

## SEMINAR ON HEALTHCARE THEOLOGY AND ETHICS

### ETHICAL ISSUES RAISED BY THE SCIENCE OF THE HUMAN PRE-EMBRYO AND HUMAN GENETICS

Moderator: Diana Bader, Catholic Health Association.

Panel: Lisa Sowle Cahill, Boston College

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#### *Discussion*

This is the third session on the topic that moved from a discussion of *Donum Dei* (1987) to issues of third parties in procreation (1988) to issues raised by the science of the human pre-embryo and genetics. This year's seminar was structured around four articles that were distributed for advance reading:

Clifford Grobstein. "The early development of human pre-embryos." *Journal of Medicine and Philosophy* 10 (1985) 213-36.

Norma Ford. "When does human life begin? Science, government, church." *Pacifica* 1 (1988) 298-327.

Eric Juengst. "Prenatal diagnosis and the ethics of uncertainty." In *Medical Ethics*, J. F. Monagle, ed. Rockville MD: Aspen Publications, Inc., 1988, pp. 12-25.

C. Kenneth Boone. "Bad axioms in genetic engineering." *Hastings Center Report* 18/4 (August/September 1988) 9-13.

Two sets of events are central to the considerations in this seminar. One is the growing knowledge and understanding of the early course of human development—much is due to in vitro fertilization (IVF) and the fact that it has made the developing entity accessible to observation outside the maternal body. The second is the increasing ability to detect genetic defects and disease, both prenatally through a variety of diagnostic techniques and postnatally in nonsymptomatic and symptomatic adults who are victims and/or carriers of genetic disease. Theological perspectives on these developments are relevant to a number of practices in Catholic healthcare: for example, rape intervention programs; participation in medical research or therapy involving human fetal tissues or organs; and genetic testing, diagnosis, counselling and treatment. Will Catholic healthcare be involved in the developing areas of prenatal and genetic testing and therapy, or will we abandon them to other providers?

On the subject of the human pre-embryo, developmental biology has shown that human development involves gradual, not instantaneous, change that is continuous over time. For convenience, certain conspicuous changes can be used as markers for distinguishing stages in the developing process. Thus, pre-embryo, embryo and fetus are distinguished as developmental stages. Within the pre-em-

bryonic period a succession of critical transitions from the beginning of fertilization (0-1 day) through the completion of implantation (10-14 days) can be described. A desire to answer philosophical questions regarding when human life begins makes these distinctions enlightening and significant. However, there is a risk of equating scientific facts with moral values. Given the continuity in the human developmental process, perhaps it is more useful to subordinate the search for a point or moment at which human life begins to a valuing of the total process itself, and to develop a tolerance for ambiguity in our efforts to make moral decisions regarding the status and use of the human pre-embryo.

In the area of human genetic research, an ethical issue is raised by the trend to transfer what pertains to the common public good to the realm of private benefit: that is, genetic research conducted by private rather than public institutions. Who will own the results of such research? Because the well-being of society is in question in such research, it seems important that such research be conducted under public rather than private sponsorship.

A second question relates to the priorities in healthcare in the United States. The project for mapping the human genome is expected to cost in the area of three billion dollars. In a nation where an estimated forty million citizens lack basic health care, how do the benefits of this project compare with the benefits of basic universal healthcare? Some would argue the benefits of mapping the human genome based on the merits of the information and its potential usefulness in the future; others question the decision to expend scarce resources in this way when other medical needs are not being met.

The seminar concluded with a discussion of plans for the future of this seminar. Some expressed a strong interest in continuing the seminar, pointing out the critical importance of "life" issues in society and church today, and the need for discussion in setting priorities in Catholic healthcare practice. It was alternatively suggested that this seminar assimilate with the Moral Theology Seminar. "Life" issues could possibly be cycled among the topics addressed in Moral Theology. In any case, participants voiced a need to have the opportunity to continue to discuss "life" issues as part of the CTSA agenda.

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