

## **Showing God's care for the unborn and dying**

**John Wyatt**

In my talk I shall address several areas of ethical controversy and complexity. Prenatal diagnosis, reproductive technology, embryo selection, the care of dying people. These are not easy or straightforward issues – they sometimes raise strong emotions and painful controversy between Christian people. I would like to make two preliminary points. The first is that whenever we talk about these ethical issues we must be aware of the human pain and tragedy that lies behind them. The couple facing infertility for many years, driven to desperation in their desire to have a child. The dying baby with a lethal congenital malformation. A family struggling to care for a loved-one with dementia, confused and incontinent. Whenever we talk about these ethical issues we must recognise the human pain, we must talk about them with tears in our eyes not hate in our voices.

And secondly we need to remind ourselves that these are not just issues which face people out there in society, they are issues in here, in this very hall. I don't know anything about you, but I know that on average one in six or seven couples face infertility - so there are many people here who will be affected by this pain although maybe you may not know it yet. About 1 in 25 people here are carrying the gene for cystic fibrosis. There are people in this hall who will face the pain of watching their children affected by a genetic condition. You may be carrying a genetic variant which means that you are going to develop Alzheimers disease or breast cancer in the next decade. You may have watched a close relative struggle with dementia or terminal cancer. You may have had a secret abortion but nobody is aware of it.

So these are issues in here, they touch all of us because of the frailty of our created natures, our humanity made in God's image but affected by the Fall.

The organisers have given me a huge topic so I can only touch on a few areas. If you would like to follow these ideas further they are all in this book, Matters of Life and Death, which is on the bookstall, and also there are translations in Russian and French.

As we work in the area of healthcare we need to be aware of the major social and philosophical trends that are sweeping through our societies. I want to briefly highlight three trends which are profoundly changing health care at the beginning of the 21<sup>st</sup> century.

## **Technology**

The first is the role of technology in all aspects of healthcare including reproduction. Over the last 50 years the main impact of technology has been to transform and control our *environment*. But now we can use medical and bio-technology to transform and control the nature of *our humanity itself*. Increasingly modern people are thinking, "We don't have to come to terms with our human limitations anymore. We have the technology, we understand how the machine works. We can take control." In fact many people are starting to see technology as providing the solution to many of the fundamental problems of humanity. Human beings have struggled since the beginning of history for thousands of years with issues such as death and the fear of death, disability, infertility, depression and despair, fatigue, ageing. But for the first time modern people are saying, we don't have to accept this. We should find

a technological solution. Of course there are many positive aspects to this. But there are worrying aspects as well.

Some philosophers and scientists are now actively promoting the use of technology to enhance, to improve on our humanity.

“Transhumanists view human nature as work-in-progress: a half-baked beginning that can be remoulded in desirable ways through the intelligent use of enhancement technologies....There is a limit to how much can be achieved in human enhancement by “low-tech” means such as education or philosophical contemplation. Technological enhancement of the human organism is a necessary means if we are to achieve our goal.”

Those are the words of Nick Bostrom, a philosopher from Oxford University. So the goals of technological medicine are starting to shift very subtly from the treatment of disease to technological enhancement of humanity.

## **Consumerism**

Secondly there is growing consumerism in the world of healthcare. Consumerism is the religion of self. I am God of my own universe. I have the right to choose a lifestyle which meets my needs and my wishes. And your role as a healthcare professional is to provide whatever the consumer wishes. Patients become *consumers* of healthcare. Doctors and health care professionals are *providers* of healthcare. Like all service industries the most important thing is to keep the customer satisfied! We must respond to consumer demands and offer choices. We must audit consumer

satisfaction and outcome and modify practice accordingly. We must ensure regulation, uniformity and control of clinical practices. In place of the old *covenant* of care between doctor and patient, is a legally binding *contract* between providers and consumers. Of course there are real benefits from clinical audit and regulation, but we must beware the ethos of the modern service industry.

Technology, consumerism, my third modern trend is relativism.

### **Relativism**

Relativism in the field of ethics says that the concepts of absolute right and wrong are meaningless. Instead we must choose a moral code to live by. And if none of the existing codes inherited from religion or culture are to our liking, we can create or invent our own. A British writer described the turn towards relativism as society setting free from the safe harbour of traditional religious beliefs about right and wrong. It is as though we are all together in a small boat steering into uncharted waters. We are not sure in which direction to steer. We look back longingly at the safety of the harbour of traditional religious certainties but there is no route back. Instead we must create a new system of navigation into the unknown ocean.

What seems new is that these three forces of technology, consumerism and relativism, are combining into a potent mix.

Consumerism says, “*I want...*”

Ethical relativism says, “*Why not...?*”

Technology says, “*We can do it for you, but it will cost you...*”

A recent example is the announcement in the UK of a new internet service for lesbian couples to obtain sperm samples from anonymous donors. The aim is that intending mothers will be able to inseminate themselves, without the need for any contact with a man. The name of the web-site is “man not included.com”.

Another example is the trend for gamete donation and selection to be seen as a technological solution to the control of reproduction. In the USA a number of commercial websites have been created whereby prospective parents can choose egg and sperm donors on the basis of their ethnic origin, physical characteristics, educational achievements and so on. I want, why not? We can do it for you.

One of the most troubling areas is the growing use of sophisticated genetic testing and antenatal imaging for screening and selection of fetuses. The aim is to offer informed choices for women and their partners at risk of having a child with a genetic disorder.

Notice the emphasis throughout on parental choice – this is the unchallenged touchstone of antenatal medicine and of liberal humanism. The right of personal choice in all matters concerning reproduction and parenthood.

Yet there are many well-documented consequences from the widespread practice of antenatal screening. The effect of fetal screening is that many mothers hold back from relating to their fetuses until tests have revealed that the baby is healthy. The pregnancy

is tentative - some women don't tell anyone they are pregnant until the test results show that everything is all right, sometimes 20 weeks or more into the pregnancy.

So technology has had the effect of encouraging a mother to distance herself from the child she carries. Several studies have shown that when abortion is carried for fetal abnormality it is associated with a high incidence of depression in both parents, with guilt at being responsible for the decision-making and loss of self-esteem because of the conception of an abnormal fetus. But once you have the information that the fetus you carry has a congenital abnormality how should one respond. Do you have a social *duty* to undertake an abortion as some philosophers have claimed? What is responsible? Unfortunately it seems that God-like knowledge brings God-like responsibility.

Antenatal testing seems to hold out the prospect of certainty that my child will not be disabled. But in practice this is an illusion. No form of technology can eliminate the risk of disease or disability. There is no technological fix for the worries of a parent.

Many disabled people are increasingly seeing antenatal screening as a form of discrimination. The majority of "normal" people in society can discriminate against a minority with congenital disorders. Antenatal screening and abortion is not the prevention of disability, it is the elimination of disabled individuals. One disabled sociologist, not a Christian, wrote this, "Prenatal interventions implement social prejudices against people with disabilities. They do not expand our reproductive choices. They constrict them."

As C S Lewis put it, “Man’s power over nature turns out to be power exerted by some men over other men.”

### **Christian responses**

How do we respond as Christian physicians? First, we must recognise the pain and human anxiety that lies behind these complex issues. Instead of standing in judgement of those who make choices we disapprove of, we are called to understand, to empathise and to enter into the human experience. And we are called to find a way of caring for parents and for unborn babies which matches with the historic Christian revelation.

The way we must treat one another comes ultimately from the way we are made – Christian ethics comes from Christian anthropology. So at the heart of medical ethics is the question what does it mean to be a human being?

And straight away comes the answer from Genesis - a human being is a unique person created and designed in the image of God. Human beings are God-like beings. Alone amongst all the created entities on the planet, human beings are created to reflect God’s being, God’s character. And we are unique persons, masterpieces of loving design.

To the evolutionary biologist, human beings are primates with a little extra cortex compared with chimpanzees. To the technologist human beings are information

processing machines made out of carbon instead of silicon. But to the biblical Christian, human beings are unique masterpieces who reflect the character of God their creator. Created from dust – out of the same stuff as everything else – created dependent and frail but still God-like.

And because we are made to reflect God's image, we are not self-explanatory. You cannot learn what it means to be a human being by studying the human genome or studying embryonic development or comparing human behaviour with other animals. No, we derive our meaning from outside ourselves. From the character of God whom we are created to represent.

Suppose some alien super intelligence in the Andromeda galaxy was to receive an image from the planet earth. You can imagine the super intelligent aliens examining in detail every dot of this image, trying to discern its meaning. Until they realise that this is a reflection of some other reality – in fact it is a map of the London underground system – they will never understand. The picture is a representation of another reality - it reflects the configuration of a network of tubes set into the ground in a particular location. Unless you appreciate that basic fact you will never understand this image. It is not self explanatory. And so it is for humans too.

So how can we understand the formation of the fetus and baby in the womb? To the developmental biologist the process is primarily a deterministic matter. 1 cell, 2 cells, 4 cells, 8 cells, 16 cells. Clickety click – the molecular machinery whirrs away. But at the same time God is calling a unique individual into existence. And whenever God calls, he calls by name, as a unique person. How can these two realities both be

true? I do not know. Yet in biblical theology we often find that we must keep the immaterial and the physical together. Jesus is fully human and fully divine. The words of the Bible are the words of men and yet at the same time they are the words of God. The embryo is just a ball of cells, just a bundle of cellular machinery and yet at the same time God is calling a unique masterpiece into existence.

So at what point in human development is there a person, a God-like being, whom we have a duty to protect? Of course this is a matter of painful controversy between Christian believers – it has been since the time of the early church. I can only give you my own conclusion. It seems to me that to try to use biology to determine at what point a human person is present is a mistake. We cannot expect biology to reveal the point at which God's covenant commitment to an individual starts.

We discern persons only by love, by finding each person's humanity through interaction and commitment. But as you go back in your own fetal development all the way to the one cell embryo, there is no point at which you can say, "this is not me". This is what you looked like when you were 2 days old. God knew you, the unique person that he wanted you to be. He loved you. He was committed to you and he was calling you into existence.

So although we cannot be certain that any one embryo will develop into a human child - it may fail to implant and be lost - my own conclusion is that we should give every embryo the benefit of the doubt. We should treat each embryo with respect, and protection until we discover whether God is calling a unique individual into existence.

And when God breaks into human history how does he come? Does he come as a world ruler, a supreme dictator to claim his inheritance? No he comes as a fetus in his mothers womb. In fact he comes as an embryo. Have you ever wondered what Jesus actually looked like when he was on the earth – well I can tell you – he looked like this. Jesus has experienced every stage of humanity with us – there is no stage of human experience we can go through where we will not find that Jesus has been there before - as one writer put it, “he was in the womb, as he will be with us in the tomb”. Because Jesus was a fetus, then all fetuses are special. Because Jesus was a baby then all babies are special. Because Jesus was a dying man, then all dying people are special.

So how can we translate this into practical caring. My own conclusion is that the deliberate destruction of embryonic or fetal life, even when performed for the best motives, even because of severe fetal malformation or illness, is ultimately a sub-Christian act. It seems to me that there must be a better way of showing God’s care and love in this tragic situation. Many parents do not really wish to have a termination but they often feel that there is no alternative – the care for disabled children and families is insufficient and society can be very cruel to the disabled. Isn’t it kind, isn’t it responsible to end a disabled life rather than to bring it into this cruel world? Well there is a better way, but it’s a costly way. It’s the way of giving loving and sensitive support, empathy and the offer of a realistic alternatives to abortion. Practical support for caring for a disabled or dying child. Or maybe a Christian adoption service. As Christians whenever we say that something is wrong – we must always at the same time have an alternative to which we can say, but this is a

better way. One of the most wonderful developments across the world is a network of centres run by lay people which provide counselling and practical support for women and men who face a crisis pregnancy. Do you have a group like that in your town, to whom you can refer women with a problem pregnancy. Can you help to start one?

As an example I would like to tell you the story of Christopher who was born to close friends of ours in London, Alan and Verity. When Verity became pregnant we were all overjoyed, but then screening tests at 20 weeks of gestation showed Edwards syndrome, trisomy 18. Nearly all the medical advice was to have a termination. What possible value was there in continuing the pregnancy when the child had a lethal condition? Several philosophers have argued that in such cases parents have a moral duty to have an abortion. This is a life not worth living. But after discussion and counselling with Christian friends, Verity and Alan decided to continue the pregnancy. In due course Christopher was born and it was immediately clear that he had all the obvious signs of Edwards syndrome. But surprisingly it seemed that he wasn't going to die immediately. Alan and Verity took him home and brought him regularly to the local hospice and to our church where he touched many lives. He was a little frail baby who seemed to be able to draw love from people's hearts. He lived for 6 months and when he eventually died peacefully at home, he was almost the same weight as when he was born. At his memorial service several hundred people came to celebrate a tiny malformed baby who had touched so many lives. One of Alan's friends put it like this, "Although Christopher was unable to grow he helped other people to grow". For Christopher too in his way was a unique masterpiece, a flawed masterpiece.

Here is a strange mystery, sometimes we can see the image of God most clearly not in the perfect specimens of humanity, in the Olympic athlete or in the Nobel prize winner. We see Christ in the broken, the malformed, the imperfect. It's an example of the Easter mystery. God is revealed not in glorious majesty but in the broken and bleeding body of a man on a cross.

Of course this is not an easy way for parents. But I believe we must find ways to encourage and support parents who refuse termination because they are prepared to accept their children whatever the future holds. When we propose termination of a malformed fetus we are sending a message of rejection. This fetus is not good enough. It is substandard. It is a life not worth living.

By contrast I like the definition of Christian love provided by Joseph Pieper.

"Love is a way of saying to a person, It's good that you exist; It's good that you are in the world."

As modern parents we tend to be control freaks. We want to ensure that they will have the best possible outcome and we are confident that we know what is best for our children. Reproductive technology plays into this controlling spirit. It seems to offer the possibility of controlling the process of reproduction so that our wishes are fulfilled.

But it seems to me that a Christian understanding of parenthood is rather different. We do not own our children and we cannot control them. Our children are mysterious and wonderful beings, human persons in their own right.

Gilbert Meilander wrote this, “We are very reluctant to let the mystery of personhood - equal in dignity to our own - unfold in the lives of our children.... We need the realisation that the children who come after us are not simply a product for us to mould.”

When the early Church Fathers were trying to define the relationship between the Son and the Father, they came up with the statement that Christ was “begotten not made”.

What we *create* is a product of our will and is ours to control. What we *beget* comes from our being and is equal to us. The Son was not created by the Father, he came from his being.

In the same way we do not create and control our children, we beget them. So it may be appropriate sometimes to use reproductive technology to assist in the process of begetting children, but I believe it is wrong to attempt to make our child a product of our will, to control and manipulate.

This also applies to the problem of so-called saviour siblings – where a child is selected to have the correct genotype to act as a tissue donor for an existing sibling. Of course one can understand the desperation of parents which drives them to find any solution for an incurable illness. But to use technology to control and manipulate the genotype of a child in the interests of another, and to force a small child to act as a

tissue donor seems to me a step too far. There must be a better way. And of course there is – although the media publicity about these tragic cases does not emphasise this – There are other methods to find suitable tissue donors. For example what is required is the creation of sufficiently large genetic databases so that suitable matched adult donors can be identified. Isn’t this a better way?

In our ethical thinking we need the creativity to find alternative solutions to pressing clinical dilemmas. So often this is where we fall down as Christians. We do not lack good-will, we do not lack faith and concern and love. No what we often lack is the creativity to find a better way of showing Christ’s caring. May God give us all the creativity, the openness, the inspiration to find the new solutions which we need.

### **The end of life**

I turn briefly now to the other end of life. How can we show God’s caring to the elderly, to those who are dying of incurable or degenerative conditions?

Of course the issue is a pressing one. An ageing population means that more people are facing incurable and degenerative conditions. Dementia is thought to affect up to 20% of people over the age of 75 and nearly 50% of people over the age of 85. And the truth is that many people in our modern society are terrified of death and dying. A recent survey in the UK found that 67% of those surveyed described themselves as “petrified of death”.

Faced with all this, it's natural that modern people should seek a technological solution and of course euthanasia and physician assisted suicide is an obvious technical fix. Especially if we can persuade elderly people that their lives are not worth living. Then the same sequence will work, "I want to die, Why not, We can do it for you,"

As we all know, the legalisation of euthanasia and physician assisted suicide seems to be gaining pace across Europe. At this very moment a parliamentary commission in the UK is examining the issue in great detail because of proposed legislation entitled, "Patient Assisted Dying Bill". Please pray for this committee and for the UK.

It seems to me that the main force driving this movement is fear. Three fears – the fear of pain, fear of indignity, fear of dependence. There isn't time to discuss these fears in any greater detail but if we are honest these are fears which many of us too have faced. Especially those who are older or those who have watched a loved one battle with terminal degeneration or dementia. Perhaps we too are tempted to be fearful of our own dying. Before we can put forward Christian alternatives to euthanasia we must enter into the pain and the fears which are driving this movement across Europe.

And if we are to oppose this movement in the public debate we have to point to a better way, to a more loving, more dignified, and life-affirming way. So this is where I want to thank God for the pioneers of palliative medicine, most of them Christian believers, who have demonstrated a practical, compassionate and successful alternative to euthanasia. But it's a costly way. A way of technical skill, human compassion, empathy and caring. And it's a way that requires financial and human

resources. The truth is that euthanasia is a quick, easy and cheap fix for the fears surrounding death. Excellence in palliative care is costly in people and money. But I have no doubt that the way we care for the dying and demented can provide one of the most powerful and effective demonstrations of the Gospel for our society, a message of Christian hope in the midst of despair.

We need to explore and reflect on the biblical understanding of death. On the one hand death is the last enemy, and in our medical practice we are called to fight against death with all the skill and determination of our beings. And yet the early chapters of Genesis teach us that in a strange way, in our fallen world death can be a mercy, what CS Lewis called, a “severe mercy”. By God’s grace death can become a strange form of healing, an entrance into a new reality. So as health professionals we need to recognise the point when death changes from an enemy, into a strange form of healing. So we can say, “enough is enough” and allow death to occur in these circumstances. But we cannot introduce death into the situation.

We must remember that we cannot abolish all suffering, even if we should wish to. “Suffering is not a question which demands an answer, it’s not a problem which demands a solution, it’s a mystery which demands a presence.” Suffering is a call to human solidarity, a call to be there, to recognise that we are all bonded together as a human family – locked together so that we can bear one another’s burdens. By contrast euthanasia is an expression of hopelessness, of separation, of isolation.

As Christian physicians we are called to recognise and to demonstrate that to depend on other people is not a subhuman and undignified condition. No it is part of God’s

plan for every human life. If Jesus came into the world as a defenceless and totally dependent baby then we learn something about the profound dignity of dependence.

And above all as Christian physicians we are here to witness to the hope that transcends the grave. Because life does not end at the grave. Therefore we are called to treat dying people not only in the light of who they once were. This is all that the secular humanist has to offer. Care for the demented or dying is an exercise in nostalgia. We treat people with dignity because of what they once were. By contrast as Christians we are also called to treat people in the light of who they can, by God's grace, become – in the new age, restored and recreated in the new heaven and new earth. When we treat a profoundly disabled or demented person with respect and compassion and empathy we are pointing towards the future. We are giving a practical demonstration of Christian hope.

In the physical resurrection of Christ, God has proclaimed the final Yes to the human body. He has said that this kind of body, this kind of humanity is fit to be transformed, it will be renewed.

It's all about the contrast between the seed and the plant. Paul says that our current bodies are like seeds and that our new resurrection bodies are like the wonderful plant that will emerge. But packed into the seed is all the information, all the DNA which will build the miraculous flower. Here is a seed – a pathetic brown dried husk. But look it is a sunflower seed – the two entities which seem so dissimilar share a common identity. And Paul says your body is like that too. Packed into our weak frail and limited humanity is all the information which by God's grace can be

transformed into a wonderful new reality. This is the way God made us. This is the way he wanted it to be. May this Christian hope shine in our clinical practice as we show respect and loving care day after day for those who face suffering, disability and death.

*Hope is hearing the message of the future*

*Faith is dancing to it in the present*