

EDITORIALS

A New Arrival

It is surely appropriate that a new venture in the field of medical ethics should appear in the year of the Warnock Report, whose publication marks an historic step in the development of moral reflection upon medical technology.

ETHICS & MEDICINE commences publication with aims and a format that are modest. We wish to provide a forum for discussion on a base that is recognisably Biblical and that stems from the stream of historic Christianity. We hope to pass on news of conferences and publications which will interest those in sympathy with our intentions. Whether the format remains as at present, or whether we are able to move on to a more impressive appearance, depends upon the circulation we can achieve.

We shall be very pleased to be offered correspondence or articles for publication, and to receive news which we can make known to our subscribers. We shall also be particularly grateful for response from our first readers to the appearance and content of ETHICS & MEDICINE.

Thank you for joining with us in this venture. We would ask you to join us also in our prayers for its success and its usefulness.

The Warnock Debate

Two members of the Editorial Board of ETHICS & MEDICINE had the pleasure, just before this issue went to press, of debating some of the ethical issues arising out of the Warnock Report before Durham Union Society. They had been promised Dr Robert Edwards to oppose the motion that *This House would not interfere with the natural beginnings of human life*, but in the event he was unable to be present. His place was taken by a senior gynaecologist who has for some time been associated with his work, sitting on the ethical committee of Bourne Hall; seconded by a Cambridge law lecturer.

Debate was lively. The gynaecologist defended research on the embryo, and reacted violently to the proposers' contention that from fertilisation the embryo, since it was biologically/genetically a member of the human species, was deserving of the respect we afford to other humans. If that were so, he said, it would make him a murderer; and a murderer he was not. He went on to make a number of interesting admissions. The 14-day limit on embryo research, proposed by Warnock, had nothing to do with concern for the development of primitive sentience on the part of the embryo. Its real criterion was the present inability of researchers to maintain embryos *in vitro* any later than this point. Moreover, the 14-day limit was just for the present. Those working in the field would soon be seeking an extension to 21 days, and then to 28. These were very candid statements from one close to those leading research in this area, and they plainly embarrassed his seconder, who had put forward a more limited case.

The proposition was at pains to point out that 'murder' had been introduced into the debate without any desire on their part, and that murder requires an intention to kill a human person. The problem which we had to face was that those opposing this motion did not recognise a human person in the

embryo. The analogy was drawn between the embryo and those many groups of human beings who at different times in history have been regarded as non-persons, despite their appearance of human status. Recent evidence of prisoners-of-war being used by the Japanese for experimental purposes illustrated the implications of any principle that would permit the use of human subjects for inhuman ends.

Perhaps the most interesting feature of the debate was the speeches from the floor, as students made able contributions to discussion. The great majority - to the embarrassment of those proposing the motion! - were firmly against not merely experimental use of the embryo, but the developments of which it is an integral element. One student spoke of her friendship with handicapped colleagues, and of how this made her feel about the discarding of embryos with abnormalities, and abortion for fetal handicap. Another speech, perhaps the most memorable, was from a woman with a teenage child with Down's Syndrome who spoke passionately of her revulsion at the attitude of those who would dispose of the abnormal. She added that her father had suffered at the hands of the Japanese who had degraded him and treated him as sub-human.

What of the vote? It was close. The floor debate was plainly unrepresentative, perhaps, one might suggest, because those who had reflected most on the questions at issue had been most strongly influenced against the *in vitro* process, while the unreflective assumed that recent developments must necessarily be good. But the motion was won: 97 for, 93 against, 12 abstentions. It may be that this is an augur of the public debate now in process.

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Medicine and Mores

As previously accepted mores crumble into the melting-pot of contemporary values, those involved in the social services find themselves beset by conflicting demands. This is particularly true in the medical field. What moral values, if any, can a doctor in practice maintain? Is he or she simply an agent of the state to meet any request a patient may have? Should a Christian doctor concede the "consensus morality" of the age rather than apply Christian principles? We believe that it is vital for us to understand what lies behind these issues, and to support each other in working out their practical application with God's help.

By way of background perhaps we should consider what the characteristic attitudes of our society are. These are difficult to appreciate when one is in the middle of it oneself and the perspectives of Alexander Solzhenitsyn who saw western society in a very clear light when he came from Russia are most illuminating. In his Nobel Lecture in 1970 he says, 'The intimidated civilized world has found nothing to oppose the onslaught of a suddenly resurgent fang-bearing barbarism, except concessions and smiles. The spirit of Munich is a disease of the will of prosperous people; it is the daily state of those who have given themselves over to a craving for prosperity in every way, to material well being as the chief goal of life on earth.'