

RMPS
Higher/N5
Morality & Belief



Morality, Medicine
& the Human Body

CONTENTS

ETHICAL THEORY

- 3 Religion & Morality
- 4 Divine Command Theory
- 5 Moral Autonomy/Heteronomy
- 7 Scripture
- 8 Christianity & the Bible
- 9 Utilitarianism

EMBRYO RESEARCH

- 13 Sanctity of Life
- 15 What is an Embryo?
- 17 UK Law on Embryo Research/Moral Status
- 19 Use of Embryos – Reproductive
- 20 Use of Embryos – Therapeutic
- 22 Saviour Sibling
- 23 Stem Cell Research
- 28 Moral Issues arising from Use of Embryos
- 32 Embryo Research Moral Issues Revision Tables

ORGAN DONATION

- 37 Organ Donation
- 39 Scottish law/Opt our System
- 40 Moral issues relation to Organ Donation: Consent
- 42 Moral issues relation to Organ Donation: Beating Heart
- 43 Moral issues relation to Organ Donation: Living Donors

EUTHANASIA

- 45 Euthanasia: definitions
- 46 UK law of Euthanasia
- 46 Moral Issues: Right to Die
- 47 Moral Issues: Open to Abuse
- 48 Moral Issues: Euthanasia unnecessary due to advances in end of life care

MANDATORY CONTENT

MORALITY, MEDICINE & THE HUMAN BODY	
HIGHER	NATIONAL 5
<p>Non-religious Response (eg. Utilitarianism)</p> <p>Religious Response (eg. Literal, Liberal Christian)</p>	<p>Non-religious Response (eg. Utilitarianism)</p> <p>Religious Response (eg. Literal, Liberal Christian)</p>
	<p>The value of life:</p> <ul style="list-style-type: none"> • right to life • right to die • sanctity of life • personal autonomy
<p>Use of embryos:</p> <ul style="list-style-type: none"> • Reproductive • Therapeutic • Research 	<p>Use of embryos:</p> <ul style="list-style-type: none"> • Reproductive • Therapeutic • Research
<p>Organ donation:</p> <ul style="list-style-type: none"> • Consent: informed; presumed • Beating heart donation • Living donors 	
<p>End of life:</p> <ul style="list-style-type: none"> • assisted dying • voluntary & non- voluntary euthanasia • end-of-life care 	<p>End of life care:</p> <ul style="list-style-type: none"> • palliative • hospice <p>Euthanasia and assisted dying:</p> <ul style="list-style-type: none"> • voluntary euthanasia • non- voluntary euthanasia • assisted dying by individuals or organisations

Religion & Morality

Should religious people have high moral standards? Are their standards realistic? Where do these standards come from? And anyway, what exactly is and isn't 'good'?

All religions expect their followers to make moral decisions – you have to anyway, it's just a fact of life. However, it is probably true to say that one of the features of being a religious person is that you have a consistently observed set of moral standards. You stick to these through thick and thin and they guide you through life's moral puzzles. Being 'religious' implies that you are also moral, but does being moral also imply that you have to be religious? Can you have morality without religion, or religion without morality?

Like much in this topic area, the answers to these questions will depend on who you ask. A follower of a religion might well say that you need the structure and meaning of a religion behind any moral decision, while someone who is not religious would most definitely say that you can live a moral life without any reference to religion at all. Must the answer to this be 'either/or', or isn't it as clear-cut as that?

Suppose you are standing guard over a suspected child-murderer while waiting for the police to arrive. You have a gun. You are a devoutly religious person. Suddenly you hear a voice from the heavens. 'This man is worthless – shoot him.' Everything you have ever been taught and believed says that killing is wrong, but you are absolutely convinced that the voice is the voice of your God. What do you do?

Now suppose, just as you're struggling with your decision, the world leader of your faith arrives on the scene to tell you that he has had a message from God which says that this man must die and you have been chosen to carry out the sentence right now. What do you do?

Now change the whole scenario from standing with your gun over a child-killer to standing next to someone at the bus stop with a gun in your pocket.

Are there any things which are absolutely wrong no matter what, or is everything subject to the whims of whatever god you happen to follow? History is full of people who have done something that would be considered bad, but who did it because they genuinely believed that it was sanctioned by their religious belief and therefore by their own God or gods – their god thought it was right therefore it was right.

Divine Command Theory (DCT)

Religious people often say that God is all-powerful as well as perfectly good. If this is so, then anything he commands should be obeyed and should be thought of as right. Many religious people would doubt whether it makes sense for a person to try to second-guess God. Perhaps God does command people to do things which are normally thought of as wrong, but he does so for reasons which are unknown to us but are, in themselves, right. This would mean that we might have to read just our idea of right and wrong in line with God's commands – what might seem wrong to us might actually be right – the only thing stopping us knowing that it is right is the small matter that we are not all-knowing like a God. So – to extend the example used earlier. . .

You are a devoutly religious person sitting at home watching the TV news. It's an item about a man who has blown himself up in a crowded market place killing hundreds of people. His picture flashes on the screen. Suddenly the cold realisation comes to you that you know this man. In fact, just two months ago you were standing next to him in a bus queue. You had a gun in your pocket. You were convinced that you were hearing the voice of God telling you to shoot this man. You didn't do it because your God would never ask you to do such a thing. . .

For some religious people, if God commands it, then it is good. They might argue that it is not for humans to work out God's motives. This leads to an *unconditional acceptance* of what God wills and the notion that something is right because God says so. In short,

1. God is always right.
2. If God appears to be wrong, refer to point 1 above.

Many religious people would be very wary of this kind of approach. They would think of it as very naïve and simplistic. Religious people tend not to operate at such a robotic level and would not expect their God to treat them like thoughtless robots either.

For the vast majority of religious people, what their God or gods command is vitally important. However, it comes in many guises. The intelligent religious person cross-checks such commands in a variety of ways – by referring to their holy books, the traditions of their faith, how their faith has historically responded to moral problems, what teachers in their faith have taught throughout the ages about right and wrong, and so on. What is right therefore, for a religious person, almost certainly goes beyond what they think their God might be telling them at one point in time in only one way. It is the end result of a long process of teaching, reflection, study, discussion, trial and error.

Religious people arrive at decisions about what is right in many different ways. Most religious people, however, would be unlikely to disagree with the view that what God commands has significant moral weight, but they would probably go further. For a religious person, God is concerned about humans. Whichever religion you follow can provide evidence of that. It is therefore reasonable to assume that what God would consider to be right and wrong would be because of its implications for non-godly life-forms.

Moral Autonomy

AUTONOMY = THE FREEDOM TO DETERMINE YOUR OWN ACTIONS & BEHAVIOUR

This is the view that what you consider to be morally right or wrong is independent of your religious beliefs. This might accompany the view that religion is something which is your belief system but which does not overflow into other areas of life. There are still debates today among religious groups about how far they should be involved in the 'affairs of the world'. For example, some Christians disagree with fellow Christians becoming involved in politics while others think this *praxis* (or practice) is something which is central to the idea of being a Christian.

"Those who say religion has nothing to do with politics do not know what religion is."

Mohandas K Gandhi

Autonomy literally here means being a law unto yourself – making your own decisions. Religions differ in their approach to autonomy – for example some Christians see moral autonomy as a result of the Fall – putting your own ideas before God's and making yourself a little God by deciding for yourself what is right and wrong. Humanity at the centre replaces God at the centre and as such is a mark of just how separated God and his creation have become.

The Fall

Adam and Eve were forbidden to eat from the Tree of Knowledge of Good and Evil. The serpent (representing evil) tempts them to eat from this tree. They are then changed after this and start to scheme. God casts them out of the Garden of Eden into the world outside. In the outside world things are tough and difficult. This is known as the Fall, i.e. The Fall into disobedience and sin. Things go wrong for Adam and Eve when they care only for their own desires and become self-centred.

On the other hand, many Christians would argue that moral autonomy is something to be valued. God gives humans the special gift of free choice – and it is therefore important to exercise that free choice by making moral decisions for yourself. Obviously what course of moral action you take is based on Christian principles but ultimately it is your choice and yours alone. Many Christians would argue that far from being a sign of our fallen nature, this is in fact a sign that we are 'made in the image of God' – our freedom to make moral choices is what makes us, as humans, unique.

Buddhism proposes that moral choices are entirely ours to make. The Buddha stressed that each individual finds his own way to enlightenment. This is particularly important for a faith which has no God and, therefore, for which the Euthyphro dilemma will have only limited meaning. The Buddha himself stressed the importance of not accepting his teachings uncritically, but putting them to the test by trying them out for yourself.

Buddhism stresses the importance of karmic law – something is right or wrong in relation to whether it results in good or bad karma – even though some actions are always more likely to produce bad karma than good and so therefore could be considered to be, by definition, more likely to be wrong in themselves.

For a Buddhist we're all autonomous beings – but our moral choices have implications both for us and for everything else which might potentially be affected by them.

Many non-religious people, of course, would argue that morality needs no foundation in religious belief. They might point to the fact that in many religions what is right and wrong is what any reasonable

person might consider to be right or wrong after a bit of reasonable reflection. In fact, such people might say, religions merely set in stone what has always been sensible moral practice between humans anyway – giving it the added weight of being sanctioned by an all-powerful deity who'll punish you if you break the rule, and so giving you an added incentive to stick to it.

In fact, the belief which most religions foster about the continuation of life after your physical death is just such an example of this. If you follow a religion then you will believe that what you do in this life will still have consequences beyond your physical death. This gives added strength to moral values. For religious people this is something worthwhile because it means that those who do wrong can't escape the consequences of their actions just by dying. For non-religious people, this might be seen as religion adopting common-sense morality and giving it a supernatural slant to make it more likely that you will act morally. A religious person would argue that this is an improvement upon non-religious systems of morality, while a non-religious person might argue that it's just another way of looking at it. We'll look at this in more detail below.

For someone who argues that moral decisions are best made autonomously, the argument might be that deciding based on reason and consequences is far more likely to produce good moral decisions than basing them on the changing whims of a God. A religious person, however, would refute this, arguing that things as important as moral decisions should be made based on a foundation which is more secure than the reasoning of an individual.

Moral Heteronomy

Religious people argue that making moral decisions is best done on the foundations of religious belief, authority and tradition. This is because religious beliefs are based on solid ideas which will, if put into practice, produce good outcomes. Importantly, this isn't guesswork, but will be based on the long traditions of your faith, and in the careful study and resulting conclusions drawn by those better skilled than you in working out such things. Religious people might argue that there is very little in today's world which is morally new. Certainly, what's possible using new technologies needs careful thought, but the principles are the same ones which have been around for a long time and just need re-application in a new context.

In religion, your decisions are rarely made for you, rather the principles of your faith act as signposts guiding you in the 'right' direction – or rather in the direction of what's right. Religious people argue that something as important as a moral decision has to be built on foundations – and the foundations themselves must be strong. Without such foundations the thing you build will just fall down.

Basing your moral decisions on the teachings of a faith also means that you have many years of historical tradition upon which to base your choices. You can be sure that you won't have been the first to face any given moral problem.

Scripture

In Christianity what is in the Bible varies according to traditions. Although most Christians believe that the Bible was inspired by God, there are disputes about what's in and what's out. An example of this would be the book of Daniel with its symbolic and visionary literature and prophecies.

In other faiths, different texts are given different moral standing – for example in Judaism, the Torah is central while commentaries on it give less binding, but nevertheless helpful, moral guidance. Once included as part of sacred scripture in a faith – or the canon – there's still room for debate.

How should scripture be interpreted?

Even once something has been accepted as a part of a faith's sacred scripture that's only the beginning – then it is subject to study and analysis throughout the ages. Different people have different views on what a passage means and how this relates to living the faith. Such differences can be minor in the understanding of a word or passage, or can result in major differences within the faith leading to splits and deep divisions.

For example, in Christianity, the word *parthenos* can mean either a 'young girl' or a 'virgin' or both – leading Christians to very different conclusions about the nature of Jesus' birth. This also highlights a significant problem for religious people today. Almost all sacred scriptures are rooted in the past – often written in ancient languages. This can lead to specific problems.

Not everyone has the time to study these languages in the original, and so most people have to depend on the translation of the language by those who have taken the time to study the language. In the past this meant that only a few in a faith had the knowledge of what was written in the scriptures and ordinary people had to depend on them. This gave priests and holy men great power which, it is probably true to say, they guarded jealously. Even here in Scotland, one of the reasons for stained-glass windows is that they were a visual aid to help ordinary people who could not read to understand the Bible stories. Now the trouble with translating a language is that you sometimes change the meaning of things when you translate. This is extremely important for moral decision-making because the meaning of scripture is often very closely tied to the time in which it was written. Once you take the words out of that context you lose a bit of what the teaching meant in the first place and it might not be all that easily transposed into the 21st Century. This means that you have to work things out for yourself.

Christianity and the Bible

The Literal View

Some Christians think that the Bible is the direct word of God, passed down through the writers. They believe the Bible is free from all error because it contains not the words of human beings, but the Word of God. Everything in the Bible is true and the Bible is the actual Word of God, literally word for word. When it comes to interpretation literal Christians still accept that some parts of the Bible are clearly meant to be poetry and metaphor. However, when it comes to history, or the sayings of Jesus eg, a literal view will be taken. Most literal Christians today are found in the USA, while in the UK most Christians would take a more liberal view of the Bible. A strength of the literal view is that it offers certainty for people's faith-they don't have to change and adapt in the same way in the light of modern discoveries. However, a weakness might be seen to be the difficulties in being able to work alongside scientists. They are also not taking sufficient account of the times in which the Bible was written, the fact that it is composed by male authors as well that can make it more difficult to apply to modern issues like medicine when these weren't covered by the writers of the Bible in their own times.

The Liberal View

Some Christians think that the Bible writers were inspired to write. However, the writers, being human, were capable of making mistakes. Also they were influenced by the ideas and world views of their own time. They had insight into human life that others did not have and they were able to put this into words. The Bible therefore contains within it the Word of God, but it is not directly the Word itself. This means that Liberal Christians will try to read the Bible in a more modern way. When, for example in the first two Chapters of the Bible in Genesis that God created the universe/world in 6 days, Liberal Christians would see this as more of a story with a meaning, almost a parable of creation. Those who look at the timeline would also say that it clearly isn't meant to mean days of 24 hours as we understand them now, but rather that there were probably millions of years between the different events which developed and shaped life on earth. Therefore Liberal Christians are open to working alongside science in order to better understand how God's world works. Although they still believe that God was involved in the 'process' of creation they would generally be happy with the Big Bang theory starting the Universe (with God starting it all off), as well as the theory of Evolution for the development of life on earth, (again with God guiding this process).

As we will see, when it comes to issues connected to medicine and the sanctity of life, Liberal Christians will seek to work with the medical community and modern science as well as a reading and interpretation of the Bible, in order to form their views and beliefs about medical ethics. It is a strength of the Liberal position that they are part of the way to accepting scientific knowledge, and so less likely to reach a point where faith and science simply disagree. However, if they start to doubt the Bible, it might lead to an overall weakening of their faith.

Christian View	
Benefits	Disadvantages
<p>Clear source of guidance – those who take the Bible literally are not faced with the challenge of thinking through difficult decisions</p> <p>Tried and tested – biblical teachings have been around for thousands of years – most of society's rules come from religious rules</p> <p>Religious communities can step in to clear up ambiguity – source of support and guidance</p>	<p>Context – the Bible was written/compiled hundreds of years ago so does not include guidance on the issues that we face today (esp. medical/scientific issues)</p> <p>Interpretation – the Bible is mainly written in archaic languages (Aramaic) which required translation: can we be sure translations are accurate?</p> <p>Contradictions – Bible compiled from multiple writings/authors, at different times – lots of conflicting views (“Eye for an eye” vs “Turn the other cheek”) – so which views do we accept?</p>

Utilitarianism Consequences and J S Mill (1806–1873)

John Stuart Mill proposed a moral philosophy based on the principle of Utilitarianism. Put simply, Utilitarianism is the view that what is right is that which produces the greatest good for the greatest number. So, happiness is what leads to the common good – or rather the good of the majority. Utilitarianism can be separated into

Rule Utilitarianism: Some rules are always more likely to produce the greatest good for the greatest number. If you stick rigidly to these rules that is known as Strong Utilitarianism. If those rules are more flexible then this is Weak Utilitarianism.

Act Utilitarianism: This is based on what the likely outcome of an act would be. If it is likely to produce the maximisation of happiness for the greatest number then it is right – if it does not then it is wrong.

Many Utilitarians today refer to the philosophy as consequentialism – demonstrating clearly their belief that whether an action is right or wrong depends upon its likely outcomes.

Utilitarianism is based on the results of actions. Where the actions produce positive results they are good, and where they produce negative results, bad. However, if an action produces positive results for the majority while being accompanied by negative results for the minority the action could still be considered to be the right course of action. For example, if you killed one person to save twenty others then you have done the right thing. Even if it feels wrong and even if your general moral principles go against the act of killing, killing one for the sake of many is a right action. However, according to Utilitarianism this could also mean that you could harm innocent people in order to safeguard the well-being of the majority. For example:

You are a doctor living in a small developing world village where 310 people live. Ten people in the village have a deadly virus that you can't cure. It is highly contagious. If those contaminated are allowed to live then they will infect all the other 300 villagers. Only you can put a humane end to their misery and so save the lives of the others in the village.

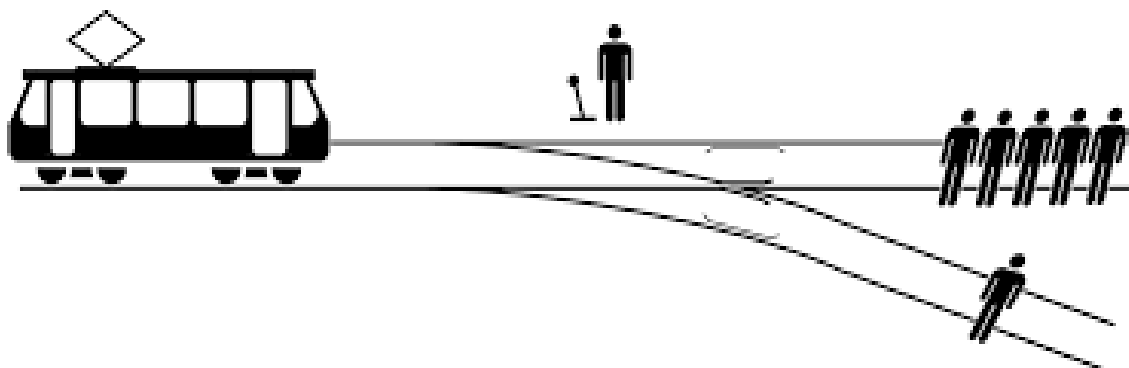
A Utilitarian might well argue that you should kill the infected ten for the greater good, and that this would be right. However, imagine that the virus in this example becomes even more active following the death of its host – but you don't know that this is the case. Would it change your course of action if you knew this? Should it?

This highlights one of the greatest issues about Utilitarian thinking. If an action is right or wrong depending upon its outcome – you would have to be sure what all the likely outcomes are. Can you ever be that sure? The other issue is the problem of happiness – who decides what happiness means? What if, in the example above the infected ten were the only children in the village – the other 300 villagers being over 90 years old?

For this reason, an amendment to the principle of Utilitarianism has been proposed by modern Utilitarians. This is called *preference Utilitarianism*. This takes into account what those involved in the situation would prefer – taking into account their own individual and collective views of happiness. Perhaps you can hear the 300 villagers crying 'Spare the children'? Another version of Utilitarianism is *motive Utilitarianism*. Utilitarians themselves disagree about this. In short, it comes down to this: does an action become right if it was done for the wrong reasons but produced good outcomes?

You're driving along the road one day when you suddenly decide to run someone over. There's no reason – you just feel like it. So you do it. Any sane person would consider such an action to be wrong. But when the police are dealing with the event they find that the person you ran over has a bottle of poison in his pocket. Also in his pocket is a list of 40 names. Checking these names the police find that 10 of them have already been murder victims – by poisoning. The other 30 are still alive. Was your action in running the man over right after all?

The Trolley Problem



A runaway trolley is hurtling toward five unsuspecting rail workers. If it hits them, it will surely kill them. You happen to be standing next to a switch that could divert the train onto a separate track, where only one rail worker is standing. If you flip the switch, the five workers will be spared and the single worker will be killed. Would you flip the switch? This is the classic trolley problem, and though it's 50 years old, it's becoming even more important with the spread of artificial intelligence.

The trolley problem highlights a fundamental tension between two schools of moral thought. The utilitarian perspective dictates that most appropriate action is the one that achieves the greatest good for the greatest number. Meanwhile, the deontological perspective asserts that certain actions – like killing an innocent person – are just wrong, even if they have good consequences. In both versions of the trolley problem above, Utilitarians say you should sacrifice one to save five, while deontologists say you should not.

TASK

1. Who was J S Mill?
2. Explain the term 'utilitarianism'.
3. In your own words, explain how a utilitarian might make a moral decision.
4. Now write a definition for each of the following:
RULE UTILITARIANISM ACT UTILITARIANISM
PREFERENCE UTILITARIANISM MOTIVE UTILITARIANISM
5. What problems might there be in working out what will result in the 'maximisation of happiness'?
6. When making a moral decision, do you think motives are more or less important than outcomes?

Modern Utilitarianism

Peter Singer is Professor of Bioethics at Princeton University in the USA. He is possibly best known for his views on animal rights where he coined the phrase 'Speciesism' referring to the way one species (human animals) mistreats another (non-human animals) for its own ends – or pleasure. As a Utilitarian, Singer argues that mistreating animals does not produce the greatest good for the greatest number because the number of animals mistreated far outweighs the benefits of this mis-treatment. Singer describes his own form of Utilitarianism:

The way of thinking I have outlined is a form of utilitarianism. It differs from classical utilitarianism in that 'best consequences' is understood as meaning what, on balance, furthers the interests of those affected, rather than merely what increases pleasure and reduces pain. . . The utilitarian position is a minimal one, a first base that we reach by universalising self-interested decision-making.

Singer's position is that what is right is what is in the best interests of those involved in the moral problem. He cites the case of Andrew Stinson as an example.

Andrew was born premature. His life was deemed by medics to be 'marginally viable'. If he did survive, his life would be 'permanently impaired'. His parents wanted no heroics in any attempt to resuscitate him. Doctors considered that he must be in severe distress. Andrew was kept alive despite his parents' wishes and despite the great cost of doing so. Singer argues against the idea that life is always worth preserving by stating that in cases like Andrew's the right thing to do is what is in the interests of those involved – in this case, he was arguing that this would have been to let Andrew die.

Singer also uses the case of anencephalic babies who may be kept alive for a short time when there is no possibility of any normal brain activity rather than allowing them to die so as to use them to harvest their organs to save the lives of babies who will have the chance of a normal life.

In all of these examples, Singer contrasts the extreme measures we take as a society to save human life – even that which he argues cannot reasonably be considered human in the agreed sense – while at the same time showing a callous disregard for all other forms of animal life on the planet. Singer suggests, in fact, that society should completely redefine the value of life and what it means to be 'alive' or 'dead' according to a utilitarian ethic which takes into account the best interests of all involved.

Many people disagree with Singer's views; that is because they are people who follow an ethic based on unchangeable principles, and Singer's ethic seems to them a little like making things up as you go along.

Singer's utilitarianism might still suffer from the problem of utilitarianism generally – that is to say: who decides what's in people's self-interest and based on what? – even if we take into account only those immediately involved in the moral problem.

One final criticism of utilitarianism is that in seeking what's best for the majority you might knowingly or otherwise sanction actions which harm minorities. Another example might help:

The Bright Light Energy Company has decided to invest in a new form of energy production which will reduce the energy bills of everyone on the planet to...nothing. Free energy for all is its claim. It has found a way to tap the human aura of energy in such a way that energy is created beyond our wildest imaginings. One person can provide enough energy for a city to keep going for 10 years. The problem is that at any one time 100 people need to be wired up across the globe. Each person can generate energy for around 100 years. At the end of this, the person dies and must be replaced. During the

person's lifetime of being wired up she or he will be unable to communicate or think – effectively the person will cease to exist once they are wired up (although they won't be dead in the commonly agreed sense). In order to make this viable, the Bright Light Company intends to take in donated babies to use as energy sources. The benefits are enormous, the costs – 100 people's lives every 100 years.

Remember too that religious people will, on occasion, make moral decisions based on utilitarian principles, or a consequentialist ethic. The whole notion of breaking religious rules and laws in order to preserve life is an example of doing something for the greater good.

Utilitarianism	
Advantages	Disadvantages
Protects the interests of the majority.	Ignores the interests of the minority.
Can take different situations/circumstances into account	Can't predict consequences
Can be applied to most modern day dilemmas	Consequences could make a moral action, immoral – can make bad acts good.
Relative, rather than absolute.	Too difficult to calculate
Can be religious or non-religious	
End can justify the means	

TASK

1. Who is Peter Singer?
2. In what ways might Peter Singer's utilitarianism differ from that of J S Mill?
3. Do you agree with Singer's view that the best thing to do, in the case of Andrew Stinson, would have been to let him die? Explain your answer.
4. What is the basis of the arguments against Singer's utilitarianism?
5. In what different ways might Utilitarians respond to the possibilities of the Bright Light Energy Company?
6. Choose one of the examples of moral dilemmas in this section on utilitarianism. Explain how you think a utilitarian would respond to the dilemma, and explain whether or not you think this would be the right course of action in those circumstances. Perhaps as a class you could make up other similar moral dilemmas for Utilitarians to respond to.

MEDICINE & THE HUMAN BODY

In this unit we will examine a variety of medical ethical issues:

- Status and treatment of embryos
- Organ donation
- Palliative care
- Assisted suicide and euthanasia

We will study a range of viewpoints responding to these issues – both religious and non-religious – and examine the strengths and weaknesses of these.

All of the issues we will look at raise the same types of ethical questions:

- When does life begin?
- Is there a difference between 'life' and 'personhood'?
- Is life sacred or simply special?
- Does anyone have the right to take a life?
- Should religion play a role in moral decision making/law making?

TASK

Discuss the following questions in groups – be prepared to feedback to the class:

1. When do you think life begins? Why - what defines when life begins?
2. What is a person?
3. Is a 'human being' and a 'person' the same thing?
4. Does all life deserve respect?
5. Is all life important?
6. Should life be preserved at all costs? Can you think of examples of when it is **morally right** to take a life?

THE SANCTITY OF LIFE

Sanctity means 'the quality of being sacred or holy'. Religious people often talk of human life as being sacred. They believe there is something special or holy about human life. This is mainly due to the belief that all life comes from God and, as a result, must be cherished, protected and preserved.

In general, Christians believe that every human is special to God. As a result of this, every life has value, and God has a plan for everyone. This creates difficulties for Christians when considering the issues relating to the creation or preservation of life artificially.

The sanctity of life is the belief that:

- God is the source of all life: all life begins with God
- All life is sacred, and must be preserved at all costs
- All life has value, meaning and purpose: God creates everyone, regardless of ability
- Only God decides when each life will end

You must consider this belief when looking at each of these issues in this unit.

1. What issues/concerns might it present in a secular society?
2. What advantages would such a belief have in the contemporary world?
3. How does the belief tie in with the issues we will be looking at?
4. Do you agree with the belief? Why/why not?

Non-religious view: Humanism

- Humanists seek to live good lives without religious or superstitious beliefs.
- They use reason, experience and respect for others when thinking about moral issues, not obedience to dogmatic rules.
- Humanists promote happiness and fulfilment in this life because they believe it's the only one we have.
- When deciding whether something is right or wrong, humanists consider the evidence and the probable effects of choices.
- They believe in **personal choice** and **autonomy**.

Religious and non-religious viewpoints

What you need to know:

- What different **Christians** think about use of embryos/issues arising from organ donation/assisted suicide/euthanasia **and WHY**
- What **Utilitarians and or Humanists** think about use of embryos/issues arising from organ donation/assisted suicide/euthanasia **and WHY**

Christian Viewpoints

- Based on scripture
- Believe that God is the source of all life
- Believe that all life is sacred
- Believe that all life has value, meaning and purpose
- Believe that God only decides when life begins and ends
- Different branches – Roman Catholic Church more **dogmatic (absolute)**; Church of Scotland more **permissive (relative)**

Utilitarian Viewpoints

- Consequentialist: the moral worth of an act is based on its consequences/outcome
- Relative moral theory – what is right or wrong always depends
- No one person's happiness is worth more than another's – **equity**
- Cannot please everyone – GHP = an action is good if it maximises pleasure and minimises pain for the greatest number of people
- Act = weigh up the potential happiness/pleasure for every act
- Rule = follow general rules/principles which have shown through past experience to conform to GHP

Humanist Viewpoints

- Atheist principles – no God
- Believe that this is the only life we have
- Value autonomy and personal choice
- Quality of life is more important than beliefs in sanctity of life (no God)
- Only one life – need to live it best way we can
- Should be devoted to helping each other, looking after other humans, rather than worshipping fictional God

EMBRYO RESEARCH

Much of the debate over the use of human embryos centres on the issue of the status of the embryo? Is it a human life? Is it a person and so deserves protection? If it is not yet a person can we make use of it to benefit others? It is a controversial issue with many different views.

Whether or not an embryo is regarded as a person is important as this will determine how we allow the embryo to be treated.

This section will explore:

- What is meant by an 'embryo'?
- What is the moral and legal status of an embryo?
- What is meant by IVF and PGD?
- Religious and moral concerns relating to IVF and PGD

What is an Embryo?

Sperm cells and egg cells are **sex cells (gametes)**. They each contain half as much DNA as normal cells. During **conception**, the sperm and egg fuse to make a single fertilised cell. This is called a **zygote**, and it contains twice as much DNA as the gametes. The zygote is an **unspecialised stem cell** – this means that it can turn into any other type of cell.

Through a process called **mitosis**, the zygote begins to divide, making new cells. The cells continue to divide, and after around 5 or 6 days, the zygote has become an **embryo**. The cells then begin to **differentiate** – becoming the specialised cells that will perform important functions in the body.

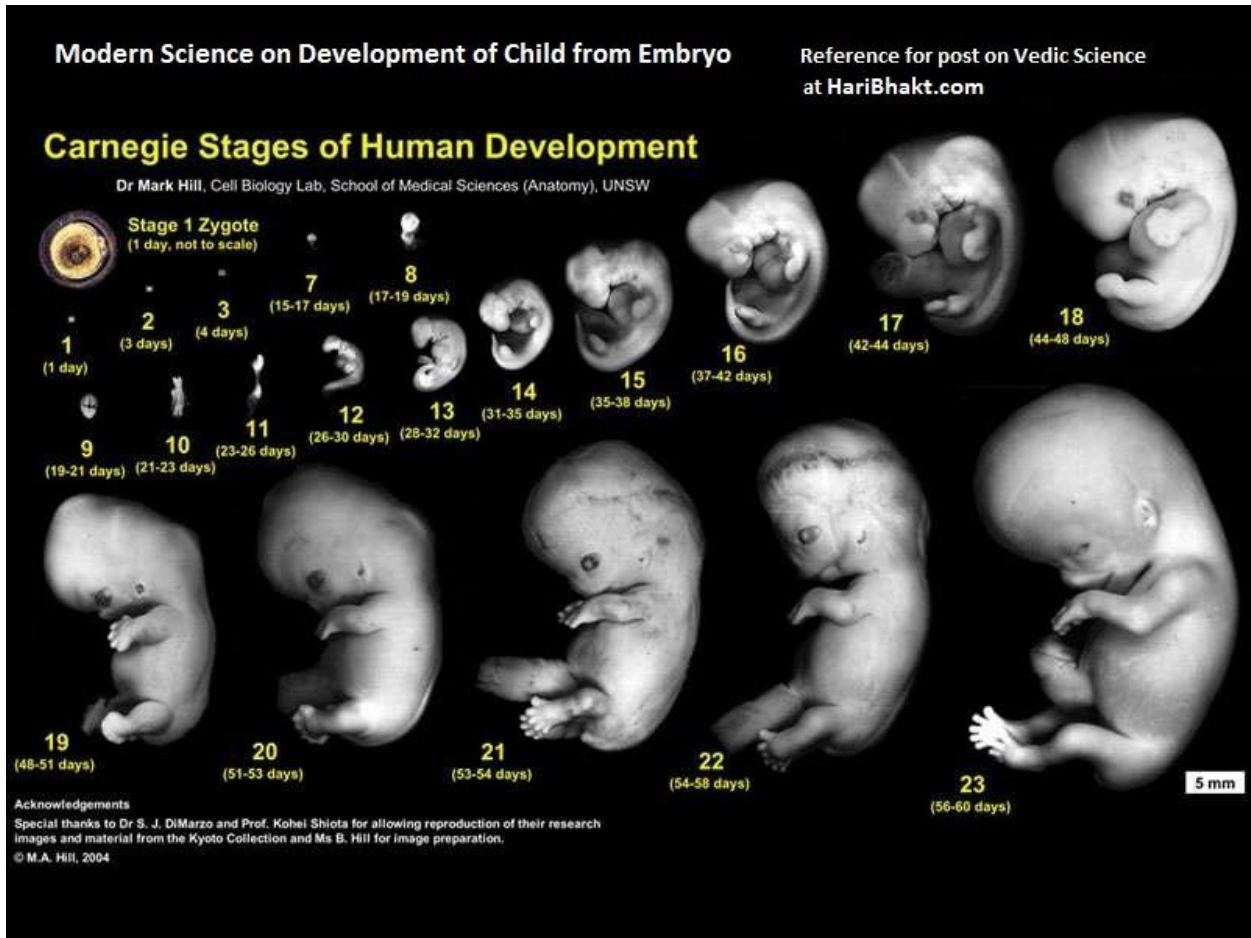
By around the fourteenth or fifteenth day after conception, the **primitive streak** or structure has taken place. At this point, the majority of cells have **differentiated** or **specialised**. The embryo cannot survive on its own, and is classed as an embryo until around the eighth week of pregnancy.



The Beginning of Life

- At around 6 weeks, the heart begins to beat.
- At around 8 weeks, all the vital organs are starting to form.
- By week 12, the foetus is around 8cm long. This is usually when the first scan takes place.
- By 14 weeks, the fingers and toes have separated and grown nails. Women are offered tests for Down Syndrome at this stage.
- By 16 weeks, the foetus can hear sound in utero.
- By 22 weeks, the foetus resembles a tiny new born.
- By 24 weeks, the baby is considered 'viable'. This means that at this stage, the baby could potentially survive outside of the uterus, were it to be born prematurely.

Stages of human Development



TASK

- What is an embryo?
- Summarise the beginning of life.

Legal and moral status of an embryo

When we talk about 'use of embryos' we are talking about the creation of embryos outside of the womb for reproduction. These embryos would then be used for

- Stem cell research
- Selecting specific embryos for desirable traits (sex selection) or undesirable traits (genetic disorders/diseases)

UK LAW on Embryo Research

The UK law has clear guidelines about how embryos can be used, based on their moral status. All use of embryos is monitored by the Human Fertilisation and Embryology Authority. According to the **Human Fertilisation and Embryology Act 1990**:

- Embryos can be used for research for up to 14 days, after which time they must be implanted or destroyed.
- Fertilised embryos can be frozen and stored for up to 10 years.
- Research must be for one of the following reasons:
 1. Promoting advances in infertility treatment.
 2. Increasing knowledge about congenital disease.
 3. Increasing knowledge about causes of miscarriage.
 4. Developing better contraception techniques.
 5. Developing better ways to recognise genetic abnormalities in embryos before implantation.
- Embryos cannot be used for 'pure research' – licenses are only granted for specific research purposes.
- The practice of creating embryos for research purposes is very controversial and has only been practised since 2008.
- It can be deemed necessary due to shortage of embryos.
- The embryo has no rights up until 14 day limit – after this point the cells begin to *differentiate* and start to resemble 'human' cells (heart cells, blood cells, lung cells, brain cells, etc.): this is called the primitive streak.
- After 14 days, the embryos has *limited* rights – can still be aborted up to the 24th week of pregnancy.
- 24 weeks + embryo given full human rights as it is considered viable.

So far we have looked at the **legal status** of embryos – but what about the **moral status**?

MORAL STATUS OF AN EMBRYO

Questions about the moral status of an embryo simply:

- At what point does human life begin?
- At what point should we class an embryo a 'person'?
- At what point should embryos have human rights?
- Can a non-sentient being (a being without consciousness) be given the same moral worth as sentient beings?

The beginning of life

View 1: The embryo is a person from conception and so should have full human rights from this moment

This is the view held by the Catholic Church. It teaches that from the moment of conception a new life has begun. All the DNA for a new unique individual is present from this point and so it must be protected.

"From the time that the ovum is fertilized, a new life is begun which is neither that of the father nor of the mother; it is rather the life of a new human being with his own growth. It would never be made human if it were not human already". (Declaration on Procured Abortion)

The Church believes that the human being is to be respected and treated as a person from the moment of conception; and therefore from that same moment his/her rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life.

The church takes a **sanctity of life** stance, believing that all human life is precious and must be protected. Life is believed to be a gift of God and as such is precious in itself. Its worth is not dependent on its age, condition, gender, degree of dependence or location. Humans are made in the image of God and so are of inherent worth.

"Before I formed you in the womb I knew you, before you were born I set you apart."
Jeremiah 1:5

This passage suggests that God is the one to create life and that God has a plan for that life. Catholics believe only God should create life and only God should take that life away. Humans should not play God by creating or ending life.

This means that Catholics oppose the use of embryos for research or for such procedures as IVF and PGD. This is because according to the law embryos must be destroyed after 14 days and in IVF and PGD unwanted embryos are often destroyed. The Catholic Church views the destruction of embryos as the killing of a full human person and therefore as murder.

"Medical research which involves the destruction of human embryos is a 'crime against their dignity as human beings' (The Gospel of Life, Paragraph 63).

The Catholic Church argues that an embryo is not just a potential person it is a person with potential, in other words it is already a person.

View 2: The embryo is a potential person and so should be treated with respect

This is the view taken by the Church of Scotland. It recognises the special status that human life has. However, this view acknowledges that the moral status of the embryo as human is not established until sometime into its development. So the embryo during the first 14 days is not regarded as a person that requires to be fully protected. The embryo is only a potential person it is not yet a person. This means that it is acceptable to experiment on embryos and use them in procedures such as IVF and PGD.

Some would argue though that it would still be wrong to use embryos in this way as it would be the destruction of a potential person and is depriving someone of the possibility of life. They might add that we are all potentially dead meat but that does not give anyone the right to treat us as such now.

View 3: The embryo will not become a person until much later and so can be utilised

This is the view taken by philosopher Peter Singer. He argues that a person is someone who has the capacity to feel pleasure and pain. An embryo does not have this capacity and so cannot yet be regarded as a person. (Experimentation can only take place up to the point where the primitive streak starts to develop at 14 days, the point where the nervous system starts to develop. The foetus won't feel anything until at least 24 weeks). As the embryo has no awareness it has no interest in being alive. Although he agrees it is human and it is alive, the embryo has none of the qualities we associate with personhood.

Furthermore, the potential to be a person in itself is not a reason to grant protection. He argues acorns are potential oak trees but we do not treat them the same. Prince Charles is a potential king but as yet does not have the rights of an actual king. A potential x is not the same as an actual x. The implication of this view is that embryo research can be carried out. Similarly, there is no objection to the destruction of embryos in IVF and PGD.

Many non-religious people regard life as being present from conception – and indeed before. Biologists would argue that sperm and egg cells are *living organisms*. At the point of conception, the **potential** for human life *and personhood* is created – however, most would not view an embryo as a 'person'. Some

people argue that life begins around 14 days after fertilisation, when cells begin to differentiate. Others say around 6 weeks – when the heart begins to beat.

The UK allows abortions during the first 24 weeks of pregnancy – many say life begins after this point, as the foetus becomes ‘viable’.

HOMEWORK QUESTIONS

HIGHER

Analyse the moral issues arising from the use of embryos. 10 marks

N5

- a) What reasons might people give for using embryos? 4 marks
- b) Explain why the use of embryos might raise moral issues. 4 marks

USE OF EMBRYOS - REPRODUCTIVE

Embryos are mainly used to create babies, in cases where a couple cannot conceive naturally – this is known as IVF. This can be a result of:

- Infertility – inability to conceive naturally due to limited egg/sperm count, age-related or for unknown reasons
- Known inherited genetic conditions
- Being in a same-sex relationship

IVF - In Vitro Fertilisation

IVF is a form of assisted conception. Drugs are used to suppress the monthly cycle; then hormones are given to encourage a greater volume of eggs to be released. The eggs are monitored and extracted surgically. They are then fertilised with her partner’s (or donor’s) sperm, and left for around 20 hours. An attempt will be made to harvest 10-15 eggs – between 5 and 10 eggs usually successfully fertilise (= embryos). The embryos are screened and the best (strongest/healthiest) embryo will then be transferred into the woman’s uterus in the hope that it will attach itself to the lining of the womb and develop into a baby. Leftover embryos can either be frozen for up to ten years, donated to medical research or destroyed.

Religious View on use of IVF – Roman Catholic Church

Pope Benedict XVI, speaking to members of the Pontifical Academy for Life in 2012, addressed the issue of married couples struggling with infertility. He said, “The Church pays great attention to the suffering of couples with infertility, she cares for them and, precisely because of this, encourages medical research.” But he warned against “the lure of the technology of artificial insemination,” which is not permitted by Catholic teaching. The Pope said to couples unable to conceive:

“[Your] vocation to marriage is no less because of this. Spouses, for their own baptismal and marriage vocation, are called to cooperate with God in the creation of a new humanity. The vocation to love, in fact, is a vocation to the gift of self and this is a possibility that no organic condition can prevent. There, where science has not yet found an answer, the answer that gives light comes from Christ.”

Catholic teaching prohibits in vitro fertilization, maintaining that a child has the right to be conceived in the marital embrace of his parents. Human sexuality has two components, the unitive and procreative; IVF separates these components and makes the procreative its only goal. Pope Paul VI said that there is an

“inseparable connection, willed by God, and unable to be broken by man on his own initiative, between the two meanings of the conjugal act: the unitive meaning and the procreative meaning.”

There are other issues involved. IVF makes the child a commodity produced in a laboratory, and makes doctors, technicians, and even business people part of the conception process. The sperm used is usually obtained by masturbation, which the Church teaches is immoral. The sperm or eggs used may not come from the couple desiring the child; because one of the spouses may be infertile, it may be necessary to use the sperm or eggs from an outsider. Most of the embryos conceived—which the Church holds should be respected new human lives—die, are frozen indefinitely for later implantation, are used for research, or are discarded. Children conceived through IVF also have a greater incidence of birth defects.

The bottom line is that the Church views the child as a gift from God, not a right (although the child has rights).

A Non-religious View on IVF

Humanists tend to support the use of IVF. From a Utilitarian stance they would see that providing a much longed for child to a couple experiencing infertility problems leads to the greatest amount of happiness for the greatest number. As they don't regard the embryos to be persons as they cannot feel pleasure or pain they would not worry about spare embryos being destroyed. Although they may consider the possible unhappiness caused by the disappointment of failed attempts, on balance they would see IVF as producing greater amounts of happiness.

TASK

1. What is IVF?
2. Give 2 different viewpoints on IVF.

USE OF EMBRYOS - THERAPEUTIVE

PGD - Pre-implantation Genetic Diagnosis.

Pre-implantation genetic diagnosis (PGD) enables people with an inheritable condition in their family to avoid passing it on to their children. It involves checking the genes and/or chromosomes of embryos created through IVF. A single cell is removed (at the 8 day stage) and tested for genetic disorders. PGD can be used to test for virtually any genetic condition where a specific gene is known to cause that condition. It is currently approved to screen for over 250 genetic conditions. These include: Down's Syndrome, Alzheimers, Tay Sachs, Cystic Fibrosis and Muscular Dystrophy. If the embryo is free from the disorder it can be implanted, if not it will be discarded. No manipulation of the embryo's DNA is permitted: the embryos are selected not altered in any way. The process is regulated by the HFEA. At present in the UK selection of embryos is only permitted on medical grounds not for social reasons or preference. PGD can be used for sex selection but only on medical grounds.

Benefits of PGD	Dangers of PGD
<p>Ensures a child will not be born with the inherited disease - Less suffering</p> <ul style="list-style-type: none"> - More happiness for parents <p>Prevents need for a late abortion</p> <p>Could be used to save existing sibling</p> <p>Prevents future generations from inheriting the disease.</p>	<p>Leads to destruction of embryos = abortion/murder</p> <p>Involves “playing God” – deciding which embryos will live and which will die</p> <p>Devalues the people born with the disease/condition – as if they should never have been born - Is a form of eugenics</p> <p>Could lead to designer babies – selection not for medical reasons but for ‘desirable characteristics</p>

Religious View on PGD – RC Church

The Catholic Church rejects PGD on all the same grounds that it rejects IVF. On top of this, the concept of screening to prevent genetic disorders also suggests that a person with a disorder is somehow inferior, less desirable or not equal. Catholics believe that every person is made by God, in His image, the temple of the Holy Spirit, a unique individual for whom God has a plan etc. In fact, when talking about embryo screening, the Church is quick to draw links with Eugenics, the Nazi attempt to create a master race.

*"Interventions which are not directly curative, the purpose of which is 'the production of human beings selected according to sex or other predetermined qualities,' which change the genotype of the individual and of the human species, 'are **contrary to the personal dignity of the human being, to his integrity and to his identity.** Therefore they can be in no way justified on the pretext that they will produce some beneficial results for humanity in the future,' 'no social or scientific usefulness and no ideological purpose could ever justify an intervention on the human genome unless it be therapeutic, that is its finality must be the natural development of the human being."*

The Charter for Health Care Workers, 1995

A Non-religious View on PGD

The British Humanist Association's policies are informed by its members, including philosophers, scientists and other eminent authorities in many fields, and by other specialists and experts who share humanist values and concerns. Humanist principles and bio-ethics Humanists defend as important ethical principles the right of each individual to live by her / his own personal values, and the freedom to make decisions about her / his own life so long as this does not result in harm to others. Reproductive choice should generally be a matter of personal choice, and attempts to curtail personal autonomy and liberty require weighty justifications, such as probable harm to others or to society in general.

We recognise that many of the difficult ethical issues raised by genetics and reproductive decision making hinge on the evaluation of potential harms and benefits to individuals, to the children they might have in the future, and to society as a whole. In general, humanists will welcome developments which would reduce suffering (of families and unborn children), but would adopt a more cautious attitude to those intended to enhance unborn children. Humanists would consider these sometimes conflicting concepts and desires and often unpredictable consequences, using reason, experience and shared human values, as far as possible. There are, however, some values that are not shared by everyone. Humanists do not share the attitudes to “interfering with nature” or “playing God” or the definitions of “personhood” held by some religious believers. We respect the rights of those holding religious beliefs on the sanctity of life and the rightful limits of medical intervention not to participate in some of the processes covered by the

work of the HGC (Human Genetics Commission). However, we do not believe that the beliefs of the religious, when they are based on supernatural arguments, should be imposed on other people.

There are a number of genetic disorders for which embryos and fetuses can be tested. To what extent should people have the right to request the testing of an embryo or fetus for particular genetic conditions?

Families with a history of genetic disorders should certainly have the right to request tests. If certain genetic disorders disappeared as a result of screening we would consider that a positive outcome, just as the eradication of small pox was. Again, accurate information and counselling are essential. The elimination of some inherited diseases is something to hope for. No one who has known a young person who died of cystic fibrosis would regret the passing of that disease. Concentrating resources on developments that would achieve this and alleviate suffering, and improved public education about inherited conditions and about so-called “designer babies”, would help to bring that about. Our concerns might include inequality of access to some of these developments. There is also a potential problem in increased access to some developments for social reasons, to the detriment of children; ideally the needs of future children as well as those of parents would always be taken into in order to avoid that. It is difficult for us to forecast with any accuracy future developments or their potential for good or harm.

Should embryos be selected for certain genetic characteristics?

“Designer babies” raise other issues. The few cases that have been permitted so far, where permission has been given for screening and selection for a “saviour sibling”, seem to us to be reasonable, on grounds of compassion for extremely ill siblings, and because there was no evidence that the new baby would not be loved for itself. Additionally these cases are so rare that they are unlikely to provoke mass demand or have wider social repercussions. Parents should, of course, be fully informed about the probable success rate of the process, from screening to therapy. However, the “designer babies” of the popular imagination are a different matter. If they were possible, and given the complexities of inheritance and the nature / nurture balance this seems highly improbable, they would be the prenatal counterparts of hot-housed children, where parents have a predetermined design or image of how their child should turn out and a desire to manage every detail of the child’s development. In such cases, the future happiness of the child should take precedence over a parental wish to control. Wider social concerns arise too. If such babies were considered luxuries, and, for instance, unavailable on the NHS, inequalities between rich and poor would be increased, both in the choices available to them and in their life chances. If the choice were freely available, there could be unintended consequences such as a serious imbalance of the sexes, perhaps particularly in some ethnic groups.

Taken from the British Humanist Association response to HGC consultation Choosing the Future - genetics and reproductive decision making, 2008

TASK

1. What is PGD and what is it used for?
2. How does the HFEA control the use of PGD?
3. Do the benefits of PGD outweigh the dangers?
4. Summarise a religious and a non-religious view on PGD.

Saviour Sibling

A **saviour sibling** is a child who is born to provide an organ or cell transplant to a sibling that is affected with a fatal disease, such as cancer or Fanconi anaemia. The medical term for this procedure is preimplantation tissue typing.

A number of embryos are created using in vitro fertilization (IVF). These are tested for genetic compatibility, using pre-implantation genetic diagnosis (PGD). They are also tested for the original genetic disease and only embryos that are free from the disease and compatible with the existing child are implanted. When the child is born stem cells from the umbilical cord or bone marrow may be taken to provide a cure for the sick child.

Molly Nash was born in 1994 with Fanconi anaemia, a rare genetic condition in which the body cannot make healthy bone marrow. Sufferers rarely reach adulthood. Her parents went to a treatment centre

where embryos were produced by IVF and then genetically tested to ensure the absence of Fanconi anaemia and tested to ensure a tissue match with Molly. The one embryo that met both criteria (of the 14 or so created by IVF) was transferred into Mrs Nash in an attempt to create a possible donor sibling for Molly. The Nashes had very long-drawn-out, but eventually successful treatment, resulting in the birth of baby Adam in 2000. Blood from his umbilical cord was collected at the time of his birth and stem cells from it have been successfully used as a bone marrow graft for Molly.

In 2003 Jamie Whittaker was born in an effort to save his older brother Charlie who was seriously ill with Diamond Black Fan Anaemia. The Whittaker family had sought permission from the Human Fertilisation and Embryology Authority (HFEA) to select embryos using PGD but were refused on the grounds that the procedure would have no benefit to the new child (Diamond Black Fan Anaemia is not a genetic disease). The procedure would solely benefit the existing child. The Whittakers had to go to the USA to have the procedure carried out. Cells were taken from Jamie's umbilical cord and used to build a new blood system for Charlie.

Shortly afterwards the HFEA changed its ruling on the grounds that it would be better for a child to be brought up in a family free from the stress of having a seriously ill child and so the new child would also benefit.

Stem Cell Research

Embryos are used largely in **medical research**. This is because embryos contain stem cells – cells which have the ability to become any type of cell in the human body. Stem cells can be grown and used to replace diseased tissues and organs in the body. Stem cells can be taken from an early stage embryo, before differentiation begins (5–10 days).

Adult stem cells can also be used in research, but these are generally less flexible and versatile than embryonic stem cells. Adult stem cells may only develop into a limited number of cell types, so their potential applications are not as great as embryonic stem cells.

A “**stem cell**” is a cell that hasn't yet become specialised (***differentiated***) so it is able to turn in many different cell types.

2 types of stem cells:

1. **Stem cells** found in **embryos** are known as ***embryonic stem cells*** and can develop into almost every cell type.
2. **Stem cells** found in **bone marrow** are known as ***adult stem cells*** and can only change into a few cell types.

Why use stem cells?

One of the most controversial issues in the use of embryos is embryonic stem cell research. Embryonic stem cell research poses a moral dilemma. It forces us to choose between two moral principles:

- The duty to prevent or alleviate suffering
- The duty to respect the value of human life

In the case of embryonic stem cell research, it is impossible to respect both moral principles. To obtain embryonic stem cells, the early embryo has to be destroyed. This means destroying a potential human life. But embryonic stem cell research could lead to the discovery of new medical treatments that would alleviate the suffering of many people. So which moral principle should have the upper hand in this situation? The answer hinges on how we view the embryo. Does it have the status of a person?

What are embryonic stem cells and why are they important?

Embryonic stem cells are grown in the laboratory from a small group of cells found in the very early embryo. Human embryonic stem cells are obtained from embryos that are 5-6 days old. At this stage, the embryo is called a blastocyst and is a ball of around 100 to 150 cells.

Like all other stem cells, embryonic stem cells can both self-renew (copy themselves) and differentiate (produce more specialized types of cells). However, embryonic stem cells are particularly powerful because they are pluripotent – they can form all the different types of cell in the body.

What are the potential applications of stem cell research?

Stem cells can be used to study development

Stem cells may help us understand how a complex organism develops from a fertilised egg. In the laboratory, scientists can follow stem cells as they divide and become increasingly specialized, making skin, bone, brain, and other cell types. Identifying the signals and mechanisms that determine whether a stem cell chooses to carry on replicating itself or differentiate into a specialized cell type, and into which cell type, will help us understand what controls normal development. Some of the most serious medical conditions, such as cancer and birth defects, are due to abnormal cell division and differentiation. A better understanding of the genetic and molecular controls of these processes may yield information about how such diseases arise and suggest new strategies for therapy. This is an important goal of stem cell research.

Stem cells have the ability to replace damaged cells and treat disease

This property is already used in the treatment of extensive burns, and to restore the blood system in patients with leukaemia and other blood disorders.

Stem cells may also hold the key to replacing cells lost in many other devastating diseases for which there are currently no sustainable cures. Today, donated tissues and organs are often used to replace damaged tissue, but the need for transplantable tissues and organs far outweighs the available supply. Stem cells, if they can be directed to differentiate into specific cell types, offer the possibility of a renewable source of replacement cells and tissues to treat diseases including Parkinson's, stroke, heart disease and diabetes. This prospect is an exciting one, but significant technical hurdles remain that will only be overcome through years of intensive research.

Stem cells could be used to study disease

In many cases it is difficult to obtain the cells that are damaged in a disease, and to study them in detail. Stem cells, either carrying the disease gene or engineered to contain disease genes, offer a viable alternative. Scientists could use stem cells to model disease processes in the laboratory, and better understand what goes wrong.

Stem cells could provide a resource for testing new medical treatments

New medications could be tested for safety on specialized cells generated in large numbers from stem cell lines – reducing the need for animal testing. Other kinds of cell lines are already used in this way. Cancer cell lines, for example, are used to screen potential anti-tumour drugs.

Catholic view on stem cell research

The Catholic Church is concerned with the protection of all innocent human life. Scientific research is important, but it can never come at the expense of the weakest among us. On August 25, 2000, the Pontifical Academy for Life released a document entitled "Declaration on the Production and the Scientific and Therapeutic Use of Human Embryonic Stem Cells," which summarizes the reasons why the Catholic Church opposes ESCR.

- **First**, the preparation of embryonic stem cells from a living embryo requires the destruction of the embryo, which the Church teaches is a gravely immoral act.

- **Second**, some scientists have used cloning to produce embryos in order to harvest stem cells. While these embryos are not created in the normal manner, the Church recognizes that they, too, are alive, and their destruction is gravely immoral.
- **Third**, the Church opposes the use of embryonic stem-cell lines that already exist for the same reason that it opposes the creation of new lines: Those lines began with the destruction of innocent human life.

It doesn't matter whether scientific advances may be made through ESCR; the Church teaches that we can never do evil, even if good may come of it, and there is no way to obtain embryonic stem cells without destroying innocent human life.

The Church teaches that human life needs to be treated as sacred from the moment of conception. While it is impossible to demonstrate that human life begins at conception, Catholics hold that it is certainly possible, and therefore even at the embryonic stage you need to treat the embryo as a human being.

“From the first moment of his (her) existence, a human being must be recognised as having the rights of a person - among which is the inviolable right of every innocent being to life” Catechism of the Catholic Church

The embryo already contains the DNA of a unique individual.

The Catholic Church also adopts an absolutist ethical stance. This means that they believe in rules that have no exceptions, and 'Do not kill' is an example of one of these rules. The Church teaches that life is a gift from God and is inviolable. Humans are made in the image of God and so are special and must be protected. *“So God created man in his own image, in the image of God he created him”* (Genesis 1:27)

A Non-religious view on Stem Cell Research

Humanists tend to support the use of embryos for stem cell research on the grounds that the embryos are not yet persons and that they have the potential to relieve much suffering. **Sam Harris, neuroscientist and philosopher** writes:

Your qualms about embryonic stem-cell research are similarly obscene. Here are the facts: stem-cell research is one of the most promising developments in the last century of medicine. It could offer therapeutic breakthroughs for every disease or injury process that human beings suffer – for the simple reason that embryonic stem cells can become any tissue in the human body. This research may also be essential for our understanding of cancer, along with a wide variety of developmental disorders. Given these facts, it is almost impossible to exaggerate the promise of stem-cell research. It is true, of course, that research on embryonic stem cells entails the destruction of three-day-old human embryos. This is what worries you.

Let us look at the details. A three-day-old human embryo is a collection of 150 cells called a blastocyst. There are, for the sake of comparison, more than 100,000 cells in the brain of a fly. The human embryos that are destroyed in stem-cell research do not have brains, or even neurons. Consequently, there is no reason to believe they can suffer their destruction in any way at all. It is worth remembering, in this context, that when a person's brain has died, we currently deem it acceptable to harvest his organs (provided he has donated them for this purpose) and bury him in the ground. If it is acceptable to treat a person whose brain has died as something less than a human being, it should be acceptable to treat a blastocyst as such. If you are concerned about suffering in this universe, killing a fly should present you with greater moral difficulties than killing a human blastocyst.

Perhaps you think that the crucial difference between a fly and a human blastocyst is to be found in the latter's potential to become a fully developed human being. But almost every cell in your body is a potential human being, given our recent advances in genetic engineering. Every time you scratch your nose, you have committed a Holocaust of potential human beings. This is a fact. The argument from a cell's potential gets you absolutely nowhere...

Anyone who feels that the interests of a blastocyst just might supersede the interests of a child with a spinal cord injury has had his moral sense blinded by religious metaphysics. The link between religion and "morality" -- so regularly proclaimed and so seldom demonstrated -- is fully belied here, as it is wherever religious dogma supersedes moral reasoning and genuine compassion.

(Letter to a Christian Nation, p. 28-30, 32)

Stem Cell Summary:

- Stem cells can last for long periods of time in laboratories.
- Stem cells could potentially be made in the lab as an unlimited source of repair tissue for many diseases.
- Stem cells from a patient could be used to make new replacement organs, and perhaps one day missing parts (such as hands or feet).
- Diseases which were once untreatable, now have cures and treatments, which would not exist without stem cell research.
- Adult stem cells from bone marrow can be used to treat leukaemia (cancer of certain white blood cells).
- Stem cells can be used to make new brain cells to treat people with Parkinson's disease
- Stem cells can be used to rebuilding bones and cartilage
- Stem cells can be used to repair damaged immune systems
- Recently they have also been used to treat diabetes, multiple sclerosis and heart disease

REMEMBER

This is RMPS, not Biology:

- You **DO** need to have a rough idea as to why we use embryos and for what purpose.
- You don't have to explain the ins and outs of stem cell research, you just need to be able to talk about:
 - The potential benefits in terms of treating/curing previously untreatable/incurable illnesses
 - The fact that when embryonic stem cells are extracted, the embryo is killed.

Key points you need to know:

- The embryo has no rights up until the 14 day limit.
- It then has *limited* rights – but can still be aborted up to the 24th week of pregnancy.
- From 24 weeks – the embryo is given full human rights (considered viable).
- **CENTRAL ISSUE:** what is the moral status of an embryo from the point of conception?

Exam Technique

For the purposes of the exam, you will need to be able to explain **three** moral issues arising from the use of embryos.

This means:

- **Knowledge & understanding** - identifying what the issue is
- **Analysis** - explaining *why* it is a moral issue
- **Knowledge & analysis** - explaining religious and non-religious responses to each moral issue
- **Evaluation** - stating whether you agree or disagree with these responses and clearly judging the strength of the argument, with reasons

The following pages summarise the THREE moral issues arising from the use of embryos.

THREE MORAL ISSUES ARISING FROM USE OF EMBRYOS

1. Use of human embryos inevitably involves the destruction of life

- IVF has a greater success rate if more embryos are created than implanted
- Not all embryos are frozen or donated to other couples – many are donated for research or destroyed
- Embryos used for research purposes can only be used up to 14 days – after this point they must be destroyed.
- This means that doctors are creating life with the knowledge that they will be destroying life

What makes this a moral issue? (A)

- Many people believe that life begins at the point of conception - their **destruction is equal to murder**, and therefore cannot be justified.
- We are using human life as a commodity – manufacturing it and destroying what we don't need.
- This shows a lack of respect for human life.

What do Christians think? (K)

- Many Christians would argue that life is sacred from conception – human life is created in the image of God. We have no right to destroy it.
- All humans are unique individuals – this uniqueness is present from the point of conception in our DNA.
- Embryos should be given the same human rights as actual people, and should not be destroyed.
- Scripture teaches us not to kill – wilful destruction of embryos is deliberate killing of human life.

Why do Christians think this? (A)

- Many Christians would turn to the Bible to support their view that life begins at the moment of conception and is a sacred gift from God.
- The Bible tells us that life should be valued, not destroyed: "*Before I formed you in the womb I knew you, and before you were born I consecrated you*" Jeremiah 1:5
- This biblical passage tells Christians that God knows us from point of conception – God willed our lives to exist.
- This means that **all** life is sacred and should be protected – not destroyed at any stage.

What about non-religious viewpoints? (K & A)

- Utilitarians would have difficulty accepting that embryos have the same moral worth as actual people.
- This is because they believe that our capacity to feel pleasure and pain is what makes us human – embryos do not have this, they are not sentient.
- Embryos cannot be considered 'actual' people – they are simply 'potential' people.
- The creation of embryos in IVF aims to generate happiness amongst living people – and procreation is beneficial for society.
- "*I think the question...we should ask is not, is the embryo or foetus a living human being, because I think the answer is undoubtedly yes, it is. The question is, what characteristics or capacities does a being have to have in order to make it a case that that being has a serious right to life?*" P Singer
- Peter Singer is stating that we cannot class destruction of embryos as murder - embryos do not have the same right to life that actual human beings do, as they do not share the same characteristics as actual human beings.

2. Use of embryos is unnatural and is open to abuse

- Doctors and scientists now have the power to create life – can even make decisions about which lives to create and which to destroy.
- Is this too much power?
- Issue with donor eggs/sperm – a child may have more than two parents – unnatural? Child's right to know identity of parents?
- Issue with human/animal hybrids – unnatural and unethical – where do we go next?

What do Christians think? (K)

- Many Christians believe that life is precious/holy **specifically** because it was created by God – doctors/scientists are trying to take on God's role/"play God" by interfering in these natural processes
- If someone cannot conceive it simply means that God has another plan for them – we should not take God's plan into our hands
- "Frequently man...claims for himself the Creator's right to interfere in the mystery of human life"
Pope JPII

Why do Christians think this? (A)

- Emphasises importance of respecting God's divine will – not interfering/taking on God's role in creation process
- Many Christians would argue that just because we *can* do something, doesn't mean we *should*.
- Science is developing at such a tremendous pace – new developments all the time.
- Are we guilty of pushing boundaries to keep up with other countries?
- There is also the concern that unnatural/assisted conception could lead to 'designer babies' – for example, parents selected gender, physical appearance for social reasons, not medical reasons.

What are the non-religious viewpoints? (K)

- The fact that unspecialised stem cells can be used to improve the lives of actual human beings (through IVF, PGD or stem cell research) means that we have a **moral obligation** to use them.

Why do they think this? (A)

- Many non-religious people, especially humanists, would argue that early stage embryos are simply clusters of stem cells – they do not specialise until much later in development.
- Therefore, they cannot be classed as special or unique until well after primitive streak has taken place.
- Furthermore, modern medical science frequently interferes in natural processes – any form of medical intervention which saves or prolongs or improves life could be seen as taking on the role of God – organ donation, laser eye surgery, defibrillation.
- Does this mean that we should stop all forms of medical intervention?

3. PGD devalues the lives of embryos and those living with genetic conditions

- PGD involves screening embryos (created through IVF) for the presence of genetic conditions
- Doctors can then advise couples which embryos to implant
- This will often involve the healthiest embryos being implanted, while the rest are destroyed, or donated for research before being destroyed

Why is this a moral issue? (A)

- All life has value regardless of genetic make-up
- Doctors/scientists should not have the right to decide who lives and who dies
- Doing so removes the inherent value and right to life that every human being should have
- It also sends out the message to people living with genetic conditions (such as Downs Syndrome) that their life has little value

What do some Christians think? (K)

- Many Christians would agree with this moral issue – this is because they believe that all life was planned and willed by God:
- ‘For you formed my inward parts; you knitted me together in my mother's womb.’ Psalm 139:13-16
- Old Testament – tells us that God knew us from the point of conception; God has willed all lives and all lives are special or holy, regardless of their genetic make-up.

Why do some Christians think this? (A)

- We all have the right to life – PGD contradicts this by classing some lives as ‘defective’ or ‘abnormal’ – this has implications for those living with genetic conditions – made to feel worthless/like a burden for existing.
- All life has meaning and value – those living with genetic conditions and their families can testify to this.
- However, some Christians would argue that it is actually more compassionate to destroy an embryo with a genetic condition before it has the chance to suffer/feel pain.

What do non-religious people think & why?

- Many humanists would argue that quality of life more important than sanctity of life – if we can choose to have a healthy baby instead of an unhealthy baby then we should
- Nature already sometimes destroys ‘defective’ embryos through miscarriage, PGD is no different.
- Women should be entitled to make choices about conception – they should have ownership over bodies.
- If we have intelligence to improve quality of life we have an obligation to use this – quality of life is key –it is more compassionate to destroy an early stage embryo than to bring a severely disabled child into the world.

Which arguments agree and which disagree?

Religious Response

- Moral issue = use of embryos involves destruction of life, therefore wrong
- Religious response – yes, life begins at conception
- Why? From the point of conception life is sacred because it was created by God - this means life should be protected at all stages, not destroyed.

Evaluation

- Do you agree or disagree with the religious response?
- If so, why? What parts of the religious arguments do you agree with?
- You must be wary of simply repeating the religious arguments.

Non-religious response

- Moral issue = use of embryos involves destruction of life, therefore wrong
- Non-religious response – disagree, can't class them as living
- Why? Human embryos not entitled to personhood because they are not sentient – can't feel pleasure or pain. Use of human embryos generates happiness for actual people, therefore a good thing.

Evaluation

- Do you agree or disagree with the non-religious response?
- If so, why? What parts of the non-religious arguments do you agree with?
- You must be wary of simply repeating the non-religious arguments.

Moral issue 1	Why?	Religious Response	Non-religious Response	Evaluation of responses
<p>Destruction of life - any use of embryos inevitably involves destruction of life, which is morally wrong</p>	<p>IVF - surplus eggs are created, some of which may be destroyed or donated for research. PGD - identifying and destroying 'defective' embryos. Research - destroyed after 14 days. Life begins at the point of conception - their destruction is equal to murder, and therefore cannot be justified.</p>	<p>Many: Life = sacred gift from God Human life created in God's image Unique from point of conception "Before I formed you in the womb I knew you, and before you were born I consecrated you" God knows us from point of conception – God willed our lives to exist. All life is sacred and should be protected – not destroyed at any stage.</p>	<p>Utilitarians: Capacity to feel pleasure and pain = human – Embryos not sentient, cannot be considered 'actual' people – simply 'potential' people: "...what characteristics or capacities does a being have to have in order to make it a case that that being has a serious right to life?" (Peter Singer) – Creation of embryos in IVF aims to generate happiness amongst living people – and procreation is beneficial for society.</p>	<p>Religious – Agree: All humans are unique individuals – this uniqueness is present from the point of conception in our unique DNA – nothing is added to make us who we are, we just grow and develop, like we do all our lives. Therefore, embryos should be given the same human rights as actual people, and should not be destroyed. Disagree: Science tells us that until the 14 day primitive streak takes place, the embryo is simply a cluster of unspecialised stem cells. Because the law states that the embryo must be implanted or destroyed before 14 days, I do not consider this destruction of life.</p> <p>Non-religious - Agree: Early stage embryos are simply clusters of stem cells – do not specialise until much later in development – cannot be classed as special or unique until well after primitive streak has taken place. The fact that unspecialised stem cells can be used to improve the lives of actual human beings means that we have a moral obligation to use them.</p>

Is this an example of evaluation?

I agree strongly with the religious response to this issue. Use of human embryos leads to destruction of life. This is wrong because I believe that God created all life and so life is sacred from the point of conception.

This is **NOT** evaluation – it is simply giving your point of view, by restating the religious response you have already given. Evaluation involves providing a reasoned judgement – **WHY** do you believe that God created life? **WHY** do you believe life is sacred?

A good example of Evaluation

As a Christian, I agree strongly with the religious response to this issue. I base my beliefs on the Bible, which I believe to be the inspired word of God. This tells me that God is the source of all life, and life was created in God's image, making it sacred. Furthermore, science supports my belief that human life is unique from the point of conception – nothing is added to an embryo to 'make it human'. We are unique humans from the point of conception, so the destruction of life through use of human embryos is wrong.

Is this good evaluation?

This is **NOT** evaluation – it is simply giving your point of view, by restating the non-religious response you have already given. Evaluation involves providing a reasoned judgement – **WHY** do you believe that sentience is important? **WHY** is the generation of happiness important?

I agree strongly with the non-religious response to this issue. Human embryos are not sentient, therefore they cannot feel pleasure or pain. This means they cannot be considered actual people. Furthermore, using human embryos to create new life will generate the greatest happiness among living people, as it will allow infertile couples to have children.

A good example of evaluation

In my opinion, the non-religious response is completely valid. While use of embryos does involve their destruction, I do not believe this is necessarily wrong. Embryos must be destroyed or implanted before 14 days – at this point, before the primitive streak takes place, the embryo is simply a cluster of stem cells. It is not sentient and has no 'human-like' characteristics. Furthermore, the potential benefit to actual people, either through IVF or stem cell research, should be taken into account, especially as it is only 'actual' humans who can experience pleasure and pain. From a utilitarian perspective this is what is important is determining whether an action is right or wrong – embryos cannot experience either, and so it does not make sense to try to apply a moral code to them.

Moral issue 2	Why?	Religious Response	Non-religious Response	Evaluation of responses
Using human embryos is unnatural	<p>Doctors and scientists now have the power to make decisions about which lives to create and which to destroy. Too much power? Issues with donor eggs/sperm – child’s identity/right to know parents? Issue with human/animal hybrids – unethical – where do we go next?</p>	<p>Many:</p> <ul style="list-style-type: none"> • Life = precious/holy because it was created by God • Doctors/scientists trying to take on God’s role/“play God” • If someone cannot conceive it simply means that God has another plan for them –should not take God’s plan into our hands: • “Frequently man...claims for himself the Creator’s right to interfere in the mystery of human life” Pope JP II • Should respect God’s divine will – not interfere/take on God’s role in creation process 	<p>Humanists</p> <ul style="list-style-type: none"> • Value personal choice and freedom in conception – nature can provide us with unhealthy embryos, which are often destroyed naturally (miscarriage) • Doctors regularly intervene in natural processes to save lives – we should encourage doctors to intervene in conception if the purpose is to improve people’s quality of life. • Unspecialised stem cells can be used to improve the lives of actual human beings (through IVF, PGD or stem cell research) = moral obligation to use them. 	<p>Religious: Agree: science is developing at such a tremendous pace – new developments all the time. Pushing boundaries to keep up with other countries? Unnatural/assisted conception could lead to ‘designer babies’. Just because we <i>can</i> do something doesn’t mean we <i>should</i>.</p> <p>Non-religious: Agree: All forms of medical intervention could be classed as unnatural – can’t halt science to appease religious people – religious belief in the sanctity of life should not feature in medical ethical debates – biblical teachings to outdated. Appropriate safeguards are already in place (and reviewed regularly by HFEA) to ensure that regulations are adhered to.</p>

Moral issue 3	Why?	Religious Response	Non-religious Response	Evaluation of responses
<p>PGD devalues the lives of embryos and those living with genetic conditions</p>	<p>PGD – screening embryos for inherited genetic conditions – healthy embryos selected and implanted, ‘defective’ embryos destroyed. Issue = all life has value regardless of genetic make-up, and doctors/scientists should not have the right to decide who lives / dies</p>	<p>Many:</p> <ul style="list-style-type: none"> • All life is sacred - all life was planned and willed by God: • “Before I formed you in the womb I knew you, and before you were born I consecrated you” • God knew us from the point of conception - willed all lives/all lives are special or holy, regardless of genetic make-up. • We all have the right to life – PGD classes some lives as ‘defective’ or ‘abnormal’ • Those living with genetic conditions – made to feel worthless/like a burden for existing 	<p>Humanists:</p> <ul style="list-style-type: none"> • Quality of life more important than sanctity of life • Choice between having a healthy baby instead of an unhealthy baby • Nature already sometimes destroys ‘defective’ embryos through miscarriage • Women entitled to make choices about conception – ownership over bodies. • Intelligence to improve quality of life = obligation to use 	<p>Religious – Agree: religious viewpoint protects the life – embryos are vulnerable, ‘voiceless’ – religious view gives them a voice. Religious view is compassionate – values life instead of disregarding it. Based on assumption that all life has meaning and value – those living with genetic conditions and their families can testify to this</p> <p>Non-religious – Agree: Quality of life is more important – allowing babies to be born with painful, life-limiting genetic conditions when we have the ability to prevent this is cruel – Jesus was a healer – surely we should follow his example? Use knowledge to stop suffering. More compassionate to destroy an early stage embryo than to bring a severely disabled child into the world.</p>

Revision

Use your jotter/booklet to ensure you have clear, full notes on the following:

- The sanctity of life
- Christian/utilitarian and humanist moral reasoning/theories
- Uses of human embryos – IVF, PGD, research
- 3 moral issues – religious & non-religious responses and evaluation

EXAM QUESTION

Evaluate non-religious responses to the moral issues arising from the use of human embryos.
20 marks

Paragraph 1	Brief explanation of use of embryos	IVF, PGD, research
Paragraph 2	First moral issue – destruction of life	Explain why this is a moral issue; Explain non-religious viewpoint & why; Evaluate non-religious viewpoint (This is a strong/weak/valid/invalid response because) and explain why
Paragraph 3	Second moral issue – using human embryos is unnatural	Explain why this is a moral issue; Explain non-religious viewpoint & why; Evaluate non-religious viewpoint (This is a strong/weak/valid/invalid response because) and explain why
Paragraph 4	Third moral issue – PGD devalues lives of embryos and of people living with genetic conditions	Explain why this is a moral issue; Explain non-religious viewpoint & why; Evaluate non-religious viewpoint (This is a strong/weak/valid/invalid response because) and explain why

Nat 5 Exam Style Questions

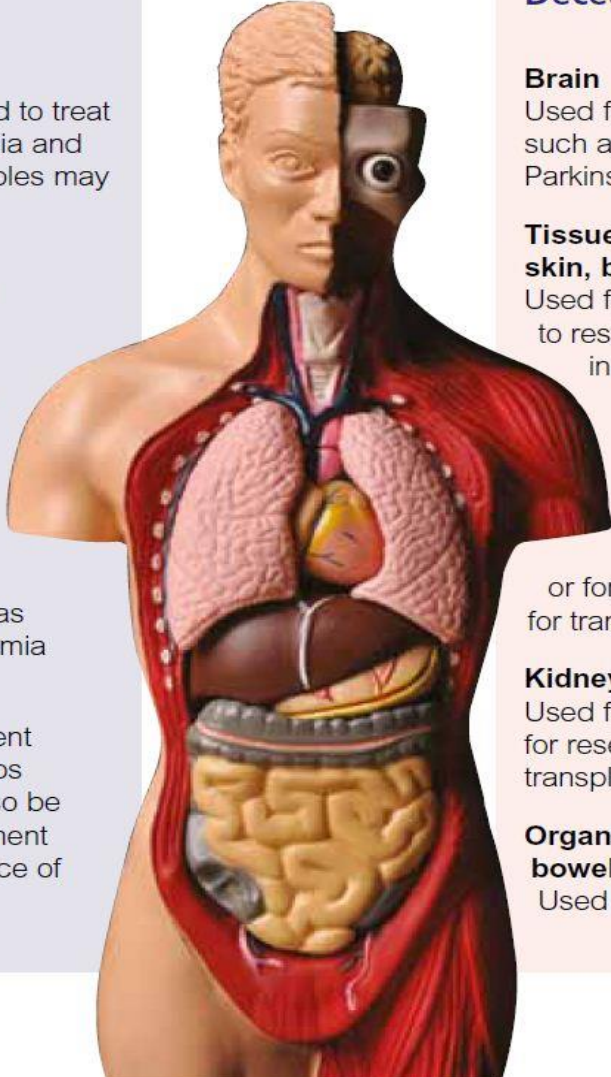
1. Describe two uses of human embryos. 4 marks
2. Explain a religious view on one use of human embryos. 4 marks
3. Choose one non-religious view you have studied and say why you agree or disagree with it. 8 marks

Higher Exam Style Questions

- Analyse the moral issues arising from the use of human embryos. 10 marks
- Evaluate a religious view on the use of embryos. 20 marks

ORGAN DONATION

Transplant surgery is the use of organs taken from one person and put into another person to replace an organ that is malfunctioning or diseased. A wide range of organs can now be transplanted successfully eg. hearts, lungs, kidneys, livers. Organs are usually taken from a dead body (cadaver) although some transplants come from a living person eg single kidneys. One donor can save or transform up to 9 lives. After death, the whole body can be donated to medical science for education and training.



Living donors

Blood
Used for transfusions and to treat diseases such as anaemia and haemophilia. Blood samples may be given for research

Liver lobes
Used for transplantation

Kidneys
Used for transplantation

Stem cells
from bone marrow or circulating blood (also from cord blood).
Used for treatment of blood disorders such as leukaemia and thalassaemia

Eggs and sperm
Used for infertility treatment and for research. Embryos created after IVF may also be donated for fertility treatment or research, or as a source of embryonic stem cells

Deceased donors

Brain
Used for research into diseases such as Alzheimer's and Parkinson's disease

Tissue, including corneas, skin, bone
Used for treatment (for example to restore sight, treat burns and in surgery) and in research

Organs, including heart, lungs, liver, pancreas and small bowel
Used for transplantation, or for research if not suitable for transplantation

Kidneys
Used for transplantation, or for research if not suitable for transplantation

Organs including the large bowel, bladder and prostate
Used only for research

UK Statistics

As of October 2019, 6258 people are waiting for a transplant in the UK

- 2148 people have received a transplant since April 2019
- The UK NHS Organ Donor Register was launched in October 1994 and by 2015 included the names of over 21.8 million people who had pledged to donate their organs.
- About 1,000 people die every year in the UK while waiting for an organ transplant or because they become too ill to survive an operation and are removed from the list.
- Organ donation is a relatively rare event in the UK, because although more than half a million people die each year, only around 1% do so in circumstances which allow organs to be donated.

Scottish Statistics in 2018-2019

98	Organ Donors
111	Living donors
579	Patients remaining on active waiting list
439	Total organ transplants
2,621,142	Number of people opted-in to the Organ Donor Register (ODR)
48%	Percentage of population opted-in to the ODR

Living Donor Donation

- Living donors are often family members, as there must be a tissue match for the donation to be successful.
- To be a bone marrow donor you have to be over 18 and have joined a bone marrow registry (such as Delete Blood Cancer).
- Your details are stored and you would be contacted if you are a good match for someone who needs it.
- It is also possible for mothers to donate stem cells from cord blood after their baby is born.

Donating after death

After death, one person can help as many as nine people by donating their organs. However, they can benefit many more by donating tissue, such as skin, bone, corneas or tendons.

The NHS Organ Donor Register is where you record your pledge to donate organs and tissue for transplant after your death. You can join the NHS Organ Donor Register from the age of 12 online www.organdonationscotland.org/ Below the age of 12, a parent is required to complete the form on behalf of their child.

Joining the Register makes it easier for healthcare professionals to establish an individual's decision. And knowing that organ donation is what a person wanted could make the decision easier for their family at a difficult time. Families who know the wishes of their loved ones are TWICE as likely to agree to donating organs.



Important factors

- The donor's physical condition is an important factor. There are only two conditions – known or suspected HIV or CJD – where organ donation is ruled out completely.
- Most donated organs come from people who die following a severe head or brain injury – and are on a ventilator/life support machine in hospital.
- Most tissue needs to be donated within 24 hours of death, but more people can be considered for tissue donation because, unlike organ donation, they don't have to die in hospital.
- Because organs have to be transplanted very soon after the donor has died, they are usually only donated by people who have died in hospital. However, most people don't die in hospital, but at home.
- There are many concerns about the availability of organs.
- High levels of obesity, diabetes and alcohol consumption have all contributed to increased demand for bodily material, particularly organs.

Certain countries have changed the way they procure organs – moving from an ‘opt-in’ to an ‘opt-out’ system.

	OPT-IN SYSTEM	OPT-OUT SYSTEM
Facts	Informed consent It is presumed that you do not give consent to have organs used, unless consent has been given by you, a relative or some nominated person (parent/carer, sibling, dependent)	Presumed consent The organs of a dead person can be removed to save a life, unless that person has specifically requested to be removed from consideration as a donor. If you do not agree to donating organs, you must carry an ‘opt out’ card by registering with national database. Without this, relatives do not have the right to refuse.
Advantages	Values personal freedom/autonomy/ consent Open and transparent Family members can make final decision	Values personal freedom/autonomy/ consent Open and transparent Family members can make final decision More organs available
Disadvantages	Majority of UK citizens agree with OD, but only 39% on register Means having difficult conversations with family members Family members can make final decision	Forces people to make private views public Not everyone who wants to opt-out will know how to Removes altruistic/voluntary nature of OD

SCOTTISH LAW – Planned Opt-Out System

<https://www.organdonationscotland.org/news-events/opt-out-system-for-donation-gets-go-ahead>



June 2019

Legislation to introduce an opt-out system of organ and tissue donation for deceased donors has been passed by the Scottish Parliament.

The Bill was introduced in June 2018 as a means of increasing numbers of successful donations in Scotland. International evidence suggests that opt-out legislation can be effective as part of a package of measures to increase organ donation.

Under the new law, if an adult does not opt-in or opt-out of donation they may be deemed to have authorised donation for transplantation. This is subject to the safeguards in the Bill which seek to ensure that donation will not go ahead where it would be against the person’s wishes.

The Scottish Government will be working with stakeholders to ensure that systems and training for health professionals are in place before opt-out is introduced. A public awareness campaign, launching later this year, will provide more information about what the changes mean and what choices people will have.

Speaking after the vote, Public Health Minister Joe FitzPatrick said:

“Evidence shows that opt-out systems can make a difference as part of a wider package of measures and this Bill provides further opportunities to both save and improve lives. The new

opt-out system will add to the package of measures already in place which have led to significant increases in donation and transplantation over the last decade. In Scotland there are an average of more than 500 people waiting for an organ transplant at any one time so it's important that we do all we can to improve the lives of those on the waiting list. I would encourage people to continue to make a decision about donation and discuss it with their family."

The Human Tissue (Authorisation) (Scotland) Bill was introduced to Parliament on 8 June 2018 and amends the existing Scottish legislation that supports donation by introducing a new, additional form of authorisation called 'deemed authorisation'. This means that donation may proceed where a person was not known to have any objection to donation.

Under the system there will be protections for adults without capacity to understand deemed authorisation, adults resident in Scotland for less than 12 months and children under 16 who will not be subject to deemed authorisation and will only be able to donate if they, or someone on their behalf, explicitly authorise it.

Less than 1% of people die in circumstances that enable organ donation to proceed, as a potential donor usually has to be in an intensive care unit and there may be medical reasons that mean organs are unsuitable for transplantation.

There will be a high profile awareness-raising campaign running at least 12 months before the introduction of the new system, and on a regular basis after implementation.

Since 2008 in Scotland there has been:

- an 81% increase in the number of people who donated organs after their death (54 to 98 in 2018/19)
- a 58% increase in the number of lifesaving transplant operations from deceased donors (211 to 333 in 2018/19)
- a 16% decrease in the number of people on the active transplant waiting list (689 to 581 in 2018/19)

Moral issues relating to Organ Donation


The main moral issues arising from organ donation are issues relating to consent, beating heart/non-beating heart donations and the rights of the donor.


1. Issues relating to consent

This stems from the debate over whether organs should be donated via an opt-in or opt-out system.

- Those **in favour** of opt-out (presumed consent) argue:
 - Every person has a duty to donate their organs once they no longer need them (i.e. after death) to those who do.
 - Every individual has a right to life, and this is a right we should all respect.
 - Donating organs should be a moral responsibility, and the refusal to do so an act of selfishness that could deny others the right to life.

- Those **against** an opt-out (presumed consent) argue:
 - There is a risk that an individual's human rights could be compromised - the removal of organs through presumed consent violates human rights because consent has not been given during the person's lifetime.
 - Presumed consent forces people to make a commitment and to have a view on what should happen to their body on death.
 - Presumed consent overlooks the right that an individual has to freedom of conscience, thought and belief.

- **Religious response to issues arising from consent c** 
 - **Church of Scotland** - the motive for donating organs should be altruism – act should be voluntary, for the good of other people.
 - Presumed Consent is a step too far – government owning individual's body?
 - "The prospect that our bodies, which have been the temple of the soul, being a mere collection of spare parts akin to a used car lot and wholly owned in death by the government is abhorrent."
 - Still for organ donation, but: "if people responded to the (organ donor) crisis by generosity of spirit, rather than the government stepping in, this would be better."

- **Roman Catholic view** 
 - Consent must be informed and has to be a decision which is the result of an act of love.
 - Presumed consent does not allow for this.
 - Presumed consent for some is like being compelled to do something rather than acting freely.
 - "*Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity.*"
 - "*It is not morally acceptable if the donor or his proxy has not given explicit consent. Moreover, it is not morally admissible to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons.*"

- **Summary – religious view**
 - Most Christians would agree that organ donation is a moral act – it demonstrates love and compassion.
 - The body is no longer required after death, therefore there is no religious significance in keeping the body/organs intact.
 - However, both RC and CofS would prefer an opt-in system, rather than a system of presumed consent.
 - This is to ensure that organ donation is a genuine Christian act of love, the motive for donating organs is altruism, the act is voluntary, for the good of other people.

- **Non-religious responses to issues arising from consent - Utilitarianism:**
 - A system of presumed consent would ensure maximum happiness as, while the majority of the population in the UK agree with organ donation, only a fraction get around to registering their wishes to donate
 - The wishes of the deceased need not be considered, as the deceased is no longer sentient and cannot feel happiness
 - Act utilitarians would consider grieving family members, but they would weight this up against the lives which would be saved by using the organs
 - Presumed consent would lead to greater supply of organs which could combat issues such as organ trafficking, which is in line with the GHP

2. Issues relating to beating heart donations

Organs are only removed for transplantation after a person has died - Doctors who are entirely independent of the transplant team will confirm the death.

Most organ donors are patients who die because of a brain haemorrhage, severe head injury or stroke, and who are on a ventilator in a hospital intensive care unit - death is diagnosed by brain stem tests. There are very clear and strict standards and procedures for these tests, which are always performed by two experienced doctors.

A ventilator provides oxygen that keeps the heart beating and blood circulating after death. Organs such as hearts, which deteriorate very quickly without an oxygen supply, are usually only donated by a beating heart donor.

Patients who die in hospital but aren't on a ventilator can, in some circumstances, donate their kidneys and other organs. They're called non-beating heart donors

The issue with beating heart donors is the issue of when life ends (just as when looking at embryos, we try to establish when life begins). With the development of mechanical ventilators, new drugs, and other forms of treatment, it has become possible to artificially maintain circulatory and respiratory functions, even after the brain has stopped functioning.

In the past four decades many countries amended their death statutes to include a definition of death by the complete and irreversible cessation of all brain functions.

The moral issues here is - when do we consider someone to be dead? At what point do we have the right to remove their organs, especially those organs which require continued circulation?

- **Religious responses to issues relating to beating heart donations**

- Many Christians agree that organ donation is an act of living kindness and generosity. However, many are concerned about organs from being removed from those whose hearts are still beating
- The catechism of the Catholic Church: "The free gift of organs after death is legitimate and can be meritorious."
- "free gift" implies consent – rules out presumed consent.
- "after death" is problematic – this would suggest that beating heart donations (livers, hearts) should not be donated as the patient is not technically dead – their heart is still beating. Thus you will find some Roman Catholics who will give organs which do not require beating heart donation e.g. kidneys.



- **Non-religious responses to issues relating to beating heart donations**

- Most organ donors are patients who die because of a brain haemorrhage, severe head injury or stroke, and who are on a ventilator in a hospital intensive care unit.
- Under these circumstances, death is diagnosed by brain stem tests. There are very clear and strict standards and procedures for these tests, which are always performed by two experienced doctors.
- Quality of life is key – if a person is deemed brain-stem dead then they are regarded as clinically dead
- Where there is no hope for recovering it is only right to take organs which can be used to save lives – moral duty/responsibility?

- **Utilitarian response to beating heart donations**

- Utilitarians may argue that what is important is the minimization of pain and the maximization of pleasure. As someone whose upper cortex no longer works cannot feel pain there can be no harm caused and so it would be better to allow organs to be taken to benefit someone else. Peter Singer, a utilitarian philosopher argues that a person is

- someone who has the capacity to feel pain and has self-awareness. Someone who does not have these capacities is no longer a person and so organs could be taken.
- In his book '*Rethinking Life and Death*' Singer takes the position that brain dead individuals are still alive, but that organ harvesting from these individuals is none the less acceptable. His position is that rather than employ artificial, contrived, or bogus definitions of death, we should recognize that the only intellectually honest course is to admit that all lives are not equally valuable and that some lives are indeed in such a degraded and hopeless state that even though they are technically "alive," it is still ethically acceptable to utilize their organs for transplantation. Beating heart donations would be acceptable in his view.

3. Issues relating to living donors

Most of the transplants performed are from people who have donated their organs after their death (deceased donors) however, one in three kidney transplants is now performed from a living kidney donor and this continues to increase year on year. Living donations normally take place between close family members. However, in 2006 it became legal to donate a kidney to a non-relative and even to a total stranger (altruistic donation). In 2017 87 non-directed altruistic donations were made in the UK.

The advantage of living kidney donation is that living donor organs are in better condition, and the kidney will only be without blood for a very short time after it is removed from the donor, which increases the chances of a successful transplant. Although there is no guarantee that any kidney transplant will work, 90–95% of kidneys donated from living donors are working one year after the transplant. This compares with a success rate of 80–90% for kidneys from deceased donors.

Living kidney donation has the benefit of allowing the transplant operation to be scheduled at a time that is convenient for the recipient and the donor. It provides the opportunity to plan it before the need for dialysis. There are further advantages if the donor is a close genetic relative as the organ will be a good tissue match and there will be less chance of rejection.

The disadvantages are that the recipient can feel indebted to their donor and may feel guilty if the transplant does not work. Also the donor may feel pressured to donate.

Living donation also raises issues for doctors under the Hippocratic Oath. Doctors vow to cause no harm to patients. Removing a kidney from a healthy individual could be seen as contravening this.

The moral concern here comes from the issue over whether it is acceptable to operate on a perfectly healthy person, with all the risks this involves, in order to save the life of another person.

• **Living Donors – Religious Response**

- Role of the physician is "primum non nocere" or "first, do no harm".
- Church states that you should take care of your body (God's temple etc). To be a live donor of a kidney the surgeon has to harm you and you have to allow your body to be mutilated. Take into account all the other issues that could arise – medical, psychological, emotional implications
- "...organ transplants are in conformity with the moral law if the physical and psychological dangers and risks to the donor are proportionate to the good sought for the recipient." *The Catechism of the Catholic Church*
- "It is not morally acceptable if the donor or his proxy has not given explicit consent. Moreover, it is not morally admissible to bring about the disabling mutilation or death of a human being, even in order to delay the death of other persons." *The Catechism of the Catholic Church*



- **Living Donors – Non-religious Response**

- Humanists have no objection to living or dead donation – as long as individuals are free to make their wishes known and have these wishes respected.
- They value personal choice and autonomy – people should have the right to make decisions about what happens to their organs during life
- Not swayed by arguments relating to sanctity of life – life is valuable and should be respected, but not created by God
- Quality of life is key – if living donors will lead to more lives being saved, then it is a good thing

- **Living Donors – Utilitarian Response**

- Utilitarians would not have a problem with living donations as long as the benefits outweighed the drawbacks. As we can live perfectly well with only one kidney giving away one of your kidneys would be seen as the right thing to do.
- Zell Kravinsky is a utilitarian who is known for making a non-directed kidney donation to a stranger. After Kravinsky learned that many African-Americans have difficulty obtaining kidneys from family members, he sought out a hospital in Philadelphia that would allow him to donate one of his kidneys to a lower-income black person.
- According to Peter Singer, writing in *The New York Times*, Kravinsky justified the donation mathematically when speaking to Singer's students, noting that the chances of dying as a result of the procedure would have been about 1 in 4000. Kravinsky believed that, under the circumstances, "to withhold a kidney from someone who would otherwise die means valuing one's own life at 4000 times that of a stranger", a ratio he termed "obscene."

ESSAYS

1. Analyse the moral issues arising from organ donation. (10)
2. Analyse a religious view on organ donation. (10)
3. Evaluate non-religious responses to issues arising from organ donation. (20)
4. "*Everyone should be morally obliged to donate their organs after death.*"
Evaluate religious responses to this statement. (20)
5. How far do you agree that organ donation makes a positive contribution to society? (20)

END OF LIFE: EUTHANASIA

Topics covered within this unit are:

Euthanasia:

- What is euthanasia?
- Voluntary and non-voluntary euthanasia/active and passive euthanasia
- UK law
- Moral issues and responses

Assisted Dying

- Dignitas
- UK Law
- Moral issues and response

End-of-life Care

- Palliative Care

Moral Debate:

- The right to die
- Sanctity of life vs quality of life
- Religious responses to issues, including strengths/weaknesses and consequences
- Non-religious responses to issues, including strengths/weaknesses and consequences

The term euthanasia comes from two Greek words: *eu* meaning 'good' and *thanatos* meaning 'death' so euthanasia literally means 'good death'. In medical ethics, euthanasia is an act that brings about the painless death of a person to end their suffering.

Active euthanasia means acting to deliberately bring about the death of the person for example by administering a lethal injection or an overdose of medication. This is not legal in the UK.

Passive euthanasia means failing to prevent the death of the person. Treatment is either withdrawn or not given to the person, for example turning off a life support system or withdrawing nutrition and hydration. This is legal in the UK.

Voluntary euthanasia is the intentional ending of a person's life at their own request or with their consent. A person may make the request to a doctor in person or through a living will, where a person records their wishes while they are still able.

Non-voluntary euthanasia is where a person cannot make the decision for themselves or is incapable of making their wishes known and someone else judges it would be kinder to end their life. This can apply to the removal of life support from a patient in a coma, a patient with brain damage or from a very young baby. It is called non-voluntary as it is without the person's express request.

Assisted Suicide is where a person obtains the help of someone to help them to die. This may be a doctor who prescribes drugs or a family member who provides the means by which the person can take their own life. At the Dignitas clinic in Switzerland a doctor prescribes the drugs but the person must take the drug themselves in the presence of a volunteer from Dignitas.

Assisted Dying is where a terminally ill person is helped to die. They are going to die anyway and may wish help to die in a quick, pain-free manner

Double Effect is where a doctor administers strong painkilling drugs to a terminally ill patient. These drugs may hasten death but as long as the primary intention is to kill the pain and not the patient this is legal.

UK law

- Voluntary euthanasia is illegal both in Scotland and the rest of the UK.
- Any individual, **who has capacity**, has the right to withdraw completely from a course of treatment or other intervention, even if it is necessary to keep them alive (a form of passive, voluntary euthanasia).
- “Advanced directives”/“living wills”/“DNR”: a person can express, while they have mental capacity, a wish not to receive life-prolonging treatment in defined future circumstances.
- For example, a person may use an advance directive to express the wish to have all treatment withdrawn should they ever be in a permanent vegetative state.
- Indirect euthanasia – ‘Liverpool Care Pathway’ and ‘double effect’

Euthanasia - BMA guidelines

- The BMA **opposes** the legalisation of euthanasia or physician-assisted suicide:
 - goes against the fundamental role of doctors;
 - some doctors, may see the deliberate termination of life as the only solution in an individual case;
 - maintains that in such circumstances, doctors should be accountable to the law and to the General Medical Council;
 - if doctors were authorised to carry out euthanasia or assisted suicide they would acquire an additional role “alien to that of a healer”;
 - the psychological context within which health care is delivered would also change - shift in attitudes to those who suffer long-term illness or disability and who require substantial health resources.

TASK

1. Explain what is meant by euthanasia – provide two examples of when euthanasia may be requested.
2. Summarise the BMA guidelines on euthanasia.
3. Do you agree with these? Provide 2 reasons for your answer – and make sure these are specific to the BMA response!!!

What are the moral issues relating the assisted suicide and euthanasia?

Moral issues relate to the following questions:

- Do we have a right to die?
- Would we ensure safeguards/protection of the weakest and most vulnerable in society? Is euthanasia compassionate?
- Is euthanasia necessary in today’s society, with effective modern pain relief and excellent end of life care?

1. The Right to Die

- All human beings have the right to life – do we have the right to die?
- Answer depends on views on sanctity of life vs quality of life
- Many believe that life is a precious gift – should be cherished/preserved, not destroyed.
- Others believe that life **is** precious, but quality of life is just as important.

Christian Response:

- Human life is sacred (sanctity of life)
- Gift from God
- All life has meaning, value and purpose
- God is the source of life and only God should decide when life ends
- “No man has power to retain the spirit, or power over the day of death.” (Ecclesiastes 8:7-8)
- By ending life, doctors are taking on God’s role

However,

- **Most** Christians (CofS and RC) would argue that in some cases human beings do have the right to die:
- Agree with the use of advanced directives/DNR orders and wishes to refuse treatment

- Non-voluntary euthanasia – removing/stopping life-prolonging measures, such as ventilators

Evaluate the religious views on the right to die:

- Do you agree that human beings should not have the right to die because life is a sacred gift from God and has meaning, value and purpose? Why/why not?
- Do you agree that human beings should not have the right to die because by ending life, doctors are taking on God's role? Why/why not?
- Do you agree that in certain cases, passive, non-voluntary euthanasia (removal of treatment) should be permitted? Why/why not?

Humanist response:

- People should have the right to choose a painless and dignified end;
- Life is not 'sacred' – it is precious and valuable, but quality of life is important too;
- If someone is experiencing extreme suffering, then they should be allowed to decide on such personal matters themselves.

Utilitarian response:

- Greatest happiness for the greatest number may be generated if we knew that the option for euthanasia was available
- Pain/fear generated by unknown process of dying – How long? Will it hurt? etc.
- Happiness generated by giving human beings the choice:
- When the traditional ethic of the sanctity of human life is proven indefensible...a new ethic will replace it. It will recognize that...it is personhood, not species membership, that is most significant in determining when it is wrong to end a life...And we will respect the right of autonomous, competent people to choose when to live and when to die. *Peter Singer*

Choose a non-religious view (humanist or utilitarian) and evaluate it.

Remember, you must:

- Identify the stance (for/against euthanasia)
- Explain the **specific** reason for the stance (i.e. why do humanists believe we should have the right to choose? In what way does the GHP apply to euthanasia?)
- State whether you agree or disagree with the view
- Give clear reasons for your response – you must refer closely to 2)

The right to die – evaluation

- Humanist – for right to die
- Reason – they believe quality of life more important than sanctity of life
- Eval. – I agree with this because sanctity of life is a religious belief, and as we live in a secular society I do not believe that this should influence decisions over the right to die. People with terminal conditions undergo inevitable suffering which impacts on their quality of life. It is far more important that they are given the choice to end their life than it is to follow outdated religious teachings about life being sacred. Someone who is experiencing unbearable suffering would question how precious/holy their life is.

2. Euthanasia/assisted dying is open to abuse:

- Not always compassionate
- Can we always be certain that requests are voluntary?
- Do doctors/family members always have good intentions?
- Doctors - motivated by budget-cuts and shortage of hospital beds.
- Family members - exhausted by the burden of care/financial motivations.
- How much pressure would be placed on the already vulnerable (elderly, terminally ill, physically/mentally ill)?

Christian response:

- The terminally ill should not be made to feel like a burden or drain on resources:
- "The situation must never arise where the terminally-ill or the very elderly feel pressurised by society to end their lives. (CofS)

- We should treat people with loving kindness;
- It is far more compassionate to show someone love in the final stages of life, than to simply end their life

Evaluate the Christian response to this moral issue.

Remember, you must:

- 1) Identify the stance (agree or disagree with this issue)
- 2) Explain the **specific** reason for the stance (terminally ill made to feel like a burden – compassion is caring for them, not killing them)
- 3) State whether you agree or disagree with the view
- 4) Give clear reasons for your response – you must refer closely to 2)

Response	Evaluation
Can't be sure request is voluntary – people may feel like a burden	I agree/disagree because...
Should respond to terminal illness with compassion and loving kindness, not by killing people	I agree/disagree because...

- Non-religious response:
 - Where quality of life is limited, human beings should have the right to make decisions about how they die;
 - Compassion is allowing people to decide of whether they see their life as worth living;
 - Current alternatives to voluntary euthanasia (LCP) are seem as much less compassionate – do not protect vulnerable:
 - Safeguards would be put in place to ensure that all requests are voluntary and abuses do not take place:

"The current law doesn't prevent assisted dying, it (forces) it to happen behind closed doors where there are no safeguards....It is vitally important assisted dying is brought into the open, so that parliament can introduce regulation to better protect the terminally ill, medical staff and vulnerable people." Jenny Saunders, Voluntary Euthanasia Society

Non-religious response:

- Safeguards would be put in place to ensure that all requests are voluntary and abuses do not take place;
- Current system does not protect the vulnerable (LCP)

Moral issues

Euthanasia/assisted dying is unnecessary due to advances in end of life care

- Palliative care helps people to live as well as possible until they die, and to die with dignity – holistic care, pain management;

- It includes support for their family or carers – counselling, financial advice;
- People no longer have to be suffering in their final days/hours of life.

3. Euthanasia/assisted dying is unnecessary due to advances in end of life care

Christian response:

- Hospice movement started by Christians as a way of demonstrating love and compassion towards people at the end of life;
- It is far better to support people in their final days and to show them love, than simply speed up their death
- *“True compassion leads to sharing another's pain; it does not kill the person whose suffering we cannot bear.”* Pope John Paul II, *Evangelium Vitae*, 1995

Non-religious response:

- Pain control is unlikely to take all suffering away - still the emotional and psychological pain involved in waiting to die;
- Family members suffer by watching their loved one going through the process - can be long and drawn-out.
- Hospice care is expensive and poorly funded – many would argue that money would be better spent helping those who have a reasonable chance of survival, rather than on people who have expressed a wish to die.

Evaluation of Responses

Christian Response: Life is sacred = no right to die

Evaluation: Invalid response - sanctity of life is a religious belief and should not be used to form legislation in the 21st century due to the fact we live in a secular society

Christian Response: God decides when life ends – doctors cannot take on God's role

Evaluation: Invalid response - humans take on the role of God every day when undertaking medical interventions such as organ transplants or life-saving surgery - Why not intervene when someone's life has deteriorated so much that they wish to die?

Christian Response: Compassion is caring for people during their suffering, not simple ending their life

Evaluation: Invalid Response - Compassion involves alleviating suffering – even modern pain relief will never alleviate all suffering (physical, mental, emotional) experienced by people with terminal illness.

Christian Response: Legalising euthanasia will lead to pressure on already vulnerable people to end their lives

Evaluation: Valid Response – can never be sure that someone's request is voluntary – having euthanasia as an option would benefit NHS (costs/beds) and family members (burden of care) – can cannot guarantee that the interest of patient is being put first.

Christian Response: Legalising euthanasia will lead to pressure on already vulnerable people to end their lives

Evaluation: Invalid Response – the elderly and terminally ill are already in a vulnerable position – practices such as LCP and 'double effect' involve ending life but often without patient's/family's consent, and can be long and uncomfortable death

Christian Response: Palliative/hospice care and modern pain relief removes the need for euthanasia/assisted dying

Evaluation: Valid Response – demonstrates respect for life, rather than disregarding it; palliative care prepares people for death in a loving environment; hospices take away any burden of care from family; use the best of pain relief to allow a peaceful death

Christian Response: Palliative/hospice care and modern pain relief removes the need for euthanasia/assisted dying

Evaluation: Invalid Response – pain control is unlikely to take all suffering away - still emotional/psychological pain involved in waiting to die; family members suffer watching loved one dying. Also, hospice care expensive/poorly funded – 'postcode lottery'

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Non-religious Response: Autonomous human beings should have the right to choose

Evaluation: Valid Response – as human beings we are afforded the right to life, so should have the right to die when we see fit – quality of life is more relevant to many people in society than the sanctity of life

Non-religious Response: Autonomous human beings should have the right to choose

Evaluation: Invalid Response – assisted suicide/euthanasia not private acts (like suicide, which is now legal) – third party is involved. Not just about the rights of the individual, also need to protect the rights of physicians

ESSAY

Evaluate religious responses to issues arising from the legalisation of assisted suicide. (20)

Evaluation:

- I agree/disagree with this response because...
- This response is valid/invalid because...
- This is a strong/weak response because...

