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TRS 632D – Biomedical Ethics
Final Exam – due December 13, 2005

1. Any discussion in biomedical ethics has roots in “the dignity of the human person.”

Thus, we must establish what we mean when we use the phrase. It is a fundamental dignity that belongs to each person regardless of social status, economic status, race, gender, or any other possible means of differentiation that you could think of (E.V. #18). Nothing can take away the fundamental dignity that goes with being human.

We begin with the scriptural justification for this fundamental dignity. In chapters one and two of the Book of Genesis we learn of the creation of humans by God. The point of the story is not to establish a scientific explanation of creation but rather that God is the creator, no matter the means, and in Gen 1:27, “God created man in his image, in the divine image he created him; male and female he created them.” Created in God’s image, we understand a dignity that goes with being human. Jesus reaffirms this in his incarnation (and resurrection). By becoming human, he showed us being human is not to be fundamentally flawed. Through his incarnation and resurrection he joins his divinity and our humanity as sacred.

In paragraph #9 in *Evangelium Vitae* Pope John Paul II makes it clear that nothing takes away this dignity. He refers to Genesis 4:15 where, after Cain has murdered Abel, God puts a special mark upon Cain signifying him as under God’s protection. Not even the crime of murder takes away the dignity of the human person. Pope John Paul II presents a theology of the *gift of life*. Life is a gift from God and he gives life dignity. We do not lose the dignity with old age and we gain it not at some moment of maturity but at our creation, our conception.

There are those who accept the idea of “the dignity of the human person” but limit to whom it belongs. In the crime of murder they speak of the dignity of the life of the victim.

However, when it comes to the murderer, they wish to execute him, apparently seeing no dignity in his life (see above discussion from E.V. regarding Cain). Others accept the idea of dignity of human person but limit to whom they include as a human person. Perhaps the most common place we see this is the abortion argument. In their definition of 'person' they include the ability to function as an independent entity. Some will argue that, at least in the early stages of pregnancy, the fetus does not look human (A theory once taught by St. Thomas Aquinas but no longer the teaching of the church) and thus is not human. In my view and the view of the Catholic Church their definition of person is lacking. Biologically speaking from the moment of conception the embryo contains the complete and defined DNA of the adult human it will grow to be. It is a unique individual. It has been given the *gift of life* and the *dignity* that goes with being human, created in God's image. The child in the womb is both a giver and receiver of gifts and thus a person in relationship with others including God. The child has the full dignity of the human person and thus abortion is the taking of the life and morally wrong.

3. In years past, couples would either have children or not. If one or both spouses were infertile there was nothing that could be done. The couple would be either adopt children or accept (not an easy thing) that they could not have children. As with most issues in biomedical ethics, there have been great advances in the medical field regarding infertility. This in turn raises ethical questions regarding the acceptability of the various forms of treatment. It is important to realize that the Catholic Church does not categorically condemn all forms of fertility treatment. The principle ethical question for the Catholic Church is the connection of procreation and conjugal act of love-unity. For many years the Church made procreation the primary good of marriage over unity. Today, church teaching regards them as equal. As Pope

Paul VI says in *Humanae Vitae* #12, God is the one who establishes the connection of the two goods. Thus, it is not for any human to break this connection. It is act of conjugal love-unity that enables the couple to conceive a child.

The medical procedure of In Vitro Fertilization (IVF) separates the two. While the couple may be engaging in the conjugal act of love, it is entirely separated from the act of procreation. In fact, in IVF conception takes place outside the woman's body in a laboratory. Egg cells are obtained from the mother by a surgical procedure. The sperm cells are obtained from the father generally by masturbation. The egg cells and sperm cells are then combined in a laboratory "dish". In the procedure several embryos will be formed. The embryos are then medically evaluated. This may include genetic screening and any "undesirable" embryos are rejected and destroyed. Then generally three or four embryos are inserted into the mother's womb with the hopes that one will implant itself in the uterus. The unused embryos are placed in storage for future use. They may be destroyed in the future or used to "obtain" another child. The destruction of the embryos is the rejection of life but that is not the topic here.

Thus, from this description we see that IVF completely separates procreation from the conjugal act of love. In fact, it is possible for a woman without a spouse to obtain sperm from an unknown donor and to conceive a child, completely severing procreation from marital love. This renders the conception of a child as a biological act apart from love. Christian procreation is more than a biological act. It involves the mutual self-giving of the parents. This self-giving is a total gift of self. God acts out of love when he gives us life and we share in the gift of life in the conjugal act of love-unity. Procreation through the act of love is in accord with the natural law. IVF makes it possible for a male and female to be a biological parent without even knowing the child exists. This does not respect the unity of love.

4. When we speak of moral choices, we generally think in terms of the actions we perform ourselves. For instance, Catholic teaching is clear in its rejection of abortion. Anyone who freely chooses to have an abortion knowing the teaching would be in a state of mortal sin. However, we must look beyond our immediate, direct, and clear actions to determine if we, in anyway, help someone procure an abortion. This is the question of *cooperation*. Cooperation concerns the examination of how my actions may contribute to an immoral act by another. In cooperation we recognize that we may not be the primary agent but acknowledges that we may play a role in the action of others. There are several levels of cooperation. The first distinction to be made is that of *formal* vs. *material* cooperation. In formal cooperation, one joins their will to the will of the primary agent, meaning we assist them in the act of abortion. In material cooperation, one does not intend the action of the principle agent but my actions contribute to their ability to complete the act. In this distinction, formal cooperation is morally illicit while material cooperation still needs further clarification.

A doctor who assists in the abortion is formally cooperating in the act. By assisting willfully he is implicitly saying abortion is acceptable. For material cooperation, we need to introduce three clarifying terms. *Immediate* material cooperation (closely approximates what some term implicit formal cooperation) is to have no intention of performing the abortion, accept it as morally evil, yet assist in some way such as the nurse who hands the surgical instruments to the doctor knowing what is happening. Then there is *proximate* material cooperation such as an anesthesiologist in an abortion. Their action does not cause the abortion but it would be undesirable to have the abortion without one present. Lastly is *remote* material cooperation. This may include those not involved in the procedure but are involved in the care of the mother

such as the nurse who cares for the mother before or after the abortion procedure. The abortion is evil but it having been done it is important to ensure proper care for the mother.

The question of cooperation does not simply apply to individuals. It applies to institutions as well. As we face the closing of Catholic Hospitals or the merging of Catholic hospitals with secular hospitals, we must ask the question does the secular hospital perform morally objectionable services. Paragraphs 69 and 70 of the “Ethical and Religious Directives for Catholic Health Services” are very clear in saying that the Catholic institution must not participate even in immediate material cooperation in an intrinsically immoral action such as abortion or euthanasia. In my home state of New York, the law prohibits the reduction of health care services when hospitals combine. I live in a rural part of the state where there are a limited number of hospitals. A Catholic hospital and a secular hospital were considering merging to reduce repetition of services. However, the secular hospital performed a limited number of abortions. It was willing to consider ceasing this in light of Catholic teaching but the law prohibits reduction of services. The Catholic hospital held to Catholic teaching and the merger did not occur.

5. We turn now to the question of cloning. We begin by saying that everything said in question #1 regarding the dignity of life is relevant here. There are three types of cloning. The first type of cloning is DNA cloning used with bacterial organism. This is not considered morally objectionable in its simplest form and thus we will not discuss it further here.

Therapeutic cloning seeks to enhance medical care by providing for the treatment of disease. It does not seek to create a mature human being. Rather it seeks to create embryos, which in Catholic teaching are human beings, to provide stem cells for research in the cure of

diseases. This is morally objectionable because it involves the destruction of embryos, the killing of human beings. From conception, the embryo contains everything necessary to become a mature adult human. The embryo is capable of giving and receiving, although not yet in a fully adult way. Thus is to be treated as a person. Therapeutic cloning may also be used to research the growing new organs for transplantation. Certainly, the production of organs would be desirable but we must consider how the research is conducted on embryos.

The third type of cloning is reproductive cloning. It actually seeks to create a “new” human who would be an exact *biological* duplicate of the donor. This is morally objectionable first as a rejection of the dominion of God as the author of life. In cloning a human we take creation into our own hands. I also find it morally objectionable in that it seems to say that a *person* is simply a biological “machine” that can be replicated at will, rejecting that to be a person is more than biology. Even if we set aside the notion of a “soul” from God, there are psychological factors involved in the concept of person. One’s *personhood* is not just based on genetics but also on the environment in which we were raised and live. Thus, it would seem that an exact genetic clone raised, say a generation later than the “original,” would not grow up to be the exact same *person* as the original. To those who acknowledge the influence of environmental factors but say it is not their aim to make a duplicate *person* but rather to procreate as an individual this is a rejection of the natural law. Natural law would determine that the natural means of reproduction is the union of a man and a woman. In cloning, the genetic code is taken from either a male or a female but not both and is conceived completely independent of the conjugal act (See answer for question #3 on separation of the unitive act and procreation). Thus, we should reject reproductive cloning as denial of what it means to be a *person* and as in contradiction to the natural law.