Grave New World

Ethical Dilemmas in Modern Health Care

Rick Thomas

Salt and Light Ministries

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Foreword

"What is hidden in the roots will be revealed in the shoots."

This has been one of the lifelong principles by which I have sought to live and build. Experience tells us that what the roots of the plant are like, and what they feed on, determines what sort of fruit grows; where the foundations of a building are shaky, time and disaster will reveal it; where the most simple flaws are not spotted, dreadful disasters can follow – as when a basic defect in the fuel system of the Challenger space craft cost the lives of seven brave astronauts.

So it is with people. What we believe in our hearts will eventually determine how we live, how we build and what we end up with.

This "Roots and Shoots" series is not so much an attempt to define the distinctives of our family of churches, but rather to ensure that all our beliefs and practices are firmly rooted in the Scriptures.

Many people have asked us over the years: "Who are you and what do you believe?" While our structure may appear to be somewhat nebulous, nevertheless the understanding of our common beliefs needs to be clear and unambiguous.

We are a family of churches that believe we are to be "sons of the kingdom" sown into God's earth. The key that transforms "the word of the kingdom" into "sons of the kingdom" is *understanding* (Matthew 13:23). In the Lord's first parable of the kingdom (the Sower), the 'word' of the kingdom – the seed – when properly received and understood produces fruit. In the second parable of the kingdom (the Weeds), we discover that the fruit has become the seed, and that the seed is "the sons of the kingdom". The word, bearing fruit, producing seed as sons of the kingdom, planted in the world! That is our prayer for this series of books.

Barney Coombs

Introduction

Modern technology and medicine have got together and produced some great results! They've also created some serious ethical challenges. These are matters of life and death, and sooner or later they touch every one of us.

This booklet seeks to make a Christian response to these ethical dilemmas. It is intended as a resource for anyone in a pastoral role. You are the ones caring for people planning families, or struggling with infertility, or coping with unplanned pregnancies. You are the ones walking with folk through the pain of their disappointments and tragedies. You are also supporting those who care for handicapped children and elderly or dying relatives. In ethical issues, where the rubber meets the road, real people and real situations are involved. If that's your world, then this booklet is intended for you.

Yet others will also read it. Amongst them may be those of you carrying personal pain. You may have watched, powerless, as your child died. Some of you will have suffered the repeated disappointments of childlessness. Others of you may have had an abortion, and now be wishing that you hadn't. You may be facing the likelihood of a life cut short by a serious genetic disorder. Ethical debate is no cure for a broken heart. But there is one who can mend broken hearts, restore hope to the hurting and give courage to keep going. His name is Jesus, and it is he who is ultimately the focus of this book.

Chapter 1

Revolution

In 1932 Aldous Huxley published his novel 'Brave New World'. He imagined a world where human beings were cloned from each other – pure science fiction of course! Or was it?

On the 23rd February 1997 Dolly the sheep was born. Created by cell nuclear transfer, she was genetically identical to the donor sheep – in other words, a clone. Huxley's fiction was becoming fact!

We are living in the midst of a revolution:

A Technological Revolution

Lots of good things are happening around us; in many ways, it really is a brave new world. The Human Genome Project to identify the nature and function of every one of our one hundred thousand or so genes – the design blueprint of our bodies – is well under way. Genetic engineering offers the hope of cure for some terrible conditions. Reproductive technology means that some childless couples will be able to have longed-for children. Antenatal screening for an ever increasing number of conditions is becoming available. But with this technological revolution comes another sort of revolution.

A Moral Revolution

Things our grandparents would have considered unthinkable are now commonly practised. The ability to manipulate nature is seen as justification

enough to do so. The very scientific advances which promise so much good also threaten to open up a Pandora's box of wickedness. Already we see genetic manipulation driven by consumer demand and commercial greed. Reproductive technology is applied in ways that undermine the integrity of marriage and family life. Without a moral plumb line, respect for life itself is being eroded – a grave new world indeed.

A Revolution in Beliefs

For hundreds of years the Judaeo-Christian faith has guided law makers and guarded life, marriage and the family. Truth was seen as defined by God, revealed in Jesus and enshrined in Scripture. Until comparatively recently it was generally believed that human life is special, with an intrinsic value which must be respected in law and ethics – the so-called 'sanctity' of life. This consensus has disappeared. In a post-modern world, truth is now seen as personally discovered, situational (whatever is expedient at the time), and relative. Instead of the *sanctity* of life we now talk about the *quality* of life. The only conviction to be held absolutely is that 'thou shalt hold no conviction absolutely'.

Response

In the light of the revolution taking place around us, how should we Christians respond? Here's one approach:

- Reassure ourselves, in the smug comfort of our churches, that we've got it right.
- Pronounce 'a plague on all your house' over a world that has lost its bearings and is veering further and further off course.
- View science and technology as manifestations of the anti-Christ.
- Denounce every breakthrough in healthcare as a breakdown of traditional values.
- Assume that all who work on the cusp of biotechnological research are inspired by demons.

Sadly such responses are all too common. But such defensive attitudes don't become those who are called to be salt and light in their world.

So, allow me to suggest a more fitting response:

- Let's recognise that, in many cases, the Bible gives us no simplistic answers to some of these complex areas of life.
- Let's commit hearts and minds with all rigour to understanding biblical principles and applying them to the complexities of modern science and medicine.
- Let's recognise that most workers in these fields are not rabidly anti-Christian, but sincerely want to improve the world as they see it.
- Let's encourage our bravest and our best to get involved in these arenas and make a difference.

Finally, we must pray to be filled with the spirit of compassion, courage and hope. In this way we shall not only face our own painful times without falling, but be able to bring hope and help to others as they face theirs.

Chapter 2

Ground Zero

Some years ago alarming cracks began to appear in our house. When we could see the garden through the walls as well as through the windows, we decided some action was needed! Structural engineers were called and diagnosed inadequate foundations. We moved out and the builders moved in to underpin the foundations. The house now stands on unseen, six metre deep, reinforced concrete stilts!

Anyone who's done a little do-it-yourself building work will know the importance of a plumb line and a spirit level, particularly if building on uneven ground which can deceive the eye.

This chapter is about plumb lines, spirit levels and foundations. It is a reminder of the biblical principles which will govern the way we look at contemporary ethical issues. Again and again we shall return to these few simple but profound truths to guide us through the moral maze.

Life Belongs to God

It all began with God. He was there first and he made man in his image: "So God created man in his own image, in the image of God he created him; male and female he created them." (Genesis l:27)

So, life is the gift of God and we are his image-bearers on earth. But what does it mean to bear his image?

Reflections

Just as the moon was created to reflect the sun's light so, as image-bearers, we were created to reflect the glory of God. We shine with borrowed light.

Responsibility

Adam was given responsibility to rule the earth, not as owner but as a steward, on God's behalf (Genesis 1:28).

Relationship

Man was designed, not for independence, but for a relationship of intimacy with and dependence upon his Creator.

Tragically, the fall marred our ability to be image-bearers; relationship was broken, responsibility betrayed, and the light of glory all but extinguished. The created masterpiece was flawed almost beyond recognition.

Happily, the story does not end there. God has intervened to redeem the loss and restore his purposes. In the death and resurrection of Christ the wages of our rebellion, independence and pride have been paid in full. The power of sin to enslave was broken and Satan was roundly defeated. Relationship with God can be restored and intimacy can grow.

The Christian rejoices in the forgiveness of his sins and, in the Holy Spirit, receives the power to live like Jesus. Like the restoration of a once-great oil painting, the image-bearer is gradually transformed. More and more the Creator's purpose is recovered. Little by little the glory is restored. And all along, the Christian is encouraged by a sure and certain hope – the knowledge that one day he will see his Lord and when he sees him, he will be like him. The transformation will then be complete. Death will be swallowed up in victory and the legacy of Adam's fall will have been fully redeemed.

Life Begins at Conception

It makes sense biologically

From the moment that the sperm fuses with the egg, a new life has begun. Sperm and egg each bring a half set of chromosomes and, in their fusion, a full set of 46 is produced – a unique combination of genes, different from either parent, a totally new person. Given a favourable environment, this single cell will multiply into generation after generation of new cells. The entire blueprint for development is there from the moment of fertilisation.

It makes sense biblically

The Bible shows how God is intimately involved in the mysterious and unseen processes of foetal development in the womb. This is best seen in Psalm l39. While the language is poetic and quaint, the truths are timeless. Like a potter or a weaver, God is revealed as the one who shaped and modelled the psalmist as a tiny embryo. "You created my inmost being; you knit me together in my mother's womb." (verse 13)

As the Psalm unfolds the writer describes his life in four stages: before birth, after birth, the present, and the future. He sees it all in continuity, and declares that God is with him in each phase of life. But it is one life, whether in or out of his mother's womb.

Perhaps most striking of all is the way that the psalmist describes the covenant love God has for him. God is described as knowing him, surrounding him, holding him, sticking to him faithfully and never leaving him or letting him go. It is this, the grace of God towards us, his loving destiny for us from our earliest existence, which makes life so special. The value of a human life is therefore intrinsic, conferred upon it by being the object of God's grace, and is regardless of age, race, ability or usefulness.

Of course, Jesus was once a foetus too. Luke describes for us the delightful moment when two pregnant women met to swap experiences! Mary has come hot foot from her encounter with the angel and so is in the very earliest stages of her pregnancy. Her relative Elizabeth is well on in hers. As they greet one another the baby in Elizabeth's womb leaps and

Elizabeth herself is filled with the Holy Spirit, exclaiming: "Blessed are you among women, and blessed is the child you will bear! But why am I so favoured, that the mother of my Lord should come to me? As soon as the sound of your greeting reached my ears, the baby in my womb leaped for joy." (Luke l:42-44)

The unborn child John in Elizabeth's womb leaps for joy at the presence of Jesus only a few days or weeks after Jesus' own miraculous conception. Jesus, probably no bigger than a finger nail, still makes his presence felt! What better example of the personhood of the early foetus could we ask for!

Luke, the doctor, chooses to use the same Greek word, *brephos,* to describe the unborn John, the new-born Jesus (Luke 2:12), and the little children brought to Jesus for his blessing (Luke l8:15). By using the same word he underlines for us the continuity of existence between foetus, new-born and child.

It makes sense intuitively

Many women planning an abortion admit to a deep sense of unease. They struggle in their refusal to provide a welcome in their womb. It is as if what they are contemplating amounts to a betrayal of trust. Something very deep and intuitive cries out to offer hospitality to a defenceless but real person.

And when a wanted baby is miscarried or is stillborn, bereaved parents invariably mourn for someone who was already dear to them, someone who should have been their 'baby'. Despite attempts by our culture to persuade women that having an abortion is no more traumatic than having a tooth extraction, the fact remains that some who take this step feel guilty of betraying an innocent trust. This is not confined to those with religious convictions. Most women feel intuitively the responsibility to nurture and protect their unborn babies. That maternal instinct runs deep, and reflects the Creator's design. Little wonder then that abortion in such women can produce a deep sense of loss and guilt.

Life in the Overlap

Suffering is part of the human condition. Between the disaster in the Garden (Genesis 3) and the delight in the City (Revelation 21), the Bible gives us no reason to think otherwise. Of course, it wasn't intended to be this way at creation, but suffering rode into the world on the back of Adam's rebellion. However, God's ultimate intention will recover his original intention – a new heaven and a new earth free of sin and suffering!

Meanwhile, we are living in the overlap between two kingdoms. We experience a legacy from the Garden and a foretaste of the City. From Adam onwards, man's rebellion, independence, and pride has handed power and influence on the earth to Satan. Jesus called him the 'prince of this world', impostor though he is! His rule is characterised by dirt and degradation, despair and depression, disease and death.

But a 'second Adam' (Romans 5:12-21) has come to the rescue! Jesus came preaching the gospel of the kingdom, with himself as King. This kingdom spread one heart at a time, as people renounced their sin and became his disciples. It was a liberating message, freeing people from slavery to their fallen natures and promising them power to become like Jesus. He demonstrated his power over Satan by liberating the demonised, healing the diseased, and resuscitating the dead. He delegated that same authority to his followers, with instructions to do what they had seen him doing. That mandate continues to this day. Through the Holy Spirit he gives his followers the power to live the life of the future today. As the message is spread and is received, the kingdom grows and God's influence on the earth increases. God's goal hasn't changed; it still remains that "the earth will be filled with the knowledge of the glory of the LORD, as the waters cover the sea" (Habakkuk 2:14).

So we are living in the 'already but not yet' of the kingdom. It is here and growing, but not yet fully manifest. As yet, not all the effects of the fall have been redeemed. The earth still 'groans' under its curse, awaiting redemption (Romans 8:19-21) and, though the Christian has received the gift of eternal life, his physical body will still die for "flesh and blood cannot inherit the kingdom of God" (1 Corinthians 15:50). Christians still suffer with measles and malaria, arthritis and Alzheimer's. The bad news is that

we are not immune to the effects of ageing and degeneration, even if a healthy lifestyle can offset them to some degree. The good news is – there's a new body to look forward to which won't wear out (Philippians 3:21)!

Life is War!

The parable of the weeds and the wheat (Matthew 13:24-30) teaches us that these two kingdoms we have referred to will continue to grow side by side until the end comes. Consequently, we are involved in a spiritual war, a conflict that will have personal, local and global dimensions. As in all wars, there are advances and set-backs. We experience encouragement and disappointment along the way. But we have read the end of the story – Jesus wins! Though some battles may be lost along the way, the outcome of the war is not in doubt!

How then shall we live on a war-footing?

Keep going

What do we do when tragedy strikes – a serious road traffic accident, a crippling disease, the death of a child, the collapse of a business? What do we do when our fervent prayers appear to go unanswered, when heaven is silent, when injustice appears to triumph, when persecution is unrelenting?

At such times the enemy's strategy is to persuade us to lose heart. He's happy if we become passive, cynical and unbelieving, for then we are out of the fight. The Bible's answer is simple – keep going! Let disappointment harden your resolve and not your heart. Recognise that faith, like a muscle, grows fastest when applied against opposition. Feed your faith with a diet of God's Word. Though not everything that happens to us seems good, the truth is that: "In all things God works for the good of those who love him … " (Romans 8.28)

That's why we can be thankful and confident even in the midst of trials. This is a tremendous truth and can transform the experience of suffering as we discover God's higher purposes in it. Suffering can show us our limitations, improve our perspectives and stretch our faith. It's one of the tools used by Nazareth's carpenter to shape and refine our characters.

The natural reaction when sickness or tragedy strikes is to ask 'Why me?' Heaven often seems silent at such times. If we persist with this line of questioning we are likely to end up in bitterness or self-pity. A better question to ask at such painful times is, 'What now, Lord?' This opens the door to heaven's perspective, resources and healing. What's more, our faith and trust in God shines all the more brightly for others to see when we are in the midst of a trial. People find it difficult to relate to 'got-it-altogether, everything-in-the-garden-is-rosy' Christians. But when they see us in the midst of struggles, and observe hope, confidence, and the joy of God in us, then their attention is really captured!

The key battle in this war is the battle for our hearts, to keep positive and expectant and full of faith. So let's provoke and encourage each other. Let's go on confidently declaring the gospel of the kingdom, in word and deed, through thick and thin. Let's go on giving comfort to the hurting, even when we are hurting ourselves. Let's go on accepting others even when we ourselves are rejected. Let's go on forgiving others even when we ourselves are falsely accused. Let's go on with childlike trust in our heavenly Father even when we can't understand his ways with us. We dare not lose heart!

Keep praying

John Piper says: "We cannot know what prayer is for until we know that life is war." Prayer is like a battlefield walkie-talkie, linked to headquarters; so let's keep the channel wide open! God's army marches on its knees. This is where we receive our battle plans; this is how we understand our C-in-C's strategy for our family, neighbourhood, city and nation; this is the means he has chosen by which to release his power in the earth. Prayer is not a peace-time shopping-list to improve our creature comforts! Rather, it's a weapon. That's why Paul says, "And pray in the Spirit on all occasions with all kinds of prayers and requests. With this in mind, be alert and always keep on praying for all the saints." (Ephesians 6:18)

When it comes to healing, let's recognise that it is our job to pray, God's to heal. Let's refuse to be put off by disappointments on the way, but set ourselves to persevere in prayer. We're not the first disciples to find this

a challenge, which is why Jesus "told his disciples a parable to show them that they should always pray and not give up" (Luke 18:1).

So let's drench ourselves in the Scriptures, building faith into our hearts and, as John Wimber used to say, keep 'doing the stuff!' When we start to offer prayer for healing to unbelievers, as a sign of God's power and love for them, we'll be doing it Jesus' way. My guess is that not only will we see more saved that way, but more healed too!

Keep growing

A commanding officer in the SAS was asked what quality he most looked for in the men applying to join his elite unit. 'Grace under pressure,' was his reply. Through rigorous training and discipline, those men will be equipped to show 'grace under pressure' when the battle is intense.

Maturity is about making right choices. Here's some instructions from our training manual, showing us the right choices we need to make to grow in grace under pressure.

1. Right choices when faced with temptation:
   - There is a 'way of escape' we can choose (1 Corinthians10:13)
   - Flee from it! (2 Timothy 2:22)
   - The enemy outside is no match for the Spirit inside! (1 John 4:4)
   - Holiness is not negotiable (Colossians 3:5-14)
   - Guard integrity of heart (Psalm 51:6)
2. Right choices when faced with opposition:
   - Bless those who curse; overcome evil with good (Romans 12:14-21)
   - Keep your heart from judging others; follow Jesus' example (1 Peter 2:21-23)
   - Be quick to forgive; don't bear a grudge (Ephesians 4:32)
   - Die a little more each day! (Matthew16:24-25)
3. Right choices when faced with adversity:
   - Expect trouble, it's a promise! (John 16:33)
   - Learn to value, even rejoice in, trials (James 1:2-4)
   - God is in charge, so he'll work good into it (Rom.8:28)
   - Wise sons welcome discipline (Hebrews 12:7-11)

4. Right choices when faced with responsibilities
    - At home, in love and loyalty (Ephesians 5:22 ff)
    - At work, in diligence and respect (Colossians 3:23)
    - As citizens, in submission to authorities (Romans 13:1-5)
    - In church, loving and serving each other (John 13:14-15)

What's all this got to do with ethics? Simply this – ethics is another battle-front in the arena of war we are engaged in. It won't be enough simply to understand concepts or be familiar with principles. In this, as in every aspect of battle, it's who we are that counts much more than what we know. If we want to contribute positively to the war effort rather than become a casualty of it we must live as soldiers!

Life Eternal

For the Christian, death is a doorway not a dead end. He knows that through that door is Paradise and that no matter how wonderful life on earth may have been, it can't hold a candle to what God has in store for him! So he does not hang on to life at any cost, terrified of nothingness. Even in suffering he is sustained by the confidence that 'the best is yet to come'.

And when loved ones die in the Lord, the Christian does not "grieve like the rest of men, who have no hope" (1 Thessalonians 4:13). He will mourn the loss, of course; but he will also be comforted by the knowledge that the one he loved so much is now with the One who loves the most!

Chapter 3

Contraception

Twenty years ago Victoria Gillick made the headlines. A Roman Catholic and a mother with daughters, she went to court to try to make it illegal in Britain for doctors to prescribe contraceptives to under-age girls without parental consent. The issue of confidentiality in the relationship between doctor and patient was argued. Mrs Gillick won a great deal of admiration and support for her forthright stand, but she lost the case. Time has passed and the debate has moved on. Today the argument is over making the ‘morning after’ pills freely available across the counter.

Contraception is so much part and parcel of modern culture that it is easy to forget that it is a comparatively recent phenomenon. Although birth control has been practised since ancient times, it wasn’t until modern science and medicine combined to produce the contraceptive pill that reliable and easy-to-use contraception became available on a massive scale. In recent years the moral question has been eclipsed by debate about the physical risks and failure rates of various forms of contraception. The sadness of this approach is that it fails to consider the nature and context of sexual activity. The contraceptive culture encourages us to enjoy ‘sex without strings’ and has dislocated making love from making marriage or making babies.

Is Contraception Morally Okay?

On some moral issues the Bible is silent. At such times we seek to apply Scripture’s general principles to today’s moral dilemmas. This may

mean that equally earnest Christians arrive at different views by stressing different aspects of God's Word! It was ever thus. In the New Testament, Paul gives guidelines for coping with such potential conflicts (see Romans 14 and 15).

The current Roman Catholic teaching dates back to Augustine, but with more recent modification. It affirms that the chief purposes of marriage are the procreation and education of children. It is argued that the natural result of sex is the conception of a child, and that anything which interferes with this process is contrary to nature and therefore immoral. The size of families should be limited by practising self-denial or following the natural rhythms of God's created design. The case against contraception can also be argued from a number of other viewpoints:

- The 'risk' of pregnancy would almost certainly act as a deterrent against promiscuity
- Certain artificial methods of contraception, particularly the pill, can sometimes harm the woman's body
- There is a general scriptural injunction to "be fruitful and increase in number" (Genesis l:28)
- The status of women is demeaned now that sex without strings is possible (i.e. they become 'sex-objects').
- Enforced contraception and sterilisation have been used for political and repressive purposes, e.g. in China.
- The contraception culture has probably increased the demand for abortion. Contraception is supposed to give us choice. So, if contraception 'fails', the common attitude is that I can still choose not to have this child (i.e. abortion as a kind of retroactive contraception).

But there is another way of looking at contraception that relies on a view of sex as more than simply for procreation. The Bible teaches clearly that sex is for marriage alone (e.g. Hebrews 13:4). The beauty, intimacy and delight of sexual relations between husband and wife is celebrated in Scripture, and their union is spoken of as a mystery expressing the relationship between Christ and his church (Ephesians 5:25-32). In this context sexual relationship seems to have nothing to do with producing

children. Indeed, from the very beginning, one of the purposes for which God provided a companion for Adam in the garden was to be "a helper suitable for him" (Genesis 2:18). The focus here is *relationship*, whereas in Genesis 1:28 it had been *fruitfulness*. In other words, God sees both aspects as important to marriage, but emphasises different aspects and purposes at different times.

Paul teaches that periods of abstinence from normal sexual relations between married partners may be appropriate for limited periods (l Corinthians 7:3-5), but that otherwise normal relations should take place regularly as each lovingly seeks to meet the needs of the other. Again, procreation is not mentioned in this context. The point he seems to be making is that the best antidote to adultery is a good marital relationship.

The case presented for contraception, within marriage, is that:

- It enables a full expression of intimacy and unity at any mutually agreed time. In today's world, where working away from home is so common, married partners are enabled to 'take the opportunity when they have it' without having to wait for 'safe' periods.
- It enables couples to plan their families and space their children.

Methods of Contraception and their Morality

If we accept that contraception is acceptable in principle, what are the moral implications of the various methods available, given that we agree that human life begins at fertilisation? Contraception which prevents the sperm and the egg meeting clearly has very different moral implications from methods which act to destroy newly formed human life.

Barrier methods

Reversible barrier methods such as condoms, caps and diaphragms, together with irreversible male or female voluntary sterilisation, should present no moral dilemmas for most Christians.

Emergency contraception

The drug RU 486 was developed in the 1980's in France and is now licensed for use in the UK as mifepristone. It works by preventing the

development of the placenta in the very early stages, but does not prevent conception – it causes a medical abortion.

The ‘morning-after’ pill is now freely available from GP’s and family planning clinics. Taken within 72 hours of unprotected intercourse, it will prevent pregnancy in about 95% of women. It works either by preventing ovulation or by preventing the implantation of the fertilised egg. Of course, it will be impossible to know exactly how it has acted in any particular case; but certainly, in some cases, it will not prevent fertilisation.

The insertion of an intra-uterine device, fitted within 5 days of unprotected sex, will abort a very early pregnancy by preventing the implantation process.

Intra-uterine devices

When these were first developed it was thought that they worked by preventing a newly-fertilised egg from implanting in the wall of the womb. More recent research has found that prevention of fertilisation may be the dominant mode of action, especially where the IUD contains copper. More recently still an IUD has been developed which contains progestogen which thickens the mucous plug in the cervix thus preventing the entry of sperm to the womb. So again, IUD’s may act by preventing conception or by causing expulsion of an early embryo during menstruation.

The Pill

The first contraceptive pills to be developed contained high doses of oestrogen. These acted by preventing ovulation and therefore prevented fertilisation. However, the high doses of oestrogen were associated with an increased risk of blood clotting etc., so these pills are rarely prescribed now.

Pills which contain only a progestogen, (the so-called mini-pill), as well as those which contain progesterone in combination with a much smaller dose of oestrogen, are much safer than the earlier pills. However, their mode of action is also different. They work by thickening the cervical mucous rendering it hostile to sperm. If the sperm break through, then fertilisation may occasionally occur. In that event, a secondary action of

the pill, preventing implantation of the embryo, would result in its expulsion, i.e. a very early, medical abortion.

Long-term agents

It is now possible to give contraception via long-term injections or skin implants. These are progesterone-containing formulations and therefore have the same mode of action as the mini-pill.

Summary

Even experts in the field of contraception differ in their views about how frequently today's contraceptive agents may actually allow fertilisation to take place but prevent implantation. It is clear that, when properly used, the low-dose pills and the new IUD's will act to prevent fertilisation in the vast majority of cases. The fact remains, however, that on some occasions, these methods will not prevent conception but will lead to the expulsion of the newly formed embryo.

With barrier methods, fertilisation is prevented and so the nagging doubts about modes of action associated with other methods are avoided. They have their disadvantages – less convenient, not 100% 'safe' – but for the Christian they provide a morally acceptable choice.

'Third party' in Contraception

Contraception may involve a third party – the doctor or the clinic. The Christian doctor is confronted with a particular dilemma. If he holds a Catholic position as a doctor, ought he to prescribe contraceptives to anyone, married or single? If, as a Christian, he believes that marriage is the only context for sexual behaviour, then should he ever prescribe contraceptives for a single person? Would he be condoning, even enabling sexual promiscuity by so prescribing? Should he impose his values on his patient? What about caring for his own conscience? Christian doctors and clinic workers respond in different ways to these dilemmas.

For some, the situation is simple – it is black and white. Sexual activity outside marriage is wrong for everyone, Christian or not. It breaks God's law, and so the Christian, in all conscience, cannot help another to do that. To do so would be to become an accessory to immoral behaviour. Those

who take this view might also argue that their refusal to prescribe contraception will strengthen a single person's resolve to say 'no' to sexual pressure. Of course, the patient has the right to another medical opinion. The Christian doctor then has to decide whether or not to refer his patient on to a colleague who might be more sympathetic to the request.

Other doctors see their role differently. They see their responsibility to advise the patient, to point out the practical, emotional and even spiritual consequences of their patient's sexual behaviour. If invited, they can express their own view. But they also recognise that in most cases their opinions will not be sought or followed. The adult patient has the right to reject good advice and under these circumstances the physician may feel obliged to prescribe. He does so hoping to prevent a worse situation from developing – the 'lesser of two evils' view. Prescribing contraceptives is justified as the means of avoiding the greater evil of abortion. This he does with a heavy heart and with the hope that at least he has maintained a relationship with the patient which may give him future opportunity to further challenge and help change their behaviour.

Both these views are equally committed to marriage and to God's pattern for human sexuality. Where they disagree is about how to respond to those who don't share their values. Both recognise that the best solution to such situations is for Christians to live such winsome lives that others are drawn to follow that pattern of respect for God's laws.

What about Contraception for 'Minors'

When it comes to the issue of prescribing contraceptives to 'minors' the situation is even more crucial. To prescribe for young people under 16 years of age (in the UK) could be seen as condoning the breaking not only of God's law but of the law of the land. Some doctors would justify this on the 'lesser of two evils' argument. Some would feel that it is important to involve the patient's parents in the decision, whether or not the young person thought that was a good idea!

Others would wish to guard the confidentiality of the relationship with their patient and agree not to tell parents if requested by the young person. At the very least, a Christian doctor would surely do all he could to

point out the risks and dangers of such early sexual activity, to urge restraint and responsibility, not to mention compliance with the law! If, nonetheless, his patient is adamant, then the doctor may have to choose between the call of his own conscience and his desire to retain a possibly redemptive relationship of trust with his patient. These are not easy matters to weigh and we must keep our hearts from judging those who take a different view from our own. By God's grace and under the leading of the Holy Spirit each of us must act as we believe Jesus would act in each situation.

Chapter 4

Reproductive Techniques

The pain of childlessness is particularly hard. Month by month disappointment develops into despair, hopelessness and sometimes depression. Everything seems to take so long. Doctors say things like "give it another year". Friends hesitate to tell you that they are expecting again for fear of upsetting you. Some well-meaning person tries to jolly you along by expanding on the benefits of the freedom and mobility of those without children to worry about. "Perhaps God wants you in Mongolia," they say, and then go on to ask you to baby-sit for them!

Recent years have seen an explosion in reproductive technologies, offering hope to childless couples. But are such techniques okay for Christians? Should the childless couple simply conclude that children are not part of God's plan for their lives? Would they be disobeying God if they opted to pursue further treatment? What about all the time and expense, not to mention frequently-dashed hopes, that might be involved?

The Story So Far

Louise Brown, the world's first 'test-tube' baby, will be 22 when this book is published. Up until the late 1970's the only help that could be offered to infertile couples was by artificial insemination (AI). This could be by the husband (AIH) or by an anonymous donor (AID), and is now called donor insemination (DI).

Louise Brown was born as a result of IVF (in vitro fertilisation). In this technique, eggs harvested from a woman's ovary are fertilised by sperm

in a laboratory dish and the resulting embryos are grown for some days. One or more of these embryos can then be implanted into the patient's womb. The development of the technique over the past two decades has been rapid. In the UK alone, from January 1995 to March 1996, 37,000 IVF attempts were undertaken, resulting in 5,500 live births (about a third of whom were twins or triplets).

For the couple who are unable to have children, because the wife's tubes are blocked, IVF offers real hope. (The fallopian tube transports the egg from the ovary to the womb following ovulation. The tube is the normal site of fertilisation as the egg encounters the sperm swimming in the opposite direction. Where the tube is blocked, fertilisation is prevented; so IVF provides a way of by-passing the blockage).

Is IVF OK for Christians?

Some Christians feel uneasy about IVF, on the grounds that any 'interference' with the natural method of conception is morally unacceptable. (This would be official Roman Catholic teaching, and is consistent with their view of contraception.)

Most, however, would not see an ethical problem here, provided the technique uses the husband's sperm and the wife's eggs. The integrity of the marriage covenant is not violated under these circumstances, even if the intrusion of technology into making babies may seem rather less than romantic!

But the ethical concerns don't stop here. Currently, the success rate with IVF is about 16%. The chances of success can be improved if several embryos are re-implanted into the womb at the same time. Normal practice involves creating as many as ten embryos. (This is done by giving hormones to the woman, causing her to 'super-ovulate', producing a whole bunch of eggs at the same time. The eggs are harvested, using a fine telescope inserted through the abdominal wall, before being fertilised by sperm in a laboratory dish.)

After about 48 hours further development, up to three of the strongest-looking embryos are inserted into the womb. Not all the embryos are sure to survive, but the chances of a successful pregnancy developing are

increased by introducing several at a time. Of course, more than one foetus may survive, resulting in twins or triplets. Selective abortion is sometimes used under these circumstances in order to give the best chance of survival to the remaining foetus.

Now we are entering an ethical minefield! Several questions arise:

Some Questions and Answers

What happens to the spare embryos, the ones not re-implanted?

They may be frozen, at a later date to be unfrozen and re-inserted into the genetic mother's womb, or into another woman's womb (embryo donation). They might be used for research, (currently allowed in the UK up to 14 days, before being destroyed), or they may just be discarded immediately as surplus to requirements.

Who owns the embryos?

Do they belong to the genetic parents, who may not even know each other? Do they belong to the hospital, or the state? Who's to say for how long they should be stored, and who decides what to do with them after that? This is a legal, as well as an ethical, nightmare! As ever, the law makers are struggling to keep pace with the advances in technology. The 1990 Human Fertilisation and Embryology Act, the main provisions of which can be found in Appendix A, governs current practices in the UK.

Who's the real mum?

IVF makes it possible to use eggs, sperm or even embryos from any combination of donors. Moreover, the embryos could then be implanted in the womb of a woman other than the one who provided the eggs, and carried to term – a so-called 'surrogate womb'. So it is possible that an IVF child may have three 'mothers' – a genetic mother who provided her egg, a pregnancy mother who provided her womb, and a nurture mother providing care after birth.

Things to be Aware Of

So, how does all this affect the Christian couple presenting themselves for possible IVF treatment? They need to be aware of several things:

- Success rates are low and the procedure lengthy. Would-be parents need to be ready for delays and disappointment and will appreciate lots of encouragement along the way!
- Not all Health Authorities make IVF available on the British National Health Service; where they do, there will be a limit on the number of attempts they are willing to fund. Private treatment can be costly.
- They must be clear in their own minds about the 'spare' embryos issue. If we believe that life begins at conception then every embryo deserves respect and protection. The couple can request that only as many embryos are created from their eggs and sperm as are then re-implanted. This is where problems can arise. Doctors will wish to optimise the chances of success; they may have an interest in embryo research; they will certainly want the service to operate in the most cost effective way possible. But they have a duty to respect their patients' convictions even if they don't share their beliefs. A couple desperate for children could feel under pressure to agree to the creation of spare embryos in order to please the doctors or give themselves the best chance of a successful pregnancy. Wise advice, tenderly given at such crisis moments, can help to protect vulnerable couples from later, agonising decisions about their 'redundant' embryos.

Of course, not all childless Christian couples will seek IVF. Some may simply give up 'trying' for a baby, and we all know of couples who have then conceived in almost the next month! Other childless couples may conclude that God has 'blessed' them with infertility for a particular purpose. Even so, it's all too easy for them to feel like failures for not producing children of their own when everyone around them appears to be breeding like rabbits! They may successfully hide their feelings, smiling at the meetings, teaching junior church etc., only to cry themselves to sleep at night. Such folk need great sensitivity, support, and encouragement positively to hold fast to God's call on their lives. A rapid return to a settled peace will confirm that call as genuine.

Changes, Changes

Reproductive technology has moved on a long way in the 20 odd years since Louise Brown was born, and the next two decades will doubtless see at least as many changes. Much joy has been brought to many, previously-infertile couples. Many longed-for children have been born into happy and secure homes. For others there have been disappointment and frustration. It is to be hoped that further improvement in techniques will lead to higher success rates.

There are also more worrying developments. There is evidence that commercial interests will override ethical ones. The rights and needs of a child to grow up in a home with a mother and father are being further undermined. The integrity of marriage and the family, as Christians would define them, is being threatened and all manner of alternative life-styles are being blessed with children as a result of the availability of these techniques. We cannot be censorious but we must be vigilant. Let's keep informed, keep lobbying the law makers, and above all keep praying! We are known as 'Salt and Light' churches; let's live up to our name!

Chapter 5

Abortion

A Brief History

There is nothing new about abortion, nor infanticide (the deliberate killing of the newborn). Both were common in Greek and Roman times. Disposing of unwanted or sick infants by exposing them to the elements was 'normal' and without legal reprisals. The value of a life was measured by its usefulness to parents or state. The disabled or weak were therefore disposable.

Of course, there were some good guys. Hippocrates was one of those who stood out against popular opinion. The Hippocratic oath includes the words: "I will follow that method of treatment which, according to my ability and judgement, I consider for the benefit of my patients, and abstain from whatever is deleterious or mischievous. I will give no deadly drug to anyone if asked, or suggest any such counsel; and in like manner I will not give to any woman a pessary to procure abortion."

The Jews of Jesus' day were different too. They believed that human life whether unborn, newborn or adult, healthy or sick, had intrinsic value as the expression of the image of God. The foetus could only be destroyed in order to save the life of its mother and infanticide was forbidden.

The early Christians not only opposed the pagan practices of the culture around them, but frequently adopted orphans and foundlings into their own families. The early church had such an influence that, even before

Constantine's conversion in AD 312, Roman law was changed to limit abortions and to outlaw infant exposure and infanticide.

In the UK, abortion was illegal from medieval days. The 1929 Infant Life Preservation Act allowed for abortion "when done in good faith with the intention of saving the life of the mother". Risk to the mother's life was much more common then than today and this provision was to protect doctors from prosecution. However, the prevailing view in the west was still the Christian belief in the sanctity of human life. This was reflected in the 1948 Geneva Convention which required doctors to "maintain the utmost respect for human life from the time of conception".

By the 1960's concern over the large number of criminal abortions being performed by back-street abortionists paved the way in the UK for the 1967 Abortion Act. The Act permitted abortions if two doctors, acting in good faith, agreed that the continuance of the pregnancy would involve either:

- risk to the life of the pregnant woman; or
- risk of injury to her or her existing children's physical or mental health greater than if the pregnancy were terminated; or
- if there is a substantial risk that the child, were it born would suffer from such physical or mental abnormalities as to be seriously handicapped.

The Act came into force in 1968 and led to a rapid increase in the number of legal abortions. In England and Wales the figure for 1966 had been around 6,000. In l968 the number increased to 24,000, and by l974 to almost 170,000. By the end of 1995 over 4 million legal abortions had been carried out in England and Wales. Though unintended by those who had drafted the l967 Bill, the wording had effectively led to abortion on request.

In 1990 further legislation was passed, reducing the time limit up to which abortions can be performed from 28 weeks to 24 weeks, but at the same time allowing abortion right up to the time of birth in cases where there is a substantial risk of handicap. Worldwide it is difficult to be certain of the scale of abortion, but it is estimated that at least 50 million abortions take place each year, which is at least one every second.

Foetal Development

The nucleus of each normal human cell contains 46 chromosomes in 23 pairs. Exceptions to this rule are the male sperm and the female egg, each of which contains only a half set of 23 chromosomes. At fertilisation, when the sperm penetrates the egg, the two half-sets combine to produce a totally new human life. This single cell is unique, genetically different from either parent, and contains the entire genetic blueprint for subsequent growth and development.

Conception normally takes place in the fallopian tube. Over the next few days the fertilised egg will continue its journey along the tube to the womb and will implant in the wall of the womb. The wonders of modern science have enabled us to examine life inside the womb as it develops. Between 3 and 4 weeks after conception the foetal heart is already beating. By 6 weeks brainwaves can be detected and arms and legs are clearly visible. By the 9th or 10th week the foetus is recognisable as a miniature baby; and by 13 weeks the foetus is completely organised.

It is thought that the foetus can appreciate pain before the 10th week of development, the stage at which most abortions are performed – a distressing thought indeed.

The Key Ethical Question

At the heart of the abortion debate is the question about the nature of the foetus. From what point in its development should we consider the foetus as a person, with all the rights to protection and value that come with personhood? Let's consider three views:

View 1: The foetus has no rights

The foetus is seen as part of the woman's body. She alone has the right to decide its fate; it is entirely her choice. She may or may not choose to confer with her partner. She may decide to keep the foetus or to have it removed and discarded. The baby only acquires rights of its own after birth.

This increasingly common view is not limited to a group of militant, pro-choice feminists. Francis Crick, awarded the Nobel prize in 1978 for

his work unravelling the structure of DNA, is on record as saying, “No newborn infant should be declared human until it has passed tests regarding its genetic endowment; if it fails it forfeits the right to live.”

This view of the foetus inevitably gives rise to a consumer mentality towards pregnancy and to an inevitable increase in infanticide and child abuse. The use of euphemisms like ‘products of conception’ helps to encourage a dehumanising of the issue. In practice, however, many of those who try to adopt this view struggle to suppress their intuitive feelings of motherhood. In such women the operation may last only a few minutes, but the emotional consequences may last for years.

View 2: The embryo acquires personhood between conception and birth

There is a range of opinions here. Implantation in the womb; the point at which the developing foetus is thought to be able to feel; quickening (when mother starts to feel the baby’s movements); viability (the time when the foetus, if born prematurely, would be able to survive); all have each been suggested as the point of ‘humanisation’. All these developmental stages are important, but none of them marks any fundamental change in the *nature* of the foetus. Throughout the study of biology, life is always regarded as beginning at conception. It makes no logical sense to arbitrarily select some subsequent stage of development as the point at which personhood is acquired.

As early as l967 the first International Conference on Abortion, held in Washington, reported, “We can find no point in time between the union of the sperm and the egg and the birth of an infant at which point we can say this is not a human life.” This leads us to the third view:

View 3: The foetus is fully human from the point of conception

We have already seen that this is consistent with the teaching of the Bible. It is also the only view that makes sense of our understanding of embryology. Science has only served to undergird a view stated by the Early Church leader Tertullian as early as AD 197 when he said, “He also is a man who is about to be one: you have the fruit already in its seed.”

To suggest that a l0 week old foetus is somehow less human than a 10 week old infant is no more sensible than suggesting that a 10 year old is

less human than a fully mature adult. We are fully human from the moment of conception and development continues not only up to but also beyond birth.

A Christian Response

This week, about 3,000 abortions will be carried out in England and Wales alone. When we read statistics, it is easy to forget the human stories which lie behind them. Where abortion is concerned, those stories are frequently tragic. Not everyone who seeks an abortion does so simply because it is inconvenient to be pregnant, or because they couldn't be bothered with contraception, or got drunk and carried away at a party.

Many who seek help are mothers already, sometimes single, or struggling to cope with existing children, frightened of being unable to make ends meet, or pressurised by demanding partners. Frequently relationships are in crisis and invariably emotions are in turmoil.

We disqualify ourselves from helping in such situations if we carry a judgmental attitude. Of course, we are not to condone immoral behaviour; but who among us is qualified to cast the first stone? And who is going to help bring healing to those who carry a secret burden of regret over abortions in their past? They may be sitting, undisclosed, in your church meetings already. If not, those who are coming to faith in Jesus in these days are certainly going to bring such histories with them.

So What Shall We Do?

Own up

Francis Schaeffer and Everett Koop dedicated their book 'Whatever Happened to the Human Race' to "those who were robbed of life, the unborn, the weak, the sick and the old during the dark ages of madness, selfishness, lust and greed for which the last decades of the 20th century are remembered". We are part of that society. The innocent blood of millions of aborted children cries out for justice. Like Daniel and Nehemiah of old, let us identify with the sins of our land and cry to God for mercy to triumph over judgement.

Speak out

Organisations like CARE and SPUC are doing a tremendous job in raising awareness and lobbying for reform of the law. They deserve our support. We too can write to MP's and Ministers. Let us never be caught unawares again as the church was in the late 60's when the abortion reform bill was being debated.

Reach out

We cannot denounce the evil of our day and call for reform of the law without doing something to help the hurting. We must be willing to venture out from behind the safety of our certainties to get involved in the pain and distress of it all. Only then will our campaigning have credibility.

It has been breathtaking to witness the explosion in the number of pregnancy crisis centres. In the UK alone, 150 such centres, linked through Care for Life, have been established over the past ten years and are seeking to reach out to women in crisis because of an unplanned pregnancy, or trying to come to terms with an abortion, miscarriage or stillbirth. Many such centres also run schools' teams, bringing advice and challenge to teenagers through the opportunity to take lessons in local schools.

The aim of the centres is to accept not to correct, to inform not to pressurise, to be for and not against. They are not platforms for pro-life campaigners. Rather, they are expressions of the compassion of Jesus reaching out and building bridges through empathy, kindness and understanding to those who are hurting and confused. Let's get behind them with our encouragement, prayers and finance.

Hard Cases

Are there ever situations in which abortion is the best option? What about the dying mother, the rape victim, or the twelve year old pregnant girl?

Clearly, if the mother's life is threatened by the continuing pregnancy, then it may be a question of sacrificing the foetus in order to save the mother. Fortunately, this is exceptionally rare in the UK (less than 0.01% of abortions), but nonetheless deeply painful. Even when the mother's life

is threatened, it may be possible to delay intervention until the foetus is mature enough to be delivered with a reasonable chance of survival in a neonatal intensive care unit.

In the tragic case of rape there may be an understandable wish to get rid of any reminder of the assault. Even here, however, there is an argument for continuing the pregnancy. Deliberate abortion is not without its emotional trauma, and to add this to the previous assault may be to compound the injury. Abortion may seem like a simple and neat solution, but often it has long-lasting and deeply scarring effects.

As discussed in the chapter on antenatal screening, there are rare congenital abnormalities which are incompatible with life (e.g. anencephaly – the failure of the brain to develop sufficiently to sustain life) which, if they can be diagnosed with confidence, *might* be an indication for abortion (although see the testimony below).

What alternative is there to abortion for ... the unwanted pregnancy?

I believe there is almost always a better way, though it may be costly both emotionally and practically. As Christians we should be the first to provide practical care and support for the mother and her unwanted child. The excellent work of pregnancy crisis centres has already been mentioned, but there is much more to be done and many areas are as yet without such a witness.

Adoption remains the best alternative to abortion for unwanted children. It may be painful for a woman to face carrying an unwanted pregnancy to term and then parting with her baby, but surely it must be better than ending the life of that baby. At the same time it would bring great joy to the many infertile couples who long to adopt but for whom there are no available babies.

What alternative is there to abortion for ... the abnormal pregnancy?

We said above that abortion might be considered for cases such as anencephaly. However, even here there can be another way. The following story is told by Niall and Sue Barry from Dublin, Republic of Ireland.

"In June 1986, when a scan revealed at 22 weeks that our baby had anencephaly, we were faced with a hard decision: should we terminate the

pregnancy, or should we choose to carry the baby through the remainder of the pregnancy to a normal delivery, like any other baby?

"Our second child had died shortly after birth, less than a year previously. This was now our third child, much loved and much wanted; but the diagnosis of anencephaly told us that this child would not live. The prospect of carrying a baby for four and a half months, knowing that he or she would die before birth, or within hours of birth, was a sad and daunting one. All that anguish and sadness; months of pregnancy and the pain of childbirth – and for what? And yet, knowing what was involved in the procedure of abortion, how could we inflict that on one of our children? How could we choose the day on which our child would die? Surely that was God's job? And surely our God was bigger than any disorder or abnormality? What if God might just heal this child? And even if he didn't, how could we make the decision to end his life?

"We gradually came to see that this was God's child, just as much as any other, whether or not he had been cruelly damaged by some human mal-development. He was our child, who already had our love, and now needed our protection. If life in the womb was the only life that he would experience, then we wanted to share it and cherish it with him.

"We decided to invest the remaining time we had with our child, getting to know him as much as we could, marvelling at the characteristics we could recognise in him, at his movements, at all the things about him which were so perfect and normal, apart from the one devastating abnormal feature. And that is what we did. We chose to allow this child to live out his natural life span, to continue the pregnancy as normal, all the time hoping that God might just intervene, but still content that we were giving this child the chance of life, however long – or short – that was destined to be.

"Our precious son Joel was born in November 1986 and lived for just twelve hours. But we saw him, held him, knew him, and loved him. We did everything for him that we could, and we were content. Desperately sad and heartbroken at all that we could not share with him, and knowing that he was not going to stay in our family here, there was nevertheless a certain feeling of fulfilment, achievement and peace, even in the midst of the tears. We remember Joel every birthday, and many, many other days as

well. He is still part of our family, though he was with us for only a short while.

"At that time, never could we have guessed that we would have to face the same situation, the same agonising choices, ten years later. Could we do it the same way again? How would our children cope with the sadness? Would it be kinder to end it early and tell no-one? Would we do it the same way again? Yes, we did, when little Eoghan made his way into the world with anencephaly in October 1996, and we love and remember him too."

What a powerful and moving story! Niall and Sue clearly found a place in God that was very special, and the path that they walked is the best possible way if we can find grace to walk it too. But the truth is, we may have to deal at times with folk who cannot find such faith and grace to walk that way themselves. It is important at such times that we do not make doing so 'a test of discipleship'. If we can help people to find grace for the journey, praise God! Yet if they simply can't face the harrowing prospects, it is important that we do not make them feel guilty for not being able to walk that way. As with so much else in the Christian life, it all comes down to faith and grace.

It's Too Late!

Some reading these words may be carrying the heavy burden of secret pain or guilt in this area – a burden which you have been unable to share with another. I have no desire to add to your pain. But I do encourage you to confide in someone: a trusted Christian friend, one of your church leaders, or a trained counsellor at a Christian Pregnancy Crisis Centre. You will find, not condemnation, but a tender and listening ear and wise counsel on how to be able to lay your burden down. Remember: people cannot be divided into the guilty and the innocent, for we are all guilty. But we can be divided into the forgiven and the unforgiven. The good news is that "where sin increased, grace increased all the more" (Romans 5:20). By God's grace each of us can know the wonder of forgiveness and the healing of painful memories and, just as wonderful, become a source of help to others.

Chapter 6

Antenatal Screening

"My son should have been aborted." So ran the front page headline of the Daily Mail on the 11th June 1996. Christina O'Sullivan and her partner were reported to be taking action against the hospital where her son, by then 3 years old, had been born with spina bifidia. Had the hospital made the diagnosis by ultrasound scan early in the pregnancy, claimed Ms O'Sullivan, then an abortion could have been performed. She described her son, Reece, as "a beautiful, bright little boy and I love him dearly, but he will never be able to walk or lead a normal life … I would not have put my boyfriend and me through this, and I would not have chosen this life for Reece."

Quest for Perfection

Every parent hopes their child will be born perfect. But even hi-tech medicine can't offer guarantees. Parenthood is a risky business from start to finish – that's just the way it is!

Antenatal care in the UK includes routine screening tests for conditions such as Down's syndrome and spina bifida. In families where there is a higher risk of an abnormal foetus, for example where there is a family history of cystic fibrosis or muscular dystrophy, then more detailed tests will be offered.

These routine tests are not very precise, however, and if the results are abnormal then more accurate testing becomes necessary. Such tests are generally carried out later in pregnancy and are more invasive, e.g.

amniocentesis, which involves withdrawing a sample of the fluid which surrounds the developing baby. Such tests carry with them a small risk of triggering a miscarriage. (In the foreseeable future these invasive techniques may become redundant as cell sorting methods enable the small number of foetal cells in the mother's circulation to be isolated and analysed from a simple maternal blood sample.)

Foetal screening is a growth industry. There are about 4,000 known, genetically inherited disorders. Already screening tests have been devised for a number of them. With the rapid advances in technology in this area, most of the remaining conditions might be detectable by simple screening tests in the foreseeable future. However, the cost would be enormous if even a small proportion of such tests were made available routinely.

The test trap

Foetal screening threatens to change the experience of pregnancy for today's mothers. Time was when a positive pregnancy test heralded a period of mystery, when a woman would look forward to the arrival of her new and unknown baby. That some risk was involved was accepted; but as the months went by and the baby grew, so did the mother's commitment to this new individual.

The new climate of screening has set a trap:

- It is leading towards a more conditional commitment of parents to their unborn child. The relationship becomes tentative, depending upon the outcome of certain tests.
- Levels of anxiety are raised. The mystery and expectation of pregnancy is undermined by worries and fears.
- Parents could well feel irresponsible, even uncaring about their baby if they decline to have the tests. By the same token, medical staff at hospitals may be open to legal action for negligence if they fail to inform women about the availability of screening tests, as illustrated by the case of Reece O'Sullivan.

And if the tests look bad ...

Most parents welcome initial screening tests for the reassurance they provide when ‘everything is okay’. But what if it isn’t? Despite all the media hype about the promise of gene therapy, such days are yet a long way off. The only ‘treatment’ on offer is abortion: if you can’t eliminate the disorder, eliminate the patient. And because the crucial tests cannot be carried out until later in pregnancy, they inevitably lead to agonising decisions about aborting the relatively mature foetus.

The Current Climate

The trend today is towards the increasing use of abortion. Mothers carrying a foetus with a severe genetic abnormality are sometimes made to feel as if they have a duty to abort. (Some voices can be heard to suggest that even a new born baby should not be regarded as fully human unless it passes tests to reveal any flaw in its genetic make-up. It has to earn the right to survive.) We are witnessing the emergence of a kind of state-sponsored eugenics.

What about the parents?

The whole climate surrounding increased antenatal screening is tending to put a distance between a mother and her unborn child, for fear that she may have to walk away from it if abnormal results lead to the recommendation of abortion. Many who do agree to end the pregnancy undoubtedly feel relief along with their sadness. For many there is also a sense of failure at having conceived an abnormal foetus. Depression may affect one or both parents, sometimes associated with guilt or regret as they look back on the decision to terminate.

But what’s the alternative? Isn’t such sadness better than the devastation and shock when major malformations are not discovered until birth? What about the pressures and stresses associated with caring for a handicapped child?

Contrary to popular belief, the evidence is that people cope just as well when the handicap is revealed as a surprise at birth. It’s also true that, when allowed to live, such children are no less precious to their parents

than their brothers or sisters. Indeed, they are frequently described as a special gift to the family. There is very often a depth of selfless love in such families that is an inspiration to others.

What about the child?

Abortion of a handicapped foetus is often justified on the grounds that, were it allowed to survive, then life as a disabled person would be unhappy, so much so that he or she would be better off dead! Of course, it is meant to make the decision to abort easier for the parents. They are encouraged to think that they would be saving their unborn child from untold suffering, that killing it would really be a kindness. It’s a rescue rope thrown to those going down in a sea of heartbreak and confusion. But will it genuinely rescue them? Many who have opted for abortion in these circumstances later have to face the fact that they acted in part selfishly, unable to come to terms with the disruption and cost that caring for a handicapped child would involve.

The truth is that some of the happiest people on earth are severely disabled. To suggest that, just because a person can’t walk or has learning difficulties or is unable to communicate normally, their life is not worth living, is as offensive as it is ridiculous. Even the most severely disabled can receive love, and often return it. Frequently they can respond to touch and affection. Almost invariably they inspire outstanding compassion and sacrifice in those who care for them. It is not surprising that disabled people are opposed to the ‘search and destroy’ climate surrounding screening. Perhaps they are the real experts to whom we should be listening!

Abortion never?

I would suggest that abortion is almost never the best option. One possible exception might be the case in which the foetal abnormality is so lethal as to invariably lead to stillbirth or death within a few hours of birth. Anencephaly, where most of the baby’s brain fails to develop, would be an example. Where such conditions can be confidently diagnosed, then abortion might possibly be indicated (though see the testimony of Niall and Sue Barry in the previous chapter). Such conditions are fortunately rare.

A Christian Response

What shall we say to young mums heading off for their antenatal appointments? Scans to confirm dates, assess the baby's growth and position, site of the placenta and the dimensions of mum's pelvis are all most helpful. Likewise, tests to monitor the mother's health are important. But is there any point in having tests for conditions where the only treatment on offer would be an abortion? If abortion is unacceptable (except perhaps in the rarest of cases), and if the tests themselves carry risks, then perhaps they should be declined with courtesy.

What about the situation where it is clear the pregnancy is not developing normally and tests reveal an abnormality like spina bifida? Surely, this is where the Christian community should excel. Let us provide such sensitive support and encouragement to the parents, both before and after the birth of their disabled baby, that they can face the initial shock and the subsequent challenge of caring for their child. Let us lavish love, acceptance, and the opportunity to contribute upon those children themselves at every stage of their growth. We shall then make the wonderful discovery that such people are priceless gifts, not only to their own families, but also the wider Christian community.

Chapter 7

New Parts for Old!

What about the ethics of transplants? Is there anything morally wrong with receiving a cornea or kidney from someone else? Or receiving a valve from a pig's heart to replace one of your own? And should we all be carrying donor cards?

Many people, Christians included, feel uneasy about 'spare part' surgery. Reasons for this may include:

- Any mention of operating tables, blood, tubes, eyes etc. makes them feel weak at the knees – they are simply squeamish!
- Heart transplants have received more media attention than other kinds of transplant surgery. Christians often use the word 'heart' when referring to their 'spirit', e.g. 'Soften my heart, Lord'. The idea of swapping hearts therefore seems to strike at something profoundly personal and precious. Who knows what kind of 'spirit' may come with the donated organ?! And as for receiving a heart valve from a pig – surely that's 'unclean'. Such views are, of course entirely misplaced. The heart is just a muscular pump; and having a pig's valve in your heart is no more unclean than bacon for breakfast.
- Concern that some enthusiastic transplant surgeon will remove my liver, kidneys, heart etc. when I'm admitted to casualty from a car wreck, rather than patch me up!
- Concern that the popular desire for perfection and long life, added to the prospect of cloning, would give rise to some very questionable practices.

So what shall we say to all this?

In Life

The transplanting of kidneys from live donors has transformed and often saved the lives of those in kidney failure who might otherwise have faced a precarious future dependent on dialysis machines. I personally see no ethical problem here. Indeed, to donate a kidney is a noble thing to do. However, exploitation of the world's poorest people by urging them to part with a kidney in return for money is an iniquitous trade.

In Death

The Christian's hope includes the promise of a new body when Christ returns, one not subject to disease, dilapidation, or death. So, from the moment we die, we have no further use for our physical bodies; they are like a redundant suit of clothes, so I won't miss any 'bits' that are taken! If my 'no-longer-needed bits' can be removed to improve another's life before my remains are buried or burned, surely that's got to be a good thing. Perhaps we should seriously consider carrying Donor Cards in our wallets.

There is a desperate shortage of donor organs for transplant surgery. The British Government recently considered changing to an opt-out system (i.e. it would be assumed at your death that you were willing to let your organs be donated unless you had previously opted-out) in an attempt to increase the supply of donor organs. Informed consent is, I believe, a better system and less open to abuse; so let's get informed and consider offering consent!

But there are some areas of concern.

Cloning

It has been suggested that a patient needing an organ replacement could be cloned in order to produce a foetus whose organs could be used. (This could be achieved by replacing the nucleus of an unfertilised egg with the nucleus of a cell from the patient. The embryo that develops from this egg will be genetically identical to the patient). This would have the advantage of avoiding the problem of organ rejection, but would involve

the deliberate creation of a foetus whose life was then sacrificed in order to add a few years of life to the patient. Cloning of humans is illegal in the UK, but other countries are less scrupulous. The technology for such practices is already available, but such wanton destruction of life must be opposed by Christians.

When are you really dead?

There is no legal definition of death. Basically, you are dead when a doctor says you are dead. For years death was diagnosed on the basis that breathing, heartbeat and circulation had ceased. With the coming of intensive care and life-support machinery it became possible to maintain these functions artificially. Sometimes people recover after a period of life-support; but in others the machinery simply prolongs death, not life. So the question arises – when to turn off the machines and allow death to occur? Tests of brainstem function were developed to answer these questions. Since the brainstem controls basic life functions like breathing and heartbeat, brainstem death means that recovery is impossible. The machinery can be switched off and death follows.

However, some people on ventilators with brainstem death still show some activity in the higher parts of the brain. There is no way of knowing if these patients have any consciousness. Anaesthesia should therefore be given when operating on such patients (even though brainstem dead), to avoid any likelihood of causing pain.

Alternatively, the ventilator could be switched off prior to surgery as this would lead to total brain death within minutes. The problem with this is that, in general, organs do better in transplantation when they have been kept under ‘living conditions’ right up to the point of removal, by maintaining the donor on a ventilator. Anaesthesia up to the point where the ventilator is turned off would therefore seem the best solution.

Enough of all this talk of death! This is really a chapter about giving life and health to others. Provided you are fit yourself, can you think of a good reason *not* to carry a donor card? If you can’t, and you don’t already carry such a card, why not do something about it? Your doctor would be delighted to hear from you!

Chapter 8

Euthanasia and Assisted Suicide

Woody Allen is famous for saying: "It's not that I am afraid of death, it's just that I don't want to be there when it happens." The humour hints at the problem we have about dying – we have no control over it. The current moves towards legalising euthanasia are being driven by the desire to gain some kind of personal choice and control over the dying process.

Mercy or Murder?

On 16 August 1991 Dr. Nigel Cox injected his long-time friend and patient Lillian Boyes with a large dose of potassium chloride intravenously. Death was almost instantaneous. Mrs Boyes had suffered crippling rheumatoid arthritis for many years and was in continuous pain and distress. Dr. Cox, a rheumatologist, had been her physician for thirteen years but found that he could no longer relieve his patient's pain and distress. On numerous occasions she had begged him to give her a lethal injection. He had steadfastly refused, relying on increasingly large doses of diamorphine (heroin) to give her some relief. When even this measure failed, and she was screaming in pain, Dr. Cox finally bowed to her request. His actions, which he recorded carefully, were reported and Dr. Cox was subsequently arrested and charged with attempted murder. He was convicted, given a suspended prison sentence, and accused of betraying his duty as a physician.

Understandably, there was a good deal of sympathy for Dr. Cox in the press. The General Medical Council gave him a strong reprimand but he

was subsequently allowed to continue practising in the British National Health Service.

Should Dr. Cox have been convicted? Or was his a compassionate act to alleviate appalling suffering?

Tony Bland was a seventeen year old Liverpool football fan. Along with many others he was crushed during the terrible disaster at the Hillsborough Stadium on the 15th April 1989. His brain was severely damaged by oxygen starvation as a result of being crushed against the perimeter fences of the ground. But his body survived, though in a deep coma known as Persistent Vegetative State (PVS). Although his basic bodily functions worked normally, he showed no evidence of any conscious awareness or responsiveness to what was going on around him. He could breathe by himself but had to be fed via a tube into his stomach. After three years in this state, Tony's family and doctor applied for permission to withdraw the feeding. The case eventually went to the Law Lords who agreed that artificial feeding could be withdrawn, there being no realistic chance of an improvement in his condition. Tony Bland died a few days later. Was this a failure by the British courts to respect the sanctity of human life, no matter how damaged? Or was it a common sense decision to let die someone who, to all intents and purposes, was already dead?

In the same year that Tony Bland was crushed, Samuel Linares choked on a balloon at the age of seven months. Like Tony, he suffered severe oxygen starvation before he reached the intensive care unit in a Chicago Hospital. He remained in a deep coma, his life supported by an array of complex equipment. There appeared to be no hope of recovery and over an eight month period Samuel's parents frequently asked that the life support machinery be switched off to allow Samuel to die. The doctors refused because it was against the law.

So Samuel's father took the law into his own hands. He appeared on the ward one day carrying a gun to keep everyone at bay. He disconnected the life support machinery and cradled his son in his arms, with tears in his eyes, until he died. As soon as he was sure that the child was dead he surrendered to the police who subsequently charged him with first degree murder.

The Pressure to Change

These are dramatic and difficult cases, but they, and others like them, have focused public attention on the issue of euthanasia. Euthanasia is the deliberate and intentional ending of life either by a positive act or simply by omission. Euthanasia may be voluntary, i.e. at the patient's request as in the case of Lillian Boyes; or it may be involuntary, where no such request has been given at the time, e.g. in cases of PVS such as Tony Bland. In some cases a wish for euthanasia under certain circumstances may have been expressed previously in an advance directive.

Physician Assisted Suicide

More recently the term physician-assisted suicide has been coined. As the term implies, it is intentional killing by one's own hand. A doctor provides the wherewithal, but the patient is left to take the tablets or throw the switch which leads to death.

Both euthanasia and physician-assisted suicide are still illegal in the United Kingdom, though there is an increasingly vociferous lobby calling for the law to be 'reformed'.

Going Dutch

The pro-euthanasia lobby would like us to go Dutch. In Holland euthanasia is openly practised by trained physicians under approved guidelines. Although it remains technically illegal, doctors are protected from the charge of murder because the duty to relieve suffering is seen to override the duty not to kill.

In 1990 approximately 4% of all deaths in Holland were recorded as euthanasia. The guidelines allow for euthanasia only at the patient's own request and only in the presence of intolerable suffering. However, studies have shown that one in five of these deaths have been brought about by doctors without the patient's specific request. It has also been shown that patients request euthanasia for a variety of reasons other than the relief of suffering, and doctors have been willing to co-operate with their patients under these circumstances. Thus, voluntary euthanasia has been extended to those who want to die even though they are not terminally ill. Involuntary

euthanasia is being carried out for those whose lives seem to others to be futile or pain-filled and without the patient's own request.

This 'slippery slope' appearance of the Dutch experience was one of the factors which led a Select Committee of the British Government in 1992 to advise against any change in the UK law which would have allowed voluntary euthanasia.

Risky Business

What if euthanasia were to be legalised? What would the risks be?

- Errors in diagnosis or prognosis such that euthanasia is performed on patients who do not have a terminal illness or who might have survived a lot longer than predicted.
- Abuse of the law by unscrupulous doctors or relatives, either for financial gain or to relieve the burden of ongoing care.
- Elderly patients, feeling themselves to be a burden on their relatives, may feel it their duty to request euthanasia.
- Trust between patient and carer could be undermined by suspicion of hidden motives.
- Brutalising of doctors and other staff whose human intuition and training is to save life not destroy it.

However, we must draw a distinction between euthanasia and two common medical practices:

- Withdrawing life-supporting treatment in situations where it has become futile or burdensome. Treatment should be aimed at prolonging life rather than prolonging death.
- Giving treatment with the intention of relieving suffering, at the same time realising that the drugs being used may shorten the patient's remaining days or hours. It is the intention behind the action which is all important. If a doctor intends to kill, he has crossed a moral boundary.

The Plumb Line

In an early chapter we explored the biblical view of human life, made by God in his own image. Though the divine masterpiece has been flawed by sin, it is no less precious to its Creator. In biblical thought, our value is not derived from what we can produce, but because we are objects of God's love and grace and bear his image. Human life is of no less value to God, no less sacred, if by reason of accident, illness or age it becomes completely 'unproductive'. We are not at liberty deliberately to destroy innocent human life, even one suffering like Lillian Boyes.

The Hard Cases

So, what of the 'hard cases' in life?

Severe Brain Injury

Basic bodily functions are controlled by the brainstem. If the brainstem is no longer functioning as a result of brain injury, then recovery is impossible and life can only be maintained by artificial means with ventilators etc. Provided the diagnosis of brainstem death can be made with confidence and there is no evidence of activity in higher centres of the brain, then the machines should be switched off. Death will follow in the next few minutes. We can have sympathy for the father of little Samuel Linares who took the law into his own hands.

Persistent Vegetative State

In Tony Bland's case, his brainstem survived the oxygen starvation and he did not require life-support machinery. However, he was deeply unconscious and so required artificial feeding.

People recover from severe brain injury of this sort at different rates. Some never recover. There are examples of people remaining in a coma for several years before some recovery begins. PVS cannot be diagnosed unless the coma has persisted for a minimum of 12 months and is expected to be permanent. Under these circumstances, should artificial feeding be viewed as medical treatment or basic nursing care? The Law Lords' decision to view feeding as treatment meant that it could be withdrawn from PVS

sufferers with death as the inevitable result, as in the case of Tony Bland. It is interesting to note that, despite this ruling, most carers have preferred to continue caring for these patients with PVS rather than to withdraw feeding. Their instincts are to see feeding as part of basic nursing care, sustaining life rather than prolonging death.

Dementia

Most of us know of a family struggling to care for one of its members with Alzheimer's disease. Loss of memory, periods of confusion and disordered behaviour are distressing for sufferers and carers alike. The loss of dignity and increasing dependence upon others, are feared above all else.

Should someone, before developing dementia, express the wish for euthanasia in the event that this condition befall them, have the right to die? These advance directives, or 'living wills' as they are sometimes known, have no legal validity in the UK at present. But must we insist that they live on in their demented state against their previously expressed wish to die? Hasn't such a life lost all its value? Wouldn't it be kinder to snuff it out?

We have already looked at the practical risks which would go with legalising euthanasia. But the Christian view of human life created in God's image provides a much greater motive for an alternative approach. No matter how damaged my brain may become, or how disordered my thoughts and behaviour, nothing will change the love that God has for me. I will always be special to him, and it is the love and grace of God which confers value and significance on even the most disabled life. By showing respect, empathy and compassion, Christians can reflect God's love for those with Alzheimer's disease and give them a sense of value. Of course, it is not easy. It's always emotionally costly and at times financially costly as well. Huge reserves of courage, patience and good humour are needed. But if Christians, filled with the inexhaustible resources of the Holy Spirit, can't do it, then who will? Wouldn't it be wonderful to see our churches opening centres of care and respite for those who are so frequently despised or disregarded by our society.

A Better Way of Dying

Medicine within limits

A good doctor knows when ‘enough is enough’. If the burden of medical treatment has come to outweigh its benefits, then it is time to withdraw that treatment. If someone with advanced Alzheimer’s disease or in the terminal stages of cancer develops a chest infection, it may not be appropriate to treat it aggressively with antibiotics or intensive life-support measures, allowing ‘nature’ to take its course instead. This must be a decision reached by doctors, patients and their own families together.

In some situations it may be appropriate to put up with all the unpleasantness of chemotherapy to gain a few extra months of life in order to complete all manner of unfinished business or to restore broken relationships. In other situations a similar extension of life might seem like an intolerable burden for little or no benefit. Further active treatment may be inappropriate, but that is far from the end of the story. Modern palliative care has transformed the experience of those facing terminal illness.

The Hospice Movement

It’s not death that people fear most, it’s dying. In particular, they fear pain, indignity, and dependence.

Not all dying is painful, but sometimes it is. In the last quarter of a century there has been a revolution in the care of the dying. Dr. Cicely Saunders and her successors have pioneered the concept of total pain relief. An array of sophisticated drug regimes, nerve blocks etc. means that even the most severe pain can be relieved without rendering patients senseless.

But physical pain is not the only pain we suffer. There is emotional pain, spiritual pain, and relational pain. The modern hospice provides the very best of medical and nursing skills to control symptoms, combined with compassion and respect. Above all they care simply by being there. They are places of hope and laughter as well as heartache and tears. Not only are people enabled to die in dignity, but to live before they die. They defy the attitude that says ‘there’s nothing that can be done for you’. It is a movement, pioneered almost entirely by Christians, that has taken much of the force out of the euthanasia debate.

The fear of indignity

The Christian answer to the fear of indignity is illustrated by the wonderful work carried out by Mother Theresa and her sisterhood. Their love for Christ enables them to bring dignity into the midst of appalling degradation. Each person rescued from the streets of Calcutta, no matter how lice-infested his body or maggot-ridden his wounds, is treated with the dignity due to one made in God's image.

To those fearful of losing control and becoming dependent upon others, the gospel brings a liberating truth. We were never meant to 'go it alone' or 'do it our way'. Self-sufficiency must give way to mutual dependency. The best things in life are free, and best of all is God's grace. Learning to receive: that is the best preparation for learning to trust others. Knowing that he loves and accepts us as we are, warts and all, liberates us from the fear of others' opinions and the terror of losing face. It's a great way to live and a great way to die.

A time to grow

Dying is a once in a lifetime opportunity! It is a time to forgive and restore broken relationships, a time to lay aside bitterness and regret. It is a time for accepting the circumstances that we cannot change and for letting go of ambitions that we will never fulfil, without yielding to despair or anger. It may be a time to re-order priorities, drawing nearer to the Lord, preparing to meet him and sharing that confidence with others.

For the Christian, death holds no fear. What a prospect, to be gathered into the presence of Light and Love, to await the trumpet blast, a new body and a future without end!

Appendix 1

Reproductive Technology and the Law in Britain

Current practices are governed by the 1990 Human Fertilisation and Embryology Act which:

- permits IVF in licensed centres which must provide prior counselling to a couple and obtain their consent for the specific use to which embryos will be put.
- permits embryo donation and donor insemination, the donors having no parental rights or duties. The carrying mother not the genetic mother is regarded as the legal mother. In the case of DI the legal father is the partner of the woman receiving treatment and remains so even if the couple subsequently divorce.
- permits freezing and storage of embryos and sperm with the consent of the donors. Currently it is forbidden to thaw and use frozen eggs as it is not yet clear whether the freezing/thawing process damages the egg.
- permits surrogacy arrangements provided they are non-commercial. If the carrying mother decides to keep the child, then she is protected in law. The law does provide a way for a couple to become legal parents of the surrogate child. At least one of the couple must be a genetic parent of that child, and the consent of the carrying mother and her partner must be obtained.
- permits research on embryos in licensed centres and with the consent of egg and sperm donors until the fourteenth day of life at which stage the embryo must be destroyed.
- prohibits cloning.

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I am hugely indebted to John Wyatt. Whilst writing this slim volume I came across his masterly book entitled *'Matters of Life and Death'* (IVP/CMF). He writes beautifully, with clarity, integrity and humility, and I have drawn from his work freely, particularly for the chapters on Reproductive Techniques, Antenatal Screening and Euthanasia. For those seeking a fuller treatment of these themes, you need look no further than Professor Wyatt.