a person claiming to be a professional. From the exhausting example of my household move above, it is clear that expertise (skills) and contracts do not, in and of themselves, promote trust.



Something is missing. And that something is a pledge, a commitment or covenant that promotes trust and confidence between the professional and the client (ch. 4). 'Precisely because it is professional pledges which encourage, sustain, and justify client trust in professionals, we would expect a loss of trust as "professionals" turn their backs on their covenants and try to justify their authority by appealing to their expertise or to a contract with the client' (p. 180).

The first four chapters of the book are worth the price. Though agreement will certainly not be found by all, the challenge she puts forth to professionals is more than admirable and demands serious consideration from anyone who desires the title, 'professional.'

In the remainder of the book, Koehn describes the legitimate good ends that the medical, legal, and clerical professions pursue: health, justice and salvation (ch. 5); the limits that professionals must set if trust is to be a part of the professional/client relationship and the pledges that each profession professes (ch. 6); the good or the return that comes to a professional who lives consistently with his/her pledge to provide for the client's good (ch.7); and the relationship that needs to exist between the professional and the community or public (ch.8).

Though these last chapters are thoughtful, they bring out several concerns that, no doubt, demand further study and insight. As you read these chapters, evaluate carefully her discussion of trust and limits, the thoroughness of the pledges, the degree of power afforded to the client and the extent of the good/benefit that comes to those who practise the professions. However, my greatest concern throughout these chapters is the theological weakness that threads its way to the end of the book. Two statements reflect my position and concern and are provided for your consideration: 'Christian dogma has always evolved as a consequence of encounters with peoples of other religions and cultures. If salvation is through the church, it is through a church which is constantly effected by what goes on outside of it. Every defence of a position in response to challenge conforms to a particular objection at hand and thus changes prior responses. Revision of salvific doctrine is therefore a given' (p. 133). This initial statement is referring to a reality in the church that actually diminishes the impact of the church rather than strengthens it as Koehn implies.

A second remark states that 'Although there are many Christian themes, we have seen that one recurring motif is the notion that individuals are saved from the wages of sin (death) by becoming less passive and laboring to make their purposes more fully their own' (emphasis mine, p. 139). The role of the clergy is not to help clients (parishioners) fulfil their own agendas, but rather, to help the individual conform to the image of God's Son (Rom. 8:28-30). There is nothing passive about this conformation. Arguments based on weak theology make other arguments suspect and undermine the credibility of one's ultimate position.

Another concern revolves around Koehn's contention that 'professional self-monitoring' will do more to protect the integrity and trustworthiness of a profession than any type of 'third-party disciplining mechanism' (pp. 110-115). The trustworthiness of a profession depends upon the accountability of each professional to the others who profess a similar pledge. Arguing that 'the Hippocratic Oath derives its name from a single agent, Hippocrates, which suggests that professionalism is a matter of individual professing and self-accountability,' (p. 111) and therefore, self-monitoring will do more to protect the integrity of a profession, flies in the face of reality and denies the professional's subjective and imperfect nature. Professions need boards to which individual professionals are to be accountable. Though we hope that each professional will live up to his/her pledge, reality teaches us that this simply does not always happen. Client safety is the concern of an entire profession and accountability to a monitoring board is essential to protecting the client's security and trust.

'No shirt, no shoes, no service' must be, for health reasons, an appropriate phrase for many businesses in the service community, but it may not fare as well in the professional community. The professional is driven by a pledge that demands that each individual be afforded an opportunity to acquire health, justice and a relationship with God in spite of physical, mental and spiritual shortcomings. However, in the great scheme of things, I am not overly concerned about being called a 'professional' as much as I am about living up to my pledge: 'I will love the Lord my God, with all my heart, with all my soul, and with all my mind.' If we could all work from this perspective, authority and trust would be a given for every vocation or occupation. From this perspective, we would all be genuine professionals.

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### Caring for Patients: A Critique of the Medical Model

Allen Barbour

Stanford, California: Stanford University Press, 1995

ISBN: 08047 2389 3, 397 pages, £30

Dr. Barbour, late Professor of Clinical Medicine at Stanford University, applauds 'the fundamental importance of the medical model', but nevertheless takes issue with the 'dominating biomedical focus' which has eroded the doctor/patient relationship (p. 4). While crucial for the detection and treatment of organic disease, the medical model is inadequate when treating illnesses which have no organic basis. He reckons that over half of all patients in primary care present with functional syndromes (i.e. chronic pain, irritable bowel). When these patients are treated biomedically, the original problem remains. Challenging the conventional definition of disease, which focuses on the diagnosis of organic pathology, Barbour commends an alternative notion of disease as 'the loss of control over forces that lead to illness' (p. 54), which would comprise both functional and psychiatric illnesses, as well as those of organic origin.

The beauty of his efforts lies in the precise mapping out of the boundary between the whole realm of organic disease, where the medical model is unparalleled in facilitating diagnosis and treatment, and the hinterland of personal or functional illness, where a more open-ended psychosocial approach embedded in a person-centred perspective is more effective in engaging the patient in the process of healing. His proposed growth model (p. 78) would interact with the medical model within the overarching domain of clinical judgment.

Diagnostic strategies are reviewed and detailed differential diagnoses offered for recognizing the hallmarks of personal illness. Examining the medical model in light of psychiatric illness, he challenges the substitution of treatment (especially pharmacotherapy) for a comprehensive doctor/patient relationship, the indispensable context of healing. He explores the way emotions form the core of physical symptoms, devoting much attention to a profound engagement with the whole complex phenomenon of human emotion. Finally he offers a very practical guide to the whole doctor/patient encounter. Insights into taking the medical history (so often taken for granted), the advantages of health history questionnaires, as well as how and when to introduce personal issues, contribute to the usefulness of these closing chapters.

It is difficult to overstate the significance of this book for current health care in Britain. At a time of growing dissatisfaction with treatment modalities, when impassioned attacks on the medical model leave the medical profession with no road beyond the abyss of such complaints, this author goes further to develop a workable strategy when personal illness pushes the physician beyond the scope of the medical model. Although

some might argue that the medical model is inadequate even in managing organic disease, and that this critique does not go far enough, the author's concern here is to press the case for better management of functional illness where the medical model serves little useful purpose.

The author believes that these personal illnesses are regularly confounding biomedical approaches and being labelled 'of unknown aetiology'. But the opposite problem occurs when the physician is unable to accept the limitations of medical knowledge, attributing all unknown illnesses to psychosocial factors. However, he says, with an illness like chronic fatigue, 'if indeed a "virus" were identified, it would lead to no useful therapy', whereas the psychosocial line of inquiry 'may well lead to a better understanding of what could be done to be well again' (p. 293). But does he risk here committing the opposite error to the one he confronts? By adverting to complex human issues, he may in fact be evading admission of medical ignorance when such issues are, in that particular instance, of questionable relevance. In his own words, the doctor 'would prefer the patient to have [something] he knows how to treat' (p. 258). Yet even such criticisms can in no way depreciate the great value of this work.

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SUSAN WILLIAMS

**A Short History of Modern Philosophy from Descartes to Wittgenstein**

Roger Scruton

London: Routledge, 1995

298 pp.

Although we refer to this as a 1995 publication, it is in fact a reprint of a work first published in 1981, its text revised for the first paperback edition in 1984. In fact, it needs a second edition. This is mainly because its bibliography is often out of date, although even at the time of its publication, it was not ideal (e.g., in its use of an older edition of Locke's *Essay Concerning Human Understanding*).

The several reprintings undergone by this work indicates its usefulness. The first three sections deal with 'Rationalism', 'Empiricism', 'Kant and Idealism', respectively, so Scruton is not attempting a fresh layout of the history of philosophy. Part Four attends to 'The political transformation' and a fifth and final part takes a look at 'Recent Philosophy' featuring Frege, phenomenology and existentialism and—of course—Wittgenstein as a finale. It is well and clearly written by an acknowledged thinker with a wide range of philosophical ability.

Christian readers will be in for an early jolt when they encounter the pronouncement: '. . . An idea may have a serious philosophical content, but owe its influence not to its truth but to the desire of men to believe it. (Consider the idea of redemption. (p. 11). One's confidence in the author as an exponent of religious belief is likely to be dented at this early juncture, a reaction borne out on reading the exposition of Kierkegaard. It is fair to alert readers of *Ethics & Medicine* to this; but it would be quite unfair to do other than generally commend this volume for its execution of its aims in a way that exhibits the interest, as well as course, of philosophical enquiry.

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**Families For Tomorrow**

Edited by J. Bogle

Papers from the XVIth International Congress for the Family (1991), Herefordshire, Gracewing Books

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This is a book which leaves me with mixed feelings. Hardly surprising since it is a collection of papers from contributors who could scarcely be more diverse, coming from many different countries and from professional backgrounds in the church, social work, journalism, academia and politics. They are however united by an interest in supporting the institution of the family, and this theme is developed in a multi-faceted way throughout the book. I cannot comment on each paper, but will indicate some of the highlights and some of the disappointments for me.

Many of the authors acknowledge the enormous pressure on family life today and argue eloquently for greater support. Cardinal Hume, for example, writes, 'the soul of this generation will be won or lost over the basic moral issues of life and love'. From Lord Jakobovitz there is the contention that the pollution of marriage, of relations between husband and wife and between parents and children is just as dangerous to the future of the human race as is ecological pollution. While the Judeo-Christian ethic is strongly upheld, there is a fascinating discussion by a professor of Islamic Studies on the rise of humanism, by which God and the transcendent has become secondary to human interests. He states that 'theology has been receding with an inferiority complex for some time in order to placate the forces of rationalism and secularism'. He sees the need to restore a sense of the sacred as essential to meaning and harmony in nature and in human life and relationships.

A highly convincing paper came from Katarina Runke, writing on the Swedish experience. She traces the drive for equality which appears to have culminated in a situation in which housewives are officially despised. Over a period of 40–50 years family rights have been eroded until the word 'family' is no longer in the Swedish legal code. The writer paints 'a dark picture of a wonderful country' from which we in Britain could well learn—before, as she puts it, 'the roof falls down'.

Other highlights were a paper on 'Cultural Shocks and Social Calamities' explaining African beliefs and social rules related to contraception and fertility, marriage, children, life and reincarnation. Issues of abortion and euthanasia are discussed in a number of papers and there is an interesting paper on the promotion of homosexual lifestyles in education.

The main disappointment for me was the fact that the majority of papers were not referenced, so that controversial statements were unsubstantiated and arguments thereby weakened. There are a few instances of ultra-conservative polemic but then the Congress was to a large extent a political event. In the present context of professed interest in family values by politicians this volume has something of interest for all who are concerned about the survival of family life in Britain for the next millennium.

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Further reviews have had to be held over to the next issue due to demand on space