
BIOETHICS OUTLOOK

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Globalization and the Culture of Life Consensus Statement

International Colloquium of Catholic Bioethics Institutes¹

In July 2003, an international colloquium for directors and representatives of Catholic bioethics institutes was held at the University of St. Michael's College, Toronto, Canada, to discuss ethical issues relating to the care of the frail elderly and the dying. The colloquium was co-sponsored by the Canadian Catholic Bioethics Institute and the Canadian Association of the Order of Malta. Invitations to attend were issued based on recommendations from two advisory committees, one local and the other international, to ensure the widest geographical representation. Fifty seven bio-ethicists from nineteen countries were able to come; they represented forty four different bioethics institutes in Africa, Asia, Europe, North America and the Caribbean, Oceania and Central and South America. The bio-ethicists participated in frank and lively discussions over five days, and highlights from those discussions were synthesized in a Consensus Statement, to which participants were free to add their names.

Besides producing a Consensus Statement, other goals of the international colloquium were to share perspectives from around the world, to identify questions for further research, and to explore plans for ongoing collaboration and mutual support among Catholic bioethics institutes. The papers discussed at the international colloquium will be published separately in a single volume. Plans are being pursued for a second international colloquium to be held in Melbourne, Australia in 2005 and for establishing a system of regular communications among Catholic bioethics institutes.

Commissioned papers by Nicholas Tonti-Filippini of Australia, Christine Jamieson of Canada, and Dan Sulimasy of the U.S. were circulated to participants beforehand so that the colloquium itself could be devoted primarily to discussion. These papers focused attention on three related

In this issue

Stephen Buckle reviews *A Clone of Your Own? The Science and Ethics of Cloning*.

areas of inquiry: 1) ethical issues in aging and end-of-life care and the range of positions that bioethicists commonly take on these issues; 2) globalization and its impact on systems of health-care delivery; 3) practical strategies for Catholic bioethicists to promote the culture of life in the care of the frail elderly and the dying. On each of the first three days of the colloquium, one of the authors of the commissioned papers would propose questions to be addressed in facilitated small-group discussions. The highlights of these discussions were then presented to all the participants and debated in the panel session that concluded each day. Finally the results of each day's discussions were incorporated into the consensus statement that was drafted by Barry Brown of Canada. On the fourth day of the colloquium, this draft was examined and discussed clause by clause in small groups, and a team consisting of a representative of each of the small groups worked on consolidating and considering the proposed revisions to the draft. A final plenary session allowed for discussion of the revisions and led to the unanimous approval of the Consensus Statement by all those who were present. The Consensus Statement was circulated by e-mail to all participants after the colloquium to obtain feedback concerning minor changes in wording and to invite any who so wished to add his or her name to a list of bioethicists affirming this Consensus Statement.

Content

The focus of the Consensus Statement is care of the frail elderly and dying globally. Populations around the world are aging rapidly. Elderly people face challenges and are subject to vulnerabilities that increase over time. There are disparities among nations in access to health care and to social and spiritual supports. Also, in a growing number of Western countries, stem-cell and genetic technologies as well as euthanasia are being offered as "solutions" to aging and dying. In the view of the signatories, we live in a global culture of killing in which, paradoxically, there is a growing denial of death. This culture influences the degree to which health-

care resources are shared and the frail elderly and the dying are cared for in a way that respects their human dignity.

According to Joseph Boyle, a member of the local advisory committee for this colloquium, the Consensus Statement highlights some general principles concerning Catholic social teaching and the dignity of the human person, and some rather specific moral norms derived from them. For Boyle, the extent of the consensus achieved was surprising and heartening. It stakes out sharply the difference between Catholic and secular approaches to the care of the frail elderly and the dying.

Not included in this statement are those issues with respect to which there is no definitive teaching by the Church and where a range of judgments among participants at the international colloquium was evident. One issue, for example, is the conditions under which artificial nutrition and hydration for severely cognitively impaired patients, such as those in a so-called persistent vegetative state, ought to be morally obligatory. Another issue was the extent of the contribution of families and other loved ones to a cognitively capable patient's medical decision making and their role in representing a cognitively impaired patient. Identifying such issues helps to establish research priorities for Catholic bioethicists and bioethics institutes world wide.

The participants of the international colloquium also called for further research and reflection to support or explore more deeply the points of consensus under each of the four sections of the statement. In the first section on "Bioethical Issues near the End of Life," the conclusions point to the need to consolidate and advance thinking on the Christian basis for palliative care in order to come up with practical guidelines for appropriate care near the end of life. Participants were concerned that the palliative care movement in some parts of the world was slowly and subtly being co-opted

by attitudes and practices that favour intentionally hastening death.

In the second section on "Catholic Social Teaching and Care of the Frail Elderly and Dying," the need to include bioethicists and bioethics institutes representing less affluent peoples and societies in discussions on bioethical matters is acknowledged. Their voices are essential not only for understanding the health-care needs of developing nations and the impacts of globalization, but also the strengths of these societies.

The third section on "Implications for Catholic Health Care Delivery" issues a call to Catholic bioethicists and bioethics centers to take seriously the demands of the Church's teaching on social justice. Catholic bioethicists devote much of their efforts to clinical conflicts related to patient treatment choices and institutional policies. Often these clinical questions are posed by the very culture trends, technologies, systems of care or research agendas that Catholic bioethicists ought to evaluate critically rather than enable.

The final section on "Implications for Catholic Bioethics Centres and Catholic Bioethicists" presents a vision of Catholic bioethics as essentially an interdisciplinary enterprise involving the empirical sciences, the humanities and theology. The data of bioethics are too broad and the necessary skills required to address these data are too diverse for any individual or group from a single academic discipline to master. Accordingly, we need to reflect on, and test, fruitful methods for effective interdisciplinary integration and collaboration in bioethics.

Significance

This Consensus Statement was an attempt to consolidate some important ethical principles and norms from the teachings of the Church to apply them to emerging issues in the care of the frail elderly and the dying resulting from globalization. With respect to these issues, it also identified topics that seem to require greater research and deeper reflection within the Catholic bioethics community.

Perhaps the most significant aspect of this Consensus Statement is that it illustrates an emerging capacity and enthusiasm for collaboration by Catholic bioethicists from around the world. In a relatively brief period of time, participants at the international colloquium were able to identify and substantially discuss some of the critical bioethical issues of our day. They addressed these issues from a common view point of faith in the teachings of the Church, respecting and working through differences of opinions on matters that have not yet been settled definitively. Such an achievement was possible because the group was knowledgeable about the facts relating to care of the frail elderly and the dying and the impact of globalization, in substantial agreement on the values at stake, and, above all, discussed these issues in a setting that emphasized prayer and friendship. More than anything, the Consensus Statement highlights this potential for genuine discussion and cooperation by Catholic bioethicists from different academic backgrounds, cultures, and living conditions. If nurtured appropriately, this "catholic" or universal collaboration may prove to be a valuable and hitherto under-realized resource for the Church in its global mission to promote the Gospel of Life in health care in the 21st century.

Reference

1. This introduction to the Consensus Statement was written by William Sullivan MD, PhD, Director, Canadian Catholic Bioethics Institute, Toronto, Ontario and John Heng MA, Researcher, Canadian Catholic Bioethics Institute, Toronto, Ontario.

International Colloquium of Catholic Bioethics Institutes: Globalization and the Culture of Life Consensus Statement

Globalization

Globalization refers to the historical process of transformation by which the nations and people of the world become more closely connected through the mediums of markets, banking, international business and trade, travel, telecommunications, transportation and other technologies. This process, like technology, holds the promise of good and the threat of what is harmful. The good effects relate to better knowledge of, and a greater exchange of knowledge from, other lands, cultures and traditions, and in the opportunities to share in the benefits of health care, industrial development and wealth. It also involves the commitment of a high percentage of nations and peoples to the Universal Declaration of Human Rights which transcends national boundaries and cultures. The harmful effects relate to consumerism, the degradation of cultures, political and economic control, and exploitation of the poor. Care must be taken to recognize and respect not only the values which all share in common, but also the diversity of cultures.¹

The adverse consequences of globalization, according to a U.N. report on human rights, can be serious and extensive:

"[T]he negative impact of globalization – especially on vulnerable sections of the community – results in the violation of a plethora of rights guaranteed by the Covenants. In particular, the enjoyment of fundamental aspects of the right to life, freedom from cruel, inhuman, or degrading

treatment, freedom from servitude, the rights to equality and non-discrimination, the right to an adequate standard of living (including the right to adequate food, clothing, and housing), the right to maintain a high standard of physical and mental health, and the right to work accompanied by the right to just and fair conditions of labor, freedom of association and assembly, and the right to collective bargaining, have been severely impaired."

Globalization has effected the perception of self as belonging not only to family and local communities, but also the world community. Crucial to a sound understanding of the human community is respect for the inviolability, purposefulness, and inestimable worth of each human being and of the relationships between human persons.

Social Justice

The Catholic social justice tradition has foundational principles that can be used as tools of analysis to offer valuable direction for those immense issues that face a global world. These principles and tools of analysis include solidarity, subsidiarity, the common good, and the preferential option for the poor. Solidarity includes the responsibility of the community for itself and its members at every one of its levels. Particular concerns are the exploitation of the poor in all nations as the subjects of medical research, and the setting of priorities in health care and social support. Subsidiarity entails that community responsibility is to be exercised at the

individual and local levels where the effects are felt and where those levels are capable of exercising that responsibility. A commitment to the common good involves the collaboration of all members of society to assist its members to realize those goods that human beings need in order to flourish. Some examples are water supply, police force, and an education system. In applying the principle of the common good to the development of new technologies and research priorities, the needs of the less affluent are to be given priority.

It follows that the world community has responsibility for the protection and promotion of human life in its biological, intellectual, social, moral, and spiritual dimensions.

Promoting a Culture in which Human Beings Flourish

A culture where human beings flourish is a culture of life. That culture is achieved by enhancing what promotes human flourishing and avoiding what is restrictive of human flourishing or what causes human decline. The meaning of life is found in giving and receiving love. Love gives meaning to suffering and death. Suffering and death are a mystery, but the process of illness and dying is an opportunity for growth in understanding and love. Science and technology should always be at the service of humanity and the development and flourishing of each person in a way that is consistent with the Christian tradition. More particularly, science and technology ought to enhance the formation of relationships that support and sustain a person in love and empathy.³

Bioethical Issues near the End of Life

1. We must regain an understanding of the mystery of death in order to understand the ethics of dying.
2. For the frail elderly and dying this has particular meaning for the application of technology in a way that defends and promotes the inherent dignity and intrinsic value of each person, particularly their need for meaning and hope.
3. Even at the end of life, there is an obligation to be truthful in communicating a terminal diagnosis. Information may be communicated step by step, without lying or deception, according to the patient's ability to accept it. Securing informed consent or informed refusal of treatment varies according to culture: it is deemed imperative that the patient understand the diagnosis and treatment. The wishes of a suicidal patient, professionally assessed to be so, may be overridden on the grounds that the right to life is inalienable (cannot be given away). Under certain conditions, incompetent patients may, if necessary, be treated in accordance with their best interests, with due regard to their known or presumed wishes.
4. Life is a precious, basic good, but the obligation to preserve life is not absolute and overriding. Withholding or withdrawing measures that are disproportionately burdensome or fail to serve a reasonable purpose may be morally justified. This does not constitute euthanasia, which we understand to be, in the strict sense, "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering."⁴ Therefore the term "passive euthanasia" is confusing, ambiguous, and misleading. It does not lead to sound moral analysis and should be avoided.
5. The reason for withholding treatment may also justify withdrawal of that treatment at a later time.

6. This colloquium affirms the Church's traditional position that assisted suicide and euthanasia are morally illicit.
7. The colloquium acknowledged that the World Health Organization defines palliative care as an approach that "intends neither to hasten or postpone death" and that "improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial, and spiritual problems."⁵
8. This colloquium asserts that palliative care, properly defined, is the antithesis of euthanasia. In the care of the dying, palliative care is best understood as one aspect of hospice, a profoundly Christian practice, both historically and ethically, that is dedicated to making the last days of a person's life comfortable and meaningful. This is achieved by supporting and sustaining the person, relieving pain and discomfort, and maintaining function in order to assist the patient to live with dying.
9. Catholic bioethics affirms the use of medication, consistent with the rule of double effect, when the dying patient requires doses of medication that might unintentionally hasten death, provided that the intention is only to relieve specific symptoms such as pain or shortness of breath, and the suffering caused by these symptoms is proportionally grave. By definition this is not euthanasia.

10. In regard to medical research, the Church's role is to represent the interests of vulnerable people to prevent all forms of exploitation, particularly those related to research conducted in less affluent societies.

Catholic Social Teaching and Care of the Frail Elderly and the Dying

11. The alleviation of material, social, and spiritual poverty of the frail elderly is a fundamental obligation that Catholic health care and Catholic bioethics must address, according to the preferential option of the poor.
12. Globally, discussions about the care of the frail elderly and the dying must involve the participation of less affluent peoples and societies.

Implications for Catholic Health Care Delivery

13. Decision making and setting organizational priorities in health care require not only sound procedures, but also attention to foundational goals and ends of care which are consistent with human flourishing.
14. Health-care workers trained in personalist ethics should promote a culture in which human beings flourish, and collaborate in international outreach programs.

15. Catholic Hospitals, to remain Catholic, must abide by Church teaching, and engage staff who agree to practice their profession in accordance with the teachings of the Church.

Implications for Catholic Bioethics Centers and Catholic Bioethicists

16. Bioethics is essentially an interdisciplinary enterprise involving the collaboration of several different competencies, including matters having to do with political and organizational structures.
17. Bioethicists should analyse health care as necessary antecedent to understanding health-care ethics. We will not understand health-care ethics unless we recognize the limits of medicine in treating ills that are moral and spiritual in nature.
18. Interfaith bioethics, which emphasizes dialogue and understanding, is a reflection of the multi-cultural world and needs to be actively fostered.

Conclusion

Morality should be formative of law reform and not determined by it. Critical reflection ensures that foundations and moral sources are as important as the process of decision making. The moral formation of Catholics involves increasing awareness and understanding of these foundations and sources, and attending to how to be a fully human person, and a true follower of Christ.⁶

References

- 1 "Globalization can also be conceptualized as a transformation of human perception: the compression of the world and the intensification of consciousness of the world as a whole ... concrete global interdependence and consciousness of the global whole in the twentieth century." Roland Robertson, *Globalization: Social Theory and Global Culture* (London: Sage Publications, 1992), 8.
- 2 United Nations Economic and Social Council, "The Realization of Economics, Social and Cultural Rights: Globalization and Its Impact on the Full Enjoyment of Human Rights," June 15, 2000 (E/CN.4Sub2/2000/13), n. 44.
- 3 John Paul II, *Evangelium vitae*, n.81.
- 4 John Paul II, *Evangelium vitae*, n.65.
- 5 World Health Organization, *Cancer Pain Relief and Palliative Care*, technical report series no. 804 (Geneva, Switzerland: World Health Organization, 1990).
6. This statement first appeared in *The National Catholic Bioethics Quarterly* 4,1 (Spring 2004). Permission to reprint granted by the National Catholic Bioethics Center, 159 Washington Street, Boston, Massachusetts 02135.

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Congress of the International Association of Bioethics

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Indigenous Health Ethics, Public Health Ethics from Local and Global Perspectives, and Refiguring the Body,

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Attack of the Cloners

Arlene Judith Klotzko, *A Clone of Your Own? The Science and Ethics of Cloning* (Oxford: Oxford University Press, 2004). Cloth, \$39.95.

Review by Stephen Buckle

The rapid developments in the science of cloning, embodied in Dolly the sheep superstar, make this a timely book. Mary Warnock's observations on the back cover, that this is "a wonderfully accessible account of the science involved in cloning and of the moral issues that surround it", suggest that its timeliness is matched by its quality.

Unfortunately this is not so. It is a very accessible account of the basic science of cloning, including the various successes and failures in cloning experimentation – and also of some of the legal responses to it. But as an account of the ethics of cloning it is very poor indeed. At bottom, this is a work of science journalism, with all the bright-eyed optimism typical of the activity – and with the familiar incomprehension and impatience towards those who threaten to get in the way of the march of scientific progress. And this despite the fact that the author is described, on the back flap, as a bioethicist and lawyer. More indicative is her current appointment as Writer in Residence at the Science Museum in London: the book is a lesson in scientific progress for the masses, complete with interviews with many "visionary" scientists – and not neglecting moral education in the form of incidental warnings against those dark forces that would dare to stand in the way of progress.

The book begins with an introduction to facts and fictions about cloning, concentrating on socially-entrenched misconceptions, and, in particular, on misconceptions fed by literary and cinematic fictions. The first chapter continues the same theme – despite being entitled "Power without Responsibility?". So right from the start we see community anxieties about cloning – even though undoubtedly prey to many misconceptions – effectively reduced to the effect of those misconceptions. Widespread concerns that are in no way misconceived – such as, for example, those about the sheer extent of the scientists' power over individual lives – are simply not faced, neither here nor later on. This is not to say that problems with cloning are ignored. But the problems that are identified at this stage are entirely to do with *scientific failure*. Thus Klotzko holds that human cloning is *at this stage* irresponsible, because present techniques cannot eliminate the possibility of major malformations occurring. This is obviously right – but the sheer absence of any further reservations is quite unsettling.

The next two chapters address the science of cloning and its applications. It is here that we meet Dolly, and learn the details of her scientific significance. It is also here that we

see Klotzko at her best. She provides a brief and clear account of the major developments in developmental biology on which modern cloning technology depends. She distinguishes first between preformationist (or homuncular) theory and template (or body plan) theory: the former holding that development is simply growth (getting bigger), the latter that development is steady differentiation of parts according to some encoded plan. The triumph of the latter theory nevertheless left a key question unanswered: as differentiation proceeds, does the plan remain intact within each cell, or is each cell's plan *itself* transformed? If the latter, there can be no turning back for any given cell: once differentiation along a dedicated path (e.g. to becoming a liver cell) has begun, that cell's future is tied to that single future. It is this alternative that Dolly has decisively refuted, since she developed from transferring the nucleus of an already-specialized cell (in this case, a mammary cell) into the cytoplasm of an egg cell. So the plan remains intact within even highly-differentiated cells: the genetic information for a whole organism is preserved with each cell of the organism. Klotzko charts the first formulation and later testing of this view, with Dolly the final proof the pudding.

It is for this reason that Dolly is such a special case. Cloning living organisms is dead easy, in the sense that growing a plant from a cutting is a form of cloning. And cloning an animal is also not all that difficult if one begins with totipotent cells, i.e. if one transfers an embryonic nucleus into another embryonic cytoplasm. But transferring an adult specialized cell into embryonic cytoplasm requires "reprogramming" that nucleus so that it behaves as if it too were embryonic material. The reprogramming itself is governed by the cytoplasm, and the process by which this happens is ill-understood - and has unpredictable effects. These effects are best illustrated by the developmentally-based health problems of the clones themselves: they typically suffer from inappropriate information flows within and between their

cells, such that *gene expression* (the "switching on and off" of genes) is frequently faulty. So a clone's liver cells might fail to develop beyond a certain point, causing massive liver failure, or its blood vessels might fail to *stop* developing at the right point, thereby coming to place impossible demands on the respiratory system. The upshot is many very sick animals, suffering from a variety of (sometimes bizarre) disorders. Dolly herself was above average, but suffered from obesity and arthritis before succumbing to a farmyard disease while still relatively young.

So why pursue cloning technology? The answer lies in its multiple possible applications - and, as usual, these are an untidy mixture of the therapeutic and the commercial. The significance of cloning from an adult cell is that it allows cloning for specific outcomes: better milk production for cows, greater speed and endurance for horses, and (among other things) greater longevity for human beings. The most controversial application is, however, not the mere modification of individual members of a species to accentuate some desirable feature of that species, but the deliberate cultivation of characteristics in them for *human* use. As Klotzko points out, these uses are of two main types: "cows, sheep, goats, and rabbits [which are] already being engineered to produce valuable proteins in their milk or blood; and pigs [which are] modified to become [a] suitable source of organs for human transplantation". (56) Just how successful these programs are likely to be remains uncertain. One major obstacle for transgenic organs using pigs - which are chosen because of similar organ structure and similar size - is the possibility of transferring not only the organ but also viruses embedded in the pig's DNA. Klotzko sets this out clearly, but also wants to emphasize, against the more suspicious breed of critic - that it was because of these projected therapeutic possibilities that Dolly was brought into being, and not because of a Frankensteinian mad scientist's desire to clone human beings.

This brings us to cloning and humans. Klotzko's defence of the Dolly scientists depends on the distinction between therapeutic and reproductive cloning, and her next two chapters address these topics in turn. However, since the preceding chapters have presented most of the relevant science, in these chapters we see a shift towards addressing the main moral and legal issues. This is less marked in the second chapter, where Klotzko does devote space to distinguishing between kinds of cloning. In the first place, she separates cloning as a contemporary scientific practice from the science fiction-derived popular image of cloning: Star Trek-style copying of full-grown adults, which she calls cloning for replication. (She is surely right that such misconceptions explain much of the very strong public opposition to reproductive cloning, given the equally strong public support for other forms of assisted reproductive technology.) She also usefully distinguishes this kind from two other kinds of reproductive cloning, cloning for resurrection and (reproductive) cloning for therapeutic purposes.

Of these, the latter is arguably less problematic, and more likely, than the former. It differs from ordinary therapeutic cloning in that the cloning produces a new living person (and so with the rights of a person) whose cells can then be employed for therapeutic purposes. Cases have already appeared of parents seeking to clone an ill child in order to provide material for transplantation, and Klotzko rightly observes that such courses of action need not violate the Kantian imperative that we not use others *merely* as means. (A child cloned to save the life of another child is not, for that reason, a child who will be less loved.) She also offers some other reasons in favour of reproductive cloning in particular cases, but here the thinness of the moral framework is all too apparent. That one might prefer to be a clone to being the product of IVF by donor sperm might be true, but might only show just how undesirable an option AID really is – and not that cloning therefore isn't too bad. Preferences show us rankings between options, but they do not show what

it is good to do, all things considered. (Of course, preference utilitarianism would argue that that is all we have anyway – but Klotzko shows no evidence of having such grand theoretical commitments; and if she did she would have to argue for those commitments – not simply appeal to cases.)

But it is in the preceding chapter on therapeutic cloning that the problems with Klotzko's moral assumptions are most evident. This shows up in two main ways, one legal and one more purely moral. In the first case, she contrasts the legal situation in the US with that in Britain: in brief, US bad, UK good. (A good chunk of the chapter is even devoted to a slightly breathless account of the passage of the amendment of the Human Fertilization and Embryology Act – in favour of stem cell therapies – through the House of Lords.) But the important point is that her values lead her into misdescribing the situations in the two countries. The UK, she says, has an effective regulatory framework, but in the US the situation is very uncertain. Why? Because in the UK ongoing cloning research is legal (if constrained), whereas in the US it is not.

But how does this make the US situation "uncertain"? Because Klotzko believes that the research will and indeed should go ahead. So the "uncertainty" of the US situation is that it places the cloning researcher who seeks to sidestep the law in a difficult situation – and so makes *those researchers' legal situation* uncertain. But this is no more a case of legal uncertainty than is the case of a shonky used-car dealer who finds curious ways of sidestepping legal obligations. Klotzko has completely muddled up issues of legal clarity with issues of the guilt or innocence of particular parties. She has done so because she so wholeheartedly believes in the cloning scientists' work that she ends up describing the situation from their point of view – and so manufactures a sense of legal crisis where none exists. (This holds *whatever* one thinks of the legislation itself.)

On the purely moral questions, Klotzko is naivety itself. She simply accepts the moral baseline provided by the Warnock Report, and thus allows herself to argue that the use of stem cells in cloning research is acceptable because it "presents the same ethical issues already thought through in relation to IVF" - thought through in "the moral *analysis* that underlay the Warnock Report". (86, 85, emphasis added.) Where new questions arise, she settles for observing that she believes one solution rather than another. Where popular opinion supports her view, she applauds it; but where it opposes her position (as in reproductive cloning) she puts it down to irrational "moral intuition". (108) And where "animal rights extremists" and "pro-life advocates" interpose contrary views, they can simply be dismissed. (65, 85) After all, they are not "legendary" or "visionary" scientists, using "precise" methods to take "giant" steps. (41, 67, etc) They are, rather, cynical "campaigners" who deliberately distort genuine science, based on sound moral "analysis", for their own sectarian ends. (85)

This is an accessible piece of science journalism, but no more than that. Despite Mary Warnock's puff on the cover, it is not a contribution to sound ethical understanding of cloning science. Moreover, given that this is a book in which she is praised to the skies - as one of "the Great and the Good", as "the most famous public philosopher in Britain", blessed with "both a brilliant mind and an impish sense of humour" (92) - one would have hoped that good taste (let alone good judgement) would have sufficed to deter her from endorsement. A sad day all round.

Stephen Buckle is a Senior Lecturer at the School of Philosophy, Australian Catholic University, based at the Plunkett Centre for Ethics.

10th Conference of the Australasian Bioethics Association

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