



EARLY HUMAN LIFE AND THE ETHICAL ISSUES

Information Handbook

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INTRODUCTION

Early Human Life and its development is, without question, one of the most wonderful and inspiring phenomena known to mankind. While modern science has shed much light on Early Human Life, it has, at the same time, also increasingly subjected that incipient life to abuse and experimentation, especially under the catch-all name of Assisted Human Reproduction.

After the first successful instance of in vitro fertilisation (IVF) took place in 1978, the issue of early human development became a matter of immediate public concern. Since then, IVF and its associated techniques have become so common in the Western world that questions raised and possibilities allowed have now grown to include experimentation on human embryos, stem cell research, and more recently the possibility of human cloning.

The debate on these issues in Ireland is still relatively new since the almost universal respect for human life among the Irish medical profession has meant that many of the moral and ethical questions raised received a swift, comprehensive reply, which is, in reality, still valid: nothing can be done which deliberately endangers, much less definitely destroys, human life.

In recent years, this universal and unequivocal consensus on the inviolability of human life has begun to fray at the edges, and questions being raised can no longer go unanswered in public debate. For this reason, the *Mother and Child Campaign* feel it essential to present to the

public as comprehensive a guide as possible on these vital issues.

In 2001, the Government invited submissions from interested parties and the general public to a special *Commission on Assisted Human Reproduction (CAHR)*. Ostensibly, the Commission is to advise the Government of potential changes to legislation required to bring the law into line with current practice. If the speakers at the Dublin public forum of the Commission are to be believed however, the final proposal will have a much wider agenda than current practice, which, of itself, is enough to raise serious concerns.

It is therefore vital that all those who are interested in the protection of and respect for human life from the moment of conception should familiarise themselves with at least the basic issues involved, for ignorance sustained by denial threatens to cripple our response.

This booklet will briefly outline the main areas under discussion:

1. Article 40.3.3 and the Law
2. In Vitro Fertilisation
3. Embryonic Stem Cell Research
4. Human Cloning
5. Embryo Experimentation
6. Core Ethical and Moral Problems
7. Alternatives



DEFINITION OF ASSISTED HUMAN REPRODUCTION

In order to fully understand what the *Commission on Assisted Human Reproduction* is charged with, we need to familiarise ourselves with the definitions they use. It is clear that the words “Assisted Human Reproduction” are not themselves a problem since, strictly speaking, all that they necessarily involve is some undefined intervention - not readily apparent - beyond letting nature take its course.

Letting nature take its course is not always successful and indeed in the Western world rising infertility rates make it clear that there is a growing problem. For the couples who wish to have children and cannot, the consequences can be devastating emotionally and even psychologically.

Clearly no sensible person is opposed to interventions of an ethical kind to remedy infertility, if such remedies are available and workable. But unfortunately, the profound question of ethics in the debate is often ignored. With so much new technology at its disposal, science, and increasingly the medical profession outside Ireland, have seemed only to ask whether a thing can be done rather than whether it should be done.

The Commission has already shown that the scope of their deliberations is in fact very much wider than the heading of Assisted Human Reproduction suggests to the average person. Indeed, most of the Commission's agenda has nothing to do with helping infertile couples, but rather, with the status of the child embryo in law, and how such child embryos may be used. Thus we can say with confidence that the Government will most probably rely on the findings of this Commission when legislating on these matters.

ARTICLE 40.3.3 AND THE LAW

The whole area of the rights and protections afforded to the early unborn child is completely unlegislated for. This is, no doubt, a great failing and was commented on derisively by more than one Supreme Court Justice in delivering the well-known X Case judgement in 1992. In truth, the legislature, which is to say the Oireactas, was much remiss in not following the 1983 Pro-Life Amendment with substantial and correlating legislative acts, since Article 40.3.3 makes specific reference to the State's duty to guarantee "by its laws" to defend and vindicate the right to life of the unborn and the mother.

Since it was clear that the amendment would be of wide-ranging effect, it was imperative that the details of the effect be spelled out definitively. Without such definition, the medical profession have largely existed in legal limbo on the questions arising from two infamous court cases (X and C). With respect to Article 40.3.3, the two subsequent court cases have revealed that an entirely unintended interpretation can be given to its words.

To date however, the only law in this area remains the Article itself, the most relevant section reading:

"The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees by its laws to respect, and as far as is practicable, by its laws to defend and vindicate that right."

Clearly, the word of key significance in the paragraph for the issues of Early Human Life and AHR is "unborn", since it is upon the interpretation of this word that all else

hinges. If "unborn" is taken to mean, as was commonly held at the time of enactment, the child from the moment of conception, or more technically, fertilisation, then the law is quite clear. It is, moreover, quite clear that some of the current practices in Irish hospitals are illegal, and, that the law is being flouted openly. If, however, the word "unborn" refers to the child at some later stage, then the door is currently open, legally speaking, to all kinds of abuses of the early

unborn child.

It is unnerving in this context to note that the abortion amendment proposed in 2001, and narrowly defeated, would have removed any doubt as to the rights of the early-unborn child; they would have definitely had none. That the Government-appointed Commission on AHR was beginning its work while the amendment debate was proceeding is equally unnerving.

The majority legal opinion at this stage appears to be that the word "unborn" refers to life from the moment of conception, support for this interpretation being found in the judgement of Mr. Justice Hamilton in the case of *S.P.U.C. vs. Well Woman Clinics and Open Door Counselling*. No-one, however, can fully account for a capricious Supreme Court ruling on the matter.



IN VITRO FERTILISATION

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In simple terms, In Vitro Fertilisation is where an ovum (egg) is removed from a female and fertilised with male sperm external to the body, usually in a petri dish. Strictly speaking, such a fertilised ovum, now an embryo, does not have to be re-introduced into the female body. However, when we speak of IVF in the context of Early Human Life and Assisted Reproduction, it involves placing the embryo or embryos into the uterus in the hope and expectation that they will implant in the normal way.

The first successful IVF operation involving human beings took place in England in 1978 as part of a collaborative effort by a Dr. Edwards (embryologist) and a Dr. Steptoe (gynaecologist). At the time, their procedure was hailed as a great scientific breakthrough and in terms of pure science it undoubtedly was. The practice however raises many issues.

For infertile couples, the treatment offers the prospect of conceiving a child of their own, and since infertility affects between 10% and 15% of couples in the Western world, this is no small issue. In fact, the treatment is now widespread. Getting reliable statistics on success rates, however, is not widespread. In fact, it is nearly impossible.

Most IVF clinics screen patients in advance to remove those least likely to be successful, and in doing so, it is possible to get an apparent success rate of 30% to 35%. However, as a percentage of those presenting to request IVF treatment the success rate is between 12% and 15%, success being defined as pregnancies brought to full-term. Even these figures are grossly exaggerated if

we were instead to calculate the success rate for each child embryo created.

IVF treatment is, of course, expensive. And because the treatment has a failure rate of 85% plus, the financial costs are, on average, very high. And then there are, of course, the additional traumas both physical for the woman and psychological for both prospective parents which increase with each failed attempt. Clearly, IVF is not the solve-all answer to infertility that it is popularly purported to be.

Returning to the core issue - the child embryo - we find a cost greater than moral or ethical medical practice can support. In order to reduce some of the financial expense as well as the physical trauma, it is normal in IVF to remove and fertilise more ova (eggs) than ever intended to bring to full-term as live births. These child embryos are then introduced into the uterus two to three at a time, although cases of more than that have been recorded; other fertilised ova which go un-implanted are temporarily frozen.

The presumption is that of the three or so implanted ova, at least one will implant. In fact, on first attempt usually none of the ova implant. However, it is possible that all of the ova may implant. In such cases, in other



countries, the "medical" recommendation is often for the selective abortion of those children in excess of the number the parents wish to have, especially if the numbers are substantial (i.e. four, five or even six).

While this would be illegal in Ireland, instances of its kind - unnatural multiple pregnancies - could put pressure on the law, especially if the case were made that, with a sufficient number, the mother's life was being placed in danger unless she had recourse to abortion.

More commonly an issue arises where either the treatment is successful or the couple simply give up before all the child embryos have been introduced into the womb. These are often referred to

as "spare" embryos. In countries where IVF has been used for literally decades, there are vast numbers of such "spare" embryos now accumulating in frozen storage.

Complications arise immediately where the couple decide that their family is, in their view, now complete, and they say they will never want their "surplus" embryos implanted. Other complications can arise where there is a



divorce, a separation or even when one or other parent dies. The child embryos are then permanently surplus to requirement.

In most countries, a growing practice has been to literally dump such early unborn children, sometimes in batches of tens of thousands. Of course, their

actions, pursuant to the belief that early unborn life has no value, are unsurprising given that these countries also have freely available abortion of the unborn well into the foetal stage, long after the children have ceased to be embryonic.

In Ireland, the practice has been

POSITION OF THE CATHOLIC CHURCH

In the usual practice of in vitro fertilization, not all of the embryos are transferred to the woman's body; some are destroyed. Just as the Church condemns induced abortion, so she also forbids acts against the life of these human beings. It is a duty to condemn the particular gravity of the voluntary destruction of human embryos obtained in vitro for the sole purpose of research, either by means of artificial insemination or by means of "twin fission."

By acting in this way the researcher usurps the place of God; and, even though he may be unaware of this, he sets himself up as the master of the destiny of others inasmuch as he arbitrarily chooses whom he will allow to live and whom he will send to death, and kills defenseless human beings.

RESPECT FOR HUMAN LIFE (Donum Vitae)
Congregation for the Doctrine of the Faith, February 22, 1987

more hypocritical, with surplus embryos placed in the mother's cervix where they have minimal, if any, possibility of implantation and survival. The difference between this procedure and straightforward disposal is practically non-existent. Even for this reason alone we should now voice our strong opposition to this seemingly deliberate destruction.

It is vital to the public debate on Early Human Life and Assisted Human Reproduction that we understand that while IVF does not necessitate the creation of "surplus" child embryos - with all the consequent complications - in reality, there are no examples where this is not the case. More specific to our own case, Ireland has not, as some believe, been the exception to this rule.

The utilitarian outlook on human life has its own views on what should be done with the "surplus" or

"spare" child embryos. Not that it has anything to do with respect for that incipient life, merely with usefulness. Thus, in the name of compassion for childless couples, the "miracle" of IVF has opened the Pandora's Box for other abuses.



EMBRYONIC STEM CELL RESEARCH

A stem cell is a "generic" cell that can make exact copies of itself indefinitely. In addition, a stem cell has the ability to produce specialized cells for various tissues in the body - such as heart muscle, brain tissue and liver tissue. Scientists are able to maintain stem cells forever, developing them into specialized cells as needed.

There are many areas in medicine where stem cell research could have a significant impact. For example, there are a variety of diseases and injuries in which a patient's cells or tissues are destroyed and must be replaced by tissue or organ transplants. Stem cells may be able to generate brand new tissue in these cases, and even cure diseases for which there is currently no adequate therapy. Diseases that could see revolutionary advances include Alzheimer's and Parkinson's disease, diabetes, spinal cord injury, heart disease, stroke, arthritis, cancer and burns.

In itself, the concept of research into the uses of stem cells could well be uncontroversial in that they come in two forms. "Adult" stem cells - that is cells taken from a human adult or child post-birth - does no harm to the person from whom they are taken. Foetal or embryonic stem cells, on the other hand, are taken either from aborted babies - in the case of foetal - or are the entire child embryo in the case of embryonic. As was stated above, the utilitarian outlook is that since the child has been aborted anyway or that the embryo would otherwise be destroyed, why not make use of them?

Foetal stem cells are considered by some to be of greater

benefit to research because they can be made to reproduce faster than adult stem cells, while the embryo is considered particularly versatile because it combines the speed of reproduction with the fact that it can be coaxed to become any kind of cell - heart, liver, lungs etc. Of course, the individual child that the foetus or embryo was, and might have continued to develop as, is no more.

Research in this area is still relatively new and specific cures and treatments have yet to be developed to the point where they can be used. Even in the purely scientific sense, leaving out ethics or

morality, the answer to whether embryonic stem cells are really more useful than adult stem cells remains inconclusive. In fact many problems have been discovered with the embryonic cells, such as the growth of tumors etc.

As a new facet of the biomedical industry however, the potential for massive profits in finding new cures are simply astronomical. Therefore, it is no small wonder that the push to capitalise on stem cell research has not paused long to consider the ill effects it will have on the respect for and the dignity of early human life.

POSITION OF THE CATHOLIC CHURCH

"Therefore, the ablation of the inner cell mass (ICM) of the blastocyst, which critically and irremediably damages the human embryo, curtailing its development, is a gravely immoral act and consequently is gravely illicit.

No end believed to be good, such as the use of stem cells for the preparation of other differentiated cells to be used in what look to be promising therapeutic procedures, can justify an intervention of this kind. A good end does not make right an action which in itself is wrong."

Declaration by the Pontifical Academy of Life, August 25, 2000

HUMAN CLONING

Cloning is very much related to stem cell research, and indeed, in its original "therapeutic" justification, derives directly from it. As with all transplants, one of the main problems with transferring cells or collections of cells from one body to another is the risk of rejection. This is where the body recognises the transplant as foreign and reacts as if it were a disease or infection to be expelled by the immune system. Of course it wouldn't perceive cells of exactly the same DNA code as being foreign and therefore the chances of rejection would be minimal.



Cloning essentially involves removing the nucleus of a human ovum and replacing it with genetic material from the nucleus of a cell from a person's body. The DNA code then being the same as that of the person from whom the genetic material was taken, we have, theoretically at least, a clone embryo, exactly like the person. Again, theoretically, this embryo could be implanted in a woman's uterus - even the same woman as the clone - and be brought to full-term as a replica person.

For the purposes of medicine, the stem cells that could be produced from the embryo would be exact genetic match-

es, while in the case of a baby brought to term he/she would equally be an exact genetic match for transplants, etc. Of course, there is also the potential, not accurate in any real sense, of a form of immortality.

Even in the past few months, scientists in America and Italy have made the false claims that they successfully brought to birth a cloned human being.

Aside from the very arrogance of playing God, the consequences of such actions, if successful in the future, will be very dire for the world, not to mention for the baby clones.

Cloning is a vast extension of stem cell research; however, along with the many attendant ethical problems associated with stem cell research, cloning also raises its own, unique moral objections.

With cloning, we enter into a new era and type of "slavery": a human being is, not now bought, but, rather, produced solely for the purposes of another human being. Can the human race allow for such abuses of fundamental human rights?

POSITION OF THE CATHOLIC CHURCH

"Therefore, despite the stated "humanistic" intentions of those who announce surprising cures by following on this road, which passes through the cloning industry, an objective but firm judgement is necessary, which shows the moral gravity of this project and justifies its unequivocal condemnation."

Official Vatican Response to Cloning of First Human Embryo, November 26, 2001

EMBRYO EXPERIMENTATION

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Experimentation on the child embryo essentially involves the above and anything else the human mind can conjure up. It is already a multi-billion € industry and legalising the practice is clearly on the agenda of the promoters of the *Commission on Assisted Human Reproduction*.

At its public forum in February 2003, one of the speakers, Baroness Warnock, had chaired the British Parliamentary Committee which made recommendations leading to the legalisation of experimentation on human embryos up to the 14th day after fertilisation. This 14-day clause does not, of course, count for frozen embryos but rather only fourteen days of unfrozen and uninterrupted development.

POSITION OF THE CATHOLIC CHURCH

"No objective, even though noble in itself, such as a foreseeable advantage to science, to other human beings or to society, can in any way justify experimentation on living human embryos or foetuses, whether viable or not, either inside or outside the mother's womb.

To use human embryos or foetuses as the object or instrument of experimentation constitutes a crime against their dignity as human beings having a right to the same respect that is due to the child already born and to every human person."

RESPECT FOR HUMAN LIFE (Donum Vitae)
Congregation for the Doctrine of the Faith,
February 22, 1987

ALTERNATIVES

For most people the issues of embryo research and human cloning are far too macabre for serious consideration. There is an instinctive revulsion, perhaps in an uninformed sense, but nonetheless valid. Set against this instinctive revulsion however, is a genuine compassion for infertile couples, as well as a desire to see cures for what are sometimes severe and even fatal ailments. Into the breach of that uninformed opinion can arise many myths. The first and most prominent of these myths is that there are no alternatives.

But of course there are alternatives. For the very reason that IVF is so unreliable, scientists and doctors have had to search for more successful alternatives - many of which actually avoid the moral and ethical pitfalls of IVF.

In fact, the Western infertility rate of about 15% has many causes which can be addressed without recourse to IVF or to any other artificial fertility techniques. Pioneering work has been done in the area of what is known as NaPro Technology, or Natural Procreative Technology. The basic premise is that all infertility has some fundamental physiological cause and that the cause should be treated and overcome rather than simply going around the problem, which is, in a sense, what happens in IVF treatment.

With NaPro Technology the success rate is considerably higher than IVF at 76%. And, since natural conception never results in "surplus" or "spare" embryos, such methods are unquestionably pro-life, raising no moral or ethical issues for either doctor or patient. On the issue of

stem cell research, the reality is that no evidence exists of superior results, as distinct from speed and general convenience, from the use of embryonic stem cells as opposed to adult stem cells.

In any case, cells taken from the placenta perform exactly the same in laboratory conditions for research purposes and have the added benefit of being morally and ethically sound. For this reason, the case that the sick might benefit from the use of disposable

child embryos does not stand up.

Perhaps the allure of big contracts and quick profits have so blinded the promoters of embryonic experimentation and research that they can no longer see the humanity of the nascent life before them. But, rather than be given approval to abuse and destroy human life, they should be encouraged by the Government, by the medical community, and by society to explore methods which do not

cure one person by killing another.

By not putting all of their efforts into the exploration of moral and ethical methods of experimentation, the research companies benefit society only at great human cost.



ETHICAL & MEDICAL PROBLEMS

If one of the key questions facing the Commission is the legal status of the child embryo and its rights and protections under the law, they must endeavour to answer these questions in a fundamentally human sense. These answers are, of course, not just for the Commission, for the Government, or for the multi-national pharmaceutical companies, but rather, for all of us as a society and a nation. In this instance, the question is not what legal rights does the child embryo possess but what natural rights does he/she have by virtue of their humanity, and consequently, what obligation is placed on society to bring the law into line with those natural rights.

It is, in some senses, grotesquely absurd to have such a debate at all. The very same science, which has created the possibilities in this area, has long since answered the question on the humanity of the child from the earliest moments. Indeed, the possibility of cloning is indicative that, from the moment of fertilisation, the single cell contains the full genetic material of the human person, and from that point, all that remains is the opportunity to grow and develop naturally. That the child embryo has the inalienable and inviolable right to such an opportunity should therefore be beyond debate.

Perhaps it is time to return to the fundamental question of what medicine and medical interventions are for. It seems clear that they are of benefit only in the service of human beings (i.e. they are treatment in favour of Life, whereas much of the debate has been about whether we can use Life itself as a treatment). This is objectionable both in principle and in practice.

Every decent person must feel compassion for those who inexplicably are unable to conceive their own children. The end, however, does not always justify the means, and indeed, in the area of AHR, we can see that some people may have entirely different ends in mind as well. It is particularly cruel and deceitful to use the plight of such couples as a cover for a much wider agenda which the instigators themselves are unwilling to argue the direct case for. Our duty as a

society is to defend human life as the precious and fragile thing that it is. This duty is no less for the tiniest examples and perhaps more so because of their helplessness.

Accepting the Commission's agenda on AHR means accepting a utilitarian view of life in which Early Human Life may be used and discarded much like a bandage or a splint. Human life is clearly not a "product" to be used. It is something which deserves our admiration, respect and protection.

The current debate challenges this nation once again to respond to that call of defending life, not because we are perfect, but because we are, in the last instance, not monsters either.



CONCLUSION

The last word on this will not lie with the Commission since it is clear that what is envisaged is legislation to follow some, if not all, of their recommendation. As such, the matter will come before the Dail at some stage. Up until now the debate has been conducted largely without public involvement, either deliberately or otherwise. There is still time, however, to make our feelings known to our public representatives to ensure that whatever legislation is finally produced fully respects human life from the earliest stage.

We Irish know that the vast majority of doctors and scientists want to help people overcome infertility, injury and disease with methods which do not rely on either the experimentation on or the deliberate destruction of Early Human Life to achieve the cure. We also know there are ethically sound alternatives, for which we need to get more governmental support.

As an educated people, we need to state unambiguously to our representatives in Government, that we cannot support the kind of compassion which trades principle for expediency. The alternative - a world in which any scientific fancy is given credence, a world in which babies incubate in the wombs of other species, a world in which body parts are harvested from clones - is too frightening to contemplate.

WHAT YOU CAN DO

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- 1 Write to or phone the *Commission on Assisted Human Reproduction* and tell them the same at 31/35 Bow Street, Dublin 7. **T:** (01) 8870900. **F:** 8870910. **E:** info@cahr.ie and tell them that you are opposed to any process which subjects Early Human Life to harm or destruction
- 2 Ask your family and friends to do the same
- 3 Distribute the summarised leaflet in your area to inform your community
- 4 Bring one of these booklets to your GP and encourage him / her to contact the Medical Council
- 5 Order more leaflets / booklets from the address at the back of the booklet
- 6 Attend one of the meetings organised by the Mother and Child Campaign on these issues

FOR MORE INFORMATION

For more information on these, look up the following addresses on the internet:

www.stemcellresearch.org

www.truthtv.org/ivf

www.cbhd.org

Mother & Child Campaign

60a Capel Street

Dublin 1

T : 873 0465

F : 873 0464

E : info@motherandchild.ie

W : www.motherandchild.ie

