
Bioethics Outlook

ACU Centre For Ethics
St Vincent's Hospital, Darlinghurst, Sydney

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TOWARDS A JOINT CENTRE

"Ethics" has become something of a buzzword - business ethics, medical ethics, legal ethics, military ethics. In so many areas of contemporary life, there is a sense that new questions should be asked about the practice of these age-old professions. The word "should" is the clue to the nature of these questions: They are "ethical", i.e. practical, questions about how the professions ought to be practiced at a time when technology, and the complexities of industrial societies, seem to endanger the worth of individual human beings.

The ethical issue itself is clear enough: conduct which is technically or legally possible does not necessarily promote the human good. Ethical solutions are not so readily apparent - there is too much dispute about what constitutes "the human good", about the meaning of human life and the place of suffering and death within it, about the true goals of medical, business or legal endeavour.

Founded in 1988 at the Australian Catholic University, the Centre for Ethics aims to bring a Catholic perspective to these questions. The Catholic tradition includes a richness of intellectual reflection and pastoral practice which goes far beyond the usually (and rightly) cautious declarations of Church authorities. Drawing on the resources of Australian Catholic University and the support of St Vincent's Hospital Sydney, the focus of the Centre is to engage in research which will serve both the mission of Catholic healthcare and Australian society.

The Centre aims to mediate between the Catholic tradition and the ethical reflection which is crucial to the maturing of Australian society.

1991 has been a year of consolidation and development for the Centre. In May this year, it relocated to premises in the St. Vincent's Hospital complex at Darlinghurst. Its staff was increased by the addition of a fulltime Research Fellow (Dr Bernadette Tobin), a part-time Research Fellow (Mr John Quilter), a Research Associate (Ms Colleen Leathley) along with the Centre's Administrator, Heather Curry. In September, the founding Co-ordinator Mr Chris Rigby took up a new position as Executive Officer of Australian Catholic Health Care Association in Canberra. In October, Rev. Dr. Gerry Gleeson was appointed as the new (part-time) Co-ordinator.

Both St Vincent's Hospital and the Senate of Australian Catholic University have now approved in principle the re-structuring of the Centre as their joint foundation: and the coming months will be devoted to finalising the organization of the joint centre which is to be named the **John Plunkett Centre for Ethics**. These many developments this year have delayed publication of the newsletter, but we trust that publication will now resume on a regular quarterly basis.

This edition gives a good indication of what we hope the newsletter will offer: Bernadette Tobin's report on the Bioethics Course at Georgetown; Chris Rigby's reflection of the usefulness of Bioethics; and Liz Hepburn's and John Quilter's reviews of recent works in the area of health care.

IS BIOETHICS USEFUL?

Chris Rigby

The questions most commonly directed at me by nursing students undertaking Bioethics for the first time are: "How can you give a grade in Bioethics? There are no right or wrong answers. It is all a matter of opinion, just your opinion against ours. Therefore, how can we be passed or failed in Bioethics?"

My usual response is to point to some disaster in the practice of medicine and nursing, such as at Willowbrook in New York, or at the former Chelmsford private hospital in Sydney or at the Women's Hospital in Auckland. This line of argument is effective but flawed. There are many places where the practice of medicine and nursing has been less than perfect. But the question remains whether these professions need the attention of philosophy. Could they not solve their own problems and continue to make their own ethical decisions? Bioethics *per se* will not prevent injustices being performed on patients. Bioethics is, or at least should be, quite removed from the pressure of the wards. Bioethics is not a replacement for conscience. Yet, if it cannot immediately prevent injustice, then what use is it?

When my students are demanding the right to have their opinions protected from the marker's pen, I believe they are doing it for two reasons. (And, on this subject, I recommend Robert Ginsberg's Presidential Address to the American Association for Value Inquiry¹). The first reason is their youth. They are in the process of defining themselves as persons, of making serious decisions about relationships, about fidelity and loyalty, outside the context of their families. They are suspicious of Bioethics. Is it an euphemism for doctrine? Are we going to be told again that abortion is wrong? That contraception is wrong? That sex outside marriage is wrong? That homosexual intercourse is wrong? All these suspicions come to the surface when I begin to discuss what is subjective and what is objective in ethics. Through their questions, they are demanding the right to make their own moral decisions.

The second reason for their defence is cultural. I can count on all my classes holding at least one philosophical theory quite dearly - the doctrine that all values are created equal because they are unarguably the result of personal preference. The students feel affronted that my opinion, as that of lecturer, supposedly carries more weight than their own. Because Bioethics is a compulsory part of their degree, and because I determine their grades, this feeling of injustice is expressed in every class.

What should be my response to this? To throw my hands up in disgust in the face of so much unthinking relativism, and declare that the barbarians are in charge and that a new Dark Age is upon us? (If student evaluations of my teaching are adversely critical, this is a most useful defence.) Or do I give the students a short course from Hume and Stevenson, through Moore and onto Hare, introducing them to the glorious tradition of English scepticism and intuitionism, and thus supporting them in their moral anarchy? (The students are, however, solipsistic in their own defence; they neither need nor want any academic support for their fiercely-guarded opinions.)

In fact, I have two aims as a teacher in these units. One is to support the students in their desire to be able to make their own moral decisions. Respect for this aspiration is at the heart of good teaching, for it is a central aspect of moral maturity. The second aim is to improve the quality of their moral opinions and decisions. It is easy enough to show that there are stupid opinions in ethics, as there are in every human endeavour. It is harder, however, to convince a student that from the fact that an opinion is personally his, it does not follow that it is rational or appropriate. As Ginsberg points out, "Underneath the assertion of complete relativity of values lies an unshakable faith in the worth of each individual"². It is the philosopher's job in Bioethics to bring this idea to the surface, and then to help students to begin to assess their personal opinions in the light of this faith. A Bioethics course should unclog the mind and allow students the freedom to defend their opinions, while testing the contribution of their opinions to a society that protects the worth of each individual.

I am relieved to report that in the end my students, large and small, find Bioethics a useful series of units. It gives them a chance to think about some of the issues involved in the care of human health. It gives them a break from the pressures of mastering empirical sciences and allows them to consider the purpose of nursing. It makes them think, and not take for granted their own prejudices.

If nursing students can come to appreciate the value of studying Bioethics, if they can get over their resistance to studying some philosophy in their training, then there is hope for those already working in the profession of nursing, and those working in other health care professions. Sometimes doctors are inclined to dismiss the contribution of philosophy to their profession. Some see it as too abstract, too theoretical, too academic (I think it was Professor Sam Ball of the University of Sydney who observed that in Australia the word "academic" is gener-

ally perjorative.) Sometimes they wonder aloud about the necessity of having to work alongside philosophers: after all, they have been making ethically-significant decisions well enough for years. And so, Bioethics needs to earn the trust of these professionals as well as of students.

Our culture needs to draw breath and to question the value of medical technology that is changing our very humanity. Bioethics does not need the permission of the medical and nursing professions to poke its nose into their domain. If these professions do not draw upon the strengths of philosophy and theology, what intellectual disciplines are to be drawn upon as we confront the improbable in medical science? There is significant support in the community for bioethical reflection and discussion because there is a fear that individual dignity is threatened often by medical practice. (Stephen Toulmin pointed out some years ago that Bioethics saved philosophy departments in the United States: suddenly philosophy was seen to be relevant.) It is the nature of philosophy, though, not to seek its justification in the marketplace. Bioethics should cast a critical eye over the last twenty years of its endeavour, and reflect on why it has had a whole decade in the sun.)

One of the reasons for the prominence of Bioethics has been the rise of litigation in medicine and nursing. There is a flurry of activity whenever a new legal problem arises: informed consent, confidentiality of the person with AIDS, "not for resuscitation" orders, etc. As the medical profession loses the protection of conservative courts, there is emerging a demand for the ethicist to be permission-giver. Bioethics is in danger of becoming house-trained, of being taken hostage by one party or another in one of these debates.

This interest by other professionals in ethics is encouraging. However, it is a dangerous trend. Philosophy cannot encapsulate a culture; it has no vantage point of judgment, it is part of the culture. Bioethics needs to be heard as philosophy, not as law-maker or oracle. Our society needs philosophy more than it needs an oracle. It needs an intellectual discipline that allows it to draw upon past insights and clearly analyse and debate contemporary pieties.

Bioethics must remain in the mainstream of philosophy and continue to be motivated by the same things that my students found useful and that Robert Ginsberg sees as the task of philosophy. Its passion is the worth of each individual, a passion shared by medicine and nursing. Bioethics' job is not to solve the problems of a ward, it is not to become somebody else's conscience. It is not to be "case driven".

Its job is to question assumptions and procedures. Questions it should be asking include: Is informed consent, as legally understood, a help or hindrance to the dignity of the patient? Has the dominance of deontology (in particular, the principles of autonomy and beneficence) hindered Bioethics in examining the structure and direction of medical science? How can the needs of the individual and the imperatives of the pragmatic be reconciled in a world of scarce resources? What duties do we have to the elderly, to the newborn, to foetuses and to embryos? Are there moral limits to scientific investigation? How do we define these limits?

¹ Robert Ginsberg, "Presidential address to the American Association for Value Enquiry" *Journal of Value Inquiry* (1990) 24, 31-42

² *Ibid.*, p.33.

Chris Rigby is the Executive Officer of the Australian Catholic Health Care Association in Canberra.

ACKNOWLEDGEMENT - CHRIS RIGBY -

Mr Chris Rigby was, until his recent resignation, a lecturer in Philosophy at Australian Catholic University, Sydney. In 1988, he was the founding Co-Ordinator of the Centre for Studies in Bioethics at what was then known as Catholic College of Education, Sydney. In that capacity, he organized and contributed to the running of a series of In-Service Seminars for health care professionals in Catholic hospitals in Sydney and for teachers in Catholic schools in New South Wales. Recently, Chris has taken up the position of Executive Officer of the Australian Catholic Health Care Association, in Canberra.

Those of us working here at the Centre for Ethics were very sorry to see Chris go. His grasp of the ethical issues in contemporary health care provided the sound basis from which the activities of the Centre were organized. He had won the trust of many individuals working in Catholic health care in New South Wales. And, of course, he was a most amiable colleague with whom to work. We have missed him.

However, we look forward to working with Chris on projects of mutual interest in the future. We trust that we have not seen the last of him.

INTENSIVE BIOETHICS AT GEORGETOWN UNIVERSITY

Bernadette Tobin

For the seventeenth year in succession, an Intensive Bioethics Course was held in June this year at the Kennedy Institute of Ethics, Georgetown University, Washington DC. It was attended by physicians, surgeons, nurses, allied health professionals (and even the occasional student of philosophy!) from around the world, with the majority of the participants coming from within the United States.

This course, which runs for just on a week, is made up of a daily programme of lectures and seminar discussions. Two topics are addressed in this way, one in the morning and the other in the afternoon. Most evenings there is a related activity: a Reception, Bioethics audio-visuals, an Introduction to Bioethics line (a database of bibliographic references concerning ethical and public policy issues in health care), the Isaac Frank Memorial Lecture, a trip down the Potomac, the Conference Dinner and extra discussions on topics of particular interest to the participants. In addition, the National Reference Centre for Bioethics Literature, the best collection in the world of books, articles, journals, etc. on health care ethics, is open both day and evening throughout the week.

At this year's course, the following lectures were given:

Introduction to Ethical Theory	Tom Beauchamp
Beneficence and Non-Maleficence	James Childress
Autonomy	Madison Powers
Justice	Terry Pinkard
Ethic of Care	Warren Reich
Ethic of Virtue	Edmund Pellegrino
Law and Bioethics	Patricia King
Quality of Life Issues	Ruth Faden
Death and Dying	Robert Veatch
Human Gene Therapy	Leroy Walters

In his *Introduction to Ethical Theory* Beauchamp outlined the three main types of ethical theory in which most bioethical discussion takes place: (1) utilitarian theories which take consequences to be the only morally-significant feature of actions; (2) deontological theories which treat features other than consequences (such as the motive or intention with which someone acts) as significant, and (3) virtue-based theories which concentrate not so much on particular actions as on what stands behind them, in particular the character of person who acts. He also spoke of the recent revival of interest in Casuistry, a practical procedure for solving moral problems in which the particular case has priority over principles, rules, etc. Modern casuists argue against the idea that moral theory ought to be understood on the model of scientific theory. They say: think of how you treat a particular patient, and that is your best guide to how you ought to think about an ethical problem in health care.

James Childress, on *Beneficence and Non-Maleficence*, analysed the Report of the Human Fetal Tissue Transplantation Research Panel (submitted to the Director of the National Institutes of Health in 1988) in terms of these principles.

Madison Powers on *Autonomy* argued that the roots of the modern concern for autonomy are to be found in Mill and Kant. He set out a variety of ways in which the appeal to autonomy justifies various rights (of patients) and duties (of professionals) in health care; he explained negative autonomy in terms of freedom from controlling influence from others; he raised the question of whether autonomy is only one value to be respected among others or whether it trumps all other values; he discussed what it means to have the capacity to be autonomous and to make decisions based on informed consent; and he finally set out some criticisms of the contemporary emphasis on individual autonomy.

In what was (to this listener at least) the most entertaining - though entirely serious - lecture of the week, Terry Pinkard discussed *Justice*: why one needs a theory of justice (what problems it ought to address), what is involved in any theory of justice (what such a theory aims to do and what its basic elements need to be), what the competing conceptions of social justice are today (a compassion approach, a welfare approach and a fair shares approach).

In *The Ethic of Virtue*, Pellegrino began with a short history of "that oldest, most durable, most slippery

and most indispensable" idea in ethics, taking his listeners from Socrates, Plato and Aristotle, through the Stoics and Thomas Aquinas, mentioning such non-Western philosophers as Confucius, Lao Tzu and Mencius, through the neglect of virtues in the eighteenth and nineteenth centuries, to the contemporary revival interest on both sides of the Atlantic. His main interest, however, was to explain the practice of virtue in the health professions, showing how the concept of a good doctor or nurse is to be understood in terms of those characteristics entailed in the goal of their professions: the healing of a patient. He set out some quite specific examples of how the practice of the virtues can shape our responses to practical issues, such as treating a patient with AIDS, caring for the non-compliant patient, confronting the market ethos in medicine, etc.

Ruth Faden identified three factors in the current focus on *Quality of Life* in health care: the impact of chronic diseases on quality of life, our increased capacity to prolong life, and the problems of resource allocation together with the question of how to understand and assess benefits obtained by the health care dollar. She argued that in screening and monitoring a patient's progress, quality of life measures are no more than an extension of the doctor's traditional question to the patient: "How are you?" They can be a corrective to the over-use of technology and can thus work well towards securing the proper goals of medicine. There are, however, moral problems associated with such measures. Individuals may not share the values which are built into the scales themselves: Is being loved more valuable than "being ambulatory"? And whereas it is reasonable to use a Quality of Life measurement to make allocation decisions between more or less expensive procedures for the same medical condition (between, say, bypass surgery and angioplasty for the same heart condition), it is unreasonable and unfair to use them to make allocation decisions between more or less expensive procedures for different medical conditions (between, say, AZT for some people and heart transplants for others). This would often involve treating life-enhancement on the same scale as life-saving.

Faden also argued that quality of life measurements devalue the lives of disabled people, for embedded in their measurements is the assumption that a year of life for someone with a disability is worth less than a year of life for someone without a disability.

Robert Veatch, on *Death and Dying*, considered the case of the treatment of Josef Camp, a nine-year-old boy who, while playing in the street in Washington D C, bought a pickle from a street vendor. Soon after eating it, he went into convulsions, was rushed to the nearest hospital but, by the time his condition was stabilized, had suffered severe irreversible brain damage. Veatch began with the problem of the definition of death which he analysed as the question of who is to count as a member of our moral community (to whom our moral principles apply). He then took up a series of substantive questions about the care of the dying and the critically ill: What should the parents be told? What is the difference between killing and forgoing treatment? What are the criteria in virtue of which treatment may be forgone? What should happen when the patient's own assessment of appropriate treatment differs from that of the doctor? How are surrogate decisions to be made? When, if ever, do considerations about the welfare of others become relevant in the treatment of such a patient?

Having set out four ways in which genetic intervention might be used in health care [cure or prevention of disease by either (a) somatic or (b) germ-line intervention, and the enhancement of capabilities by either (c) somatic or (d) germ-line intervention], Leroy Walters focussed his discussion, in a lecture entitled *Human Gene Therapy*, on the ethical issues raised by the most developed of these forms of intervention: the cure or prevention of disease through somatic-cell intervention.

Dr Bernadette Tobin is a Research Fellow at the Centre

Associates of the Centre may listen to tapes of the above lectures at the Centre. The next Intensive Bioethics Course will be held May 31-June 6, 1992, at the Kennedy Institute of Ethics, Georgetown University, Washington DC. For more information, contact LeRoy Walters, Course Director and Director, Centre for Bioethics, Kennedy Institute of Ethics, Georgetown University, Washington DC 20057, USA.

BOOK NOTE

THEM AND US: A VIEW OF EUTHANASIA AND SUICIDE

Bernadette Tobin

"We put animals "out of their misery" because their lives have no meaning or, if they do, only in an attenuated sense. Whatever we think about euthanasia, we may not do it in the spirit of putting a person out of his misery - it may not be done in a spirit conveyed by the connotations that expression has for us - without it being radically demeaning."

Thus says Raimond Gaita in his recently published book *Good and Evil: An Absolute Conception*¹. Today, when people often seem much more ready than they were in the past to judge that certain lives are not worth living, and when people are more likely to appeal to compassion and to a notion of human dignity to urge the killing of those who are afflicted with terrible pain and suffering, it is instructive to try to understand Gaita's account of what it is for a human being's life to have meaning. For it offers a new perspective on both euthanasia and suicide. In fact, Gaita argues that, for those who do not believe in God just as much as for those who do, both euthanasia and suicide involve a certain kind of ingratitude.

Let us begin with what he does not mean. He does not mean that human beings have certain empirically-verifiable properties and capacities (for instance, the property of being self-conscious, the property of having feelings, the capacity to speak, the capacity to think and to remember, and the capacity to feel pain), the presence of which distinguishes them from (other) animals and in itself justifies us in treating them differently from animals. As Gaita says, the idea that human beings ought to be treated differently just because they belong to the biological species *homo sapiens* is naive: it distorts and cheapens our understanding of human life. And, of course, it opens the way for the idea that certain individuals (for instance, handicapped newborns and the elderly senile), because they do not (fully) possess these distinguishing features, may not be (in a strict sense) human beings or "persons" at all, and thus may not be owed the respect due to, nor have the rights of, a human being.

What, then, does he mean? Not surprisingly, this is harder to state. However, it is something like this: Only human beings have an inner life. That is to say, only human beings can reflect on what happens to them, and can take an attitude to what happens to them because of such reflection. An animal can suffer, but it cannot despair. An animal can be afraid, but it cannot be ashamed of its fear. An animal can be tricked, but it cannot be betrayed. An animal can be happy, but it cannot be joyous. An animal can concentrate on some task, but it cannot devote itself to certain pursuits and then decide that they were not worthy of its energy. And an animal cannot betray its past in the way that Socrates feared he would if he fled from prison.

One way of summing up all of this up is to say that only a human being can have a moral conception of its own experience. Only a human being can see a situation as moral, and be claimed in response to it. A human being is the kind of being which, in experiencing remorse, can learn some new and deep truth about what it is to do evil. It is the kind of being whose experience of pitying another can teach it about what it means for that person to suffer harm. Only a human being can do good and evil. And one can say this of human beings, one can describe their lives in ways which would be utterly inappropriate in the case of animals, in the full knowledge that individuals can and sometimes do live their lives as though their lives had no meaning in this sense. For we can act as though ethical considerations were not constitutive of what it is to be a human being.

Living a distinctively human life, one which is responsive to ethical considerations, is not the sort of thing one can do in isolation. For it depends on our being able to converse with others about the moral significance of particular events in, and the general shape of, our lives. It is precisely this communal activity of deepening our understanding of the meaning of our lives that we invite children to participate in when we initiate their education in morality.

How does this help to shed light on euthanasia and suicide? In particular, what does it mean to say that both of them involve some kind of ingratitude? Surely gratitude is appropriate only where someone has given us a gift that we value? How can gratitude for one's life be felt by someone who does not believe in God?

Gaita's thesis has to do with the significance of affliction, in particular affliction of the most protracted, severe and ineradicable sort. He starts from a remark made on a television programme about Mother Teresa of Calcutta. It was said that she showed, to those so afflicted, a "compassion that was without a trace of condescension". That is to say, her compassion in no way implied that a person's affliction lessened his or her worth. Her compassion was an expression of what Gaita calls a "pure love". He calls it love **not** because he claims any insight into her motives, but because he believes that the value of a human being is such that affliction need not drive a person to despair.

Sometimes it is said that people in severe and unrelievable pain are living lives not **worth** living, that severe and ineliminable pain is the kind of thing that robs a life of its meaning or worth. But this line of reasoning relies on (amongst other things) an impoverished notion of the meaning or worth of a human life, impoverished because it overlooks the engagement with ethical considerations which constitutes human significance. For that is something that even the most intractable and persistent pain cannot diminish. That is, I think, what Raimond Gaita means when he says that euthanasia and suicide involve a certain kind of ingratitude.

Now it is only to be expected that those who are afflicted with severe pain will be tempted to succumb to that impoverished notion of the meaning of human life. As we know, they often suffer from feelings of worthlessness, alienation and (most **irrationally** of all) guilt. The onus is on us to help them to recover a sense of the meaning of their lives (and by now it ought to be clear that "meaning" here is not the same as "purpose").

Some may want to argue that you cannot talk of life as a gift without implying the existence of someone who gives the gift and to whom gratitude is owed. Gaita does not accept that, and I recommend his discussion of this point. But, whether or not we agree with Gaita on that, we can at least agree with him that to treat human beings as though they were merely sentient beings, or merely sentient and self-conscious beings, is radically to demean them. And that does say something about the intrinsic morality of both euthanasia and suicide.

Raimond Gaita, *Good and Evil. An Absolute Conception*, Macmillan, London, 1991, p.155.

REVIEWS

GIFT OF LIFE - SOME CATHOLIC RESPONSES

Gift of Life: Catholic Scholars Respond to the Vatican Instruction, edited by Edmund Pellegrino, John Collins Harvey and John Langan, Washington DC, Georgetown University Press, 1990

Reviewed by Liz Hepburn I.B.V.M.

In 1989, as part of its bicentennial celebrations, Georgetown University hosted a conference on the Congregation for the Doctrine of the Faith's Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation, *Donum Vitae*, which had appeared in March, 1987. The papers have recently been published under the title *Gift of Life: Catholic Scholars Respond to the Vatican Instruction*.

The **first section** follows the full text of the document and deals with the technical aspects of the new reproductive technologies and is written from the perspective of the medical practitioner.

John Harvey, Emeritus Professor of Medicine from Georgetown, sums up recent developments in reproductive medicine, and provides a brief survey of the Catholic approach to sexuality and the meaning of human life. His contribution introduces the more clinically-oriented papers by Marion Damewood and Johannes Huber, the Director of the IVF programme at John Hopkins University and the University of Vienna respectively. Damewood discusses the actual techniques involved in IVF and GIFT. She uses the term "pre-embryo" to refer to "the product of gametic union, from fertilization to the appearance of the embryonic axis", a period of about four days.

Huber outlines possible changes to procedures which might be introduced to accommodate the requirements of the Instruction. He points out that the research associated with IVF has led to a new understanding of fertilization and embryonic development as continuous, rather than as occurring in discrete stages. He suggests that theologians discussing the beginnings of life need to take these new insights into consideration as many of the statements imply a model of development which is no longer tenable.

The **second section** on Moral and Theological Foundations contains four papers which are introduced by John Langan SJ, Professor of Christian Ethics at the Kennedy Institute.

Bruno Schuller SJ, Professor of Moral Philosophy in Munster, is critical of the documents *Humanae Vitae* and *Donum Vitae* because they fail to justify the claim that God has willed an absolute connection between the two critical aspects of the conjugal act.

John Haas, Assistant Professor of Theology at the Pontifical College in Ohio, is concerned that in many documents dealing with procreation there is confusion of the laws of nature with the moral law or natural law. (Thomas Aquinas drew a clear distinction between the two). He goes on to describe the Instruction as affirming the goodness of the body and as moving away from the legalistic language which has characterised earlier statements. He then supports the major thrust of *Donum Vitae* asserting that a couple beget rather than make a child, an important distinction in any reflection on the dignity of the child and its right to be free of the domination of others.

Further support for this analysis of the meaning of procreation comes from Msgr Elio Sgreccia, Director of the Centre for Bioethics in Rome. Msgr Sgreccia deplores the trend in society towards domination and destruction and the failure to come to terms with the transcendent nature of the person. He is particularly critical of utilitarian approaches to public policy, and he makes a plea for the ethical dimensions of scientific endeavour to be explored with greater rigour. He goes on to consider the role of the Church as teacher and protector of humanity.

From the perspective of Lisa Sowle Cahill, Associate Professor of Theology at Boston College, Sgreccia is too negative in his appreciation of human relationships. She suggests that rather than concentrating on particular biological acts involved in procreation, a more fruitful way to examine the issue would be to consider the context in which the family is to be formed. She argues that Roman Catholic teaching about the nature of marriage is undergoing a paradigm shift which is still incompletely reflected in Catholic sexual ethics.

The last section of the book deals with the Instruction's Impact on Legislation and Public Policy. Edmund Pellegrino sketches three dilemmas raised by the document: first, that of the limits of religious liberty and the relation of religion to law in a multi-cultural and democratic society; second, the relationship between conscience and consensus in the formulation of public policy; and third, tensions arising for Catholics living in a community which

rejects some of their beliefs. Pellegrino's treatment of the issues is wise and considered.

Archbishop John Quinn of San Francisco picks up these questions and suggests that the Church is a player in the formulation of public policy and ought to discharge her responsibilities in the public arena. "The Church must proceed with political sophistication, moral sensitivity and ecumenical tact if it is to enter the law and policy debate."

The final word is left to a lawyer, Steven Frankino, Dean of the Law School at Villanova University, Pennsylvania. He is unhappy about the way in which the Instruction addresses political authorities and sometimes confuses judicial and legislative functions. He argues that the best way for the Church to proceed in seeking to influence the community is to strive for legislative safeguards, rather than for the prohibition of specific procedures.

This is a provocative book which opens the way for further discussion of the Instruction *Donum Vitae*. It is precisely the sort of initiative which ought to be taken by a Catholic University in a pluralistic society.

Dr Liz Hepburn I.B.V.M. is Co-Ordinator of the Centre for Research in Ethics and Health Issues at the Ascot Vale Campus of Australian Catholic University, Melbourne.

THE CENTRE FOR ETHICS

The objectives of the Centre are to:

1. conduct research of an international standard into the ethical and theological aspects of health care, and to contribute from a Catholic perspective to developments in this field,
2. educate health care professionals in the basic ethical and theological principles that underpin their work,
3. facilitate association in matters pertaining to ethics between Australian Catholic University, St Vincent's Hospital, other universities and health care institutions, and
4. co-operate with other centres in relevant fields, and especially with ethics centres of Australian Catholic University in other States.

IVF: ITS MORAL EVALUATION

IVF and Justice: Moral, Social and Legal Issues Related To Human In Vitro Fertilisation, by Teresa Iglesias, Linacre Centre for Health Care Ethics, London, 1990

Reviewed by John G. Quilter

Ethical debate concerning IVF tends to focus more on the range of reproductive possibilities it enables than on the idea itself of artificial, non-coital, external conception. The debaters have tended to polarise into two camps: "moral boosters" and "moral scoffers". Boosters tend to assume that there are no non-consequentialist constraints to which the technology is subject; they see the only real issues to be ones which are assessable in consequentialist terms. Scoffers tend to see deeply objectionable things in IVF of a non-consequentialist sort. (Since Iglesias does not engage with Feminist scoffers, I will leave them to one side too.)

In her book, *IVF and Justice*, Iglesias is a scoffer, determined to blow IVF away with non-consequentialist arguments. She is compassionate towards couples who wish to have a child but are unable to. But she is adamant that since the zygote is a person possessed, in justice, of an unqualified right to the respectful treatment due to persons, (including a right to others' non-interference with their being alive), IVF as such involves an ineliminable violation of the treatment owed to a person as a matter of justice. Not to respect this is to suppose that there are two types of human beings - persons and non-persons - in a style as morally objectionable as slavery. IVF, then, is intrinsically immoral, something deserving of absolute prohibition, something it is never permissible to be involved in, something it is bad to do regardless of the good consequences that doing it might maximise or at least make reasonably possible.

Iglesias' argument crucially turns on two theses:

- (1) The zygote is a human person with all that that implies; and
- (2) IVF is in principle incapable of respect for the human personhood of the zygotes it generates, so that it is intrinsically immoral regardless of any good consequences it might make possible.

The arguments for (2) are not very strong, but clearly rely on (1) if they are to have any motivation. I wish here to discuss only her arguments for (1).

The book consists of a series of articles and essays for various occasions. They remain substantially the same as the original settings and there is quite a bit of overlap between chapters as a result. Arguments and principles are reviewed or reformulated from different angles to make points relevant to the original settings. This is not a bad feature of this book, however, for it gives us the valuable opportunity to take in a very full picture of Iglesias' project, the commitments it has, and some main argumentative strategies it can deploy. This opportunity is not often available in the work of other authors of a similar bent. What is less satisfying, however, given this, is the sense it leaves that the author lacks a careful-enough appreciation of (a) the technical difficulties of her metaphysical assumptions, (b) how, in fact, the metaphysics better supports a moral conclusion she is anxious to resist, and (c) the weakness of an approach to the moral issues relying on technical metaphysical assumptions in the first place.

Metaphysical Assumptions

Iglesias shares with Norman Ford a hankering after a conception of the human person emergent from a Scholastic metaphysics of substance. On this conception, a human substance is as an integrated, complex unity, a diachronically-identical metaphysical subject characterised by the immanent presence in it of distinctively human powers constituting its nature as belonging to the human species. Where she differs from Ford is in her interpretation of the state of our embryological knowledge in the light of this metaphysics of substance. Unlike Ford, she takes the fact of fission and fusion phenomena which are possible before the 14th day after conception to show nothing concerning the organic unit, the human substance which begins at conception. These phenomena only show that parts can divide from the whole so that new wholes can form, or that parts of distinct wholes can, separated from their original whole, combine to form new wholes. In particular, these fission and fusion phenomena are no obstacle to interpreting the conceptus as the human organic whole, as that which is what the complicated adult it becomes was in the initial stages of her development.

The conception of substance with which Iglesias is working is a complex one. Its defence involves taking a stand on controversial issues concerning modality and essentialism, possibility, potentiality and power or ability, teleological explanation and the nature of diachronic identity to name a few. Let me make clear that I am very sympathetic to the project of mounting this defence as a matter of metaphysics. My criticism of

Iglesias (and, incidentally, of Ford) is that this defence will be of no avail for our moral problems in connection with the zygote and the foetus. To develop this point, let me begin with Iglesias' attempt to compel the identification of the commencement of the existence of the human person with conception.

A central strand of Iglesias' argument is the idea that since the conceptus does indeed develop into a human adult characterised by various powers, it must itself, while yet an embryo, be possessed of those powers which make it distinctively human, something which (given nurture) will become a human adult.

But this is just false. A caterpillar will develop into a butterfly, but it does not follow that since the latter can fly, the former can too. What is true is that, unlike a sample of gold, it has the power, as what it is, to come to have the power to fly. The same is true of the human embryo: unlike a wallaby embryo, it has the power to come to have the power to speak a language, etc. A power to come to have a power to F is not a power to F (though it is systematically related to the power to F).

First And Second Potentiality

The distinction here is a familiar one in the Aristotelian-Thomist substance metaphysical tradition. It is the distinction between first and second potentiality. Since this distinction is relative to sortal terms or kinds, we need to take care in handling it. Inattention to the subtleties of the distinctions can lead to serious confusion. The distinction is related to the Scholastic principle that matter (the principle of potentiality) has to be proportionate to form (the principle of actuality). It implies, for example, that you cannot get a wallaby out a chaotic soup of uncombined chemical elements without a lot of "working up". Any being which is an actual wallaby must be constituted of matter which is appropriately complex and organised to support the sorts of behaviours and activities natural for wallabies. Thus, even though Iglesias explicitly appeals to this principle and is aware of it, it is surprising that she does not consider the following line of objection to her argument: the embryo is a human being only in the sense that a caterpillar is a "butterfly being and a metaphysical subject". Sure, it has what it takes for a human individual to emerge, but it is not one.

What is in view here is the thought that relative to the natural kind "Human Being", we might be prepared to argue that even the neonate is possessed only of first potentialities of a distinctively human kind: the ability or power to come to have or be brought to have abilities or powers, e.g. to speak, to think, to make

rational choices, etc. Possession of the latter is possession of second potentialities of a distinctively human sort. But the zygote is not possessed even of these first potentialities. It is thus not a human being.

From Metaphysics To Morality

In particular, if being the unified organic subject of human powers suffices for being a human person, then (from embryology's findings) it looks as though Ford's identification of the initiation of the human person is a lot more plausible. The group of cells of the zygote is too little "worked up" as matter to enter into the constitution of something whose metaphysical subject is a human being correctly characterised even by the distinctively human first potentialities. A Ford-like conclusion is invited if it's this sort of metaphysical situation that matters. Presumably, it is not until materially-stable conditions have been established and placenta and embryo stably distinguished that the human individual being, the human person, emerges out of the hitherto insufficiently "worked up" mass of cells. It seems more plausible to attribute to such a being than to the zygote powers which are distinctively human. This point is not conceptual; it is an *a posteriori* move identifying the extension of the theoretical-philosophical concept of human being or substance. It does not turn on problems of identity allegedly raised by pre-fetal fission and fusion possibilities. This all is in Iglesias' spirit. Yet it does not support her conclusion.

But even this Fordian move seems dubious. For it is false that the 15-day embryo can be taught a natural language. That is, it too lacks the relevant first potentialities. A certain degree of development is necessary for a child to have this potentiality. In fact, even neonates lack it. Thus, if we follow through with the careful, principled application of Iglesias' basic approach to the moral issues, we would seem to have no reason to resist infanticide at least until that stage where the human infant has attained sufficient development to be possessed of first potentialities proper to human nature such as those making it susceptible of training in the use of language, thought and decision making.

What is at the bottom of this point is that there is no easy fit between the degrees of organisation and complexity which are the material bases of potentialities and the yes/no character of, first, a thing's being possessed of the potentialities which characterise natural kinds of thing, and thence, of its membership in the kind. My point is not that this vitiates this

substance metaphysics. Indeed, it does not. Rather it is that since there is no moral recommendation for a Tooley-like line of thought concerning infanticide, it gives reason to expect that, far from supporting thinking of the zygote as a human person, this line of metaphysical thought is quite unhelpful for our moral issues related to IVF. We should change gear entirely.

In response, an Iglesiasian may observe that relative to the natural kind "Human Fetus", the zygote has the important first potentialities. After all, it does not develop into a wallaby fetus but a human one. Against Singer- or Tooley-like views of the human person, this move has the merit of raising the thought that the systematic relation between the human embryo and the clearest case of human personhood is important. But this does not show what is needed in determining whether the human embryo is a human being, namely that it has at least first potentialities relative to the natural kind "Human Being".

Objection

We are now in a position to raise a telling objection to Iglesias' style of approach to the moral issues we have to handle. We can also see through to a more satisfactory diagnosis of the moral problems concerning the status of the zygote.

The basic observation is this. From the fact that the zygote is human and is a unified organic metaphysical subject it does not follow that it is a human unified organic subject. (From the facts that Fred is small and Fred is a dog, it does not follow that Fred is a small dog. Fred is a Basset hound and as far as dogs go, Bassetts are not small but medium sized.) That is, "human" as a modifier is not stand-alone and is therefore insusceptible of representation as a predicate in first-order Logic. At the very least, it functions attributively; its sense in particular uses is sensitive to the sense of the term it modifies. Iglesias has given us no reason not to explain her best data in this way which does not require attributing to the zygote the full metaphysical status of the central case of human personhood: humans which think, etc.

One Of Us

This logical point raises many tough philosophical problems. Suffice it to observe here that it seems to help diagnose what is wrong both with those views which unequivocally claim the zygote to be a person, "one of us", and those which univocally reject its being one of us because its similarity to us is extremely thin and less than many post-natal animals. It is that the use of

"human" of the wide range of biologically, psychologically, sociologically and culturally possible human phenomena is not simply univocal. It gets its purchase from sundry relations these applications have to a paradigm application. Similarity in various respects is one such relation. It is the one most philosophers focus on in the attempt to give sufficient or necessary conditions for human personhood. There may be others that matter however. Aristotle is famous for the doctrine of focal equivocity with his example of "healthy"; St. Thomas is famous for the doctrine of attributive analogy with its application to being and goodness. In these views relations such as "is causally conducive to" and "is a symptom of" or "exists in...as instantiated by..." ground such uses of non-univocal but non-equivocal terms. Contemporary Logic has paid scant attention to the idea and many logicians find it obscure. But it deserves our study especially with the methods of contemporary Logic. Again, Logic also struggles with attributive modifiers which might well be related to Aristotle's or St. Thomas' conceptions. I believe such logical phenomena characterise a lot of concepts. Here I would urge that, most importantly, the notion of a human person displays such features.

Morality Not Biology

However, one final note of caution must be struck lest this idea give comfort to those who hanker after a metaphysical haven for our moral disputes. It is this. Whether or not we described a dog embryo as canine though obviously not a dog, without supposing that "dog" and "dog embryo" mark out distinct natural kinds, is a matter for good biology unfettered by moral values irrelevant to epistemic assessment. It is not like this in working out whether to think of the human embryo as one of us, a human person. The matter, for instance, whether "will (given nurture) develop into" is a relation to paradigmatic human personhood qualifying the human embryo as a human person is a decidedly moral question from the first provided just that we invest, as we do, human personhood with moral clout. The metaphysics is not decidable in moral neutrality.

I am, as I have said, very sympathetic to the project of a metaphysics of substance. I think, however, that this will be largely unhelpful in settling our moral problems about the status of the foetus.

¹ Norman Ford, *When Did I Begin: Conception of the Human Individual In History, Philosophy and Science*, Cambridge, Cambridge University Press, 1988

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NOTE BOOK

BIOETHICSLINE

Australians can have direct access to Bioethicsline through the National Library in Canberra.

Bioethicsline is a comprehensive, inter-disciplinary collection of citations from English-language print and non-print materials on bioethical topics dating back to 1973. Produced by the Bioethics Information Retrieval Project at the Kennedy Institute of Ethics, Georgetown University, Washington, DC, it focuses on questions of ethics and public policy in the fields of healthcare and biomedical research. It also includes citations on topics such as euthanasia, human experimentation and organ donation and fertilization.

The records in this database are retrievable using terms in the "Bioethics Thesaurus", textwords derived from the title, abstract, author, general notes, publisher and keyword fields, as well as by MeSH (National Library of Medicine Medical Subject Headings) terms.

Bioethicsline is updated bi-monthly. Further information on the database is available from The Principal Librarian, Australian MEDLINE Network, National Library of Australia, Telephone (06) 262 1523.

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GRADUATE CERTIFICATE IN BIOETHICS

A new course in Bioethics, aimed primarily at experienced health care professionals but open also to the general public, and in particular to members of Institutional Ethics Committees, will be offered in 1992 at Kuring-Gai Campus, University of Technology, Sydney. (The campus is in Eton Road, Lindfield.)

Whilst developing an appropriate method of ethical reasoning, the course will emphasize the application of Bioethics to health care practice and give particular attention to the policy issues of resource allocation.

It will be offered as a one-year, part-time course, requiring attendance one evening a week and participation in several intensive seminars. Closing date for applications is Friday, 13th December, 1991. For further information and application forms, contact Ms Ruth Morgan on (02) 413 8128 (Mon-Wed) or Dr Michael Walsh on (02) 413 8137.

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HUMAN GENOME PROJECT

The (estimated) 15-year, \$3 billion genome-mapping project will map and sequence the 50,000-100,000 genes of the human genome, as well as the genomes of many other species. The project will develop current mapping activities and provide information on the genome's content, order and relationship with other regions. (See *Science*, 1990, 250, pp 137-144)

Such a scientific breakthrough will alter the current diagnosis, treatment and manipulation of genetic disorders and is of significant interest to people outside the scientific community. It is likely to compound the issues human geneticists face today: the idea of directing colossal amounts of public monies towards research; the implicit attitude that people with illnesses or defects are somehow inferior to the 'normal' people and/or need 'fixing'; the potential the project holds for genetically manufacturing the 'perfect' human; and the questionable wisdom of toying with nature.

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THE CHELMSFORD COMMISSION

The Centre for Ethics was invited to contribute to the deliberations of the Royal Commission into Deep Sleep Therapy (the so-called "Chelmsford Commission"). A submission, written by Chris Rigby and Bernadette Tobin, focussed on two aspects of the care of the mentally ill: (1) research involving the mentally ill, and (2) the education of doctors and nurses in the ethics of their professions.

Mr Rigby and Dr Tobin argued that the NH&MRC guidelines, though they highlight important ethical considerations in the conduct and supervision of such research, will not ensure the proper assessment of each proposal by an Institutional Ethics Committee. They set out eight further requirements to which Research Committees ought to be subject. They also argued that a course of study in ethics ought to be an integral and examinable part of the training of both doctors and nurses and that consideration be given to the organisationally-difficult idea of teaching ethics jointly to doctors and nurses. They have to make decisions involving ethical considerations as a matter of daily routine, yet they often lack a common language in which to discuss let alone resolve ethical problems.