

Philosophy 501  
Final Paper  
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What are some of the factors that affect and influence the debate on human reproductive technologies? They include at least the following: understandings about what it means to be human; what it means to be a person; whether one's worldview is secular or religious; and whether one's worldview permits the possibility of a plurality of views being used to create or alter social policy in this area.

I begin with what it means to be human because almost all discussions about reproductive technologies rest on the moral status of the embryo. In turn, the debate about the moral status of the embryo implicitly or explicitly rests on the assumption that human beings have some intrinsic value in and of themselves. Writings on this subject use phrases such as "the sanctity of human life," "the dignity of human beings," and so on. This view is not held by all, however. Peter Singer (2004) has said the argument that "...the embryo is precious and [should] be protected rests on the unargued assumption that has made the abortion debate in America so intractable: the idea that to be a member of the species *Homo sapiens* is sufficient to make a being's life precious. We need to be told why this should be so - why, for example, the life of a member of *Homo sapiens* has a greater claim to protection than the life of a member of the species *Pan troglodytes*, the chimpanzee." It isn't necessary to agree with Singer's views on animal liberation to observe some merit in his willingness to expose the logical underpinnings of the argument and put it out there for people to agree or [mainly] disagree with.

Most people, however, are content with the supposition that human beings have value in themselves, full stop. What it means to be human generally includes characteristics such as

the capacity for self-reflection or self-consciousness, use of language and speech, social groupings, use of technology, etc. Besides the biological, sociological, anthropological ways in which human beings can be identified, we also think of ourselves as having a moral or spiritual essence or soul. In our textbook, we read about several theories of personal identity, e.g. the soul theory, the body theory, the memory theory, the brain theory. No one can say conclusively that the concept of a person is explained or proved any one of these theories alone.

The notion of personhood, or, what it means to be a person might be the same thing as what it means to be a human being, but it seems to me that “human being” is a more general, biologically-related, species-level term. I find Susan Sherwin’s view that “personhood is a social category, not an isolated state” to be persuasive - but not on the grounds that it makes it somehow easier to skew the argument in favor of a woman’s right to choose (“There is no absolute value that attaches to fetuses apart from their relational status determined in the context of their particular development.” (1991). Rather, her argument seems persuasive because it is apparent that if a newly born infant is considered, in some manner, a ‘tabula rasa,’ how much more so would be the entity that has not even been born into the world of sensation, cognition and experience. That the embryo is a potential human being seems self evident to me in the sense that the blastocyst, the zygote, etc. are all successive stages in its becoming that specific biological entity and not, for example, a monkey or pig. But the designation of a person seems to mean not just the biological framework of a human being (embodiment) but something additional - something relational or social that forms after birth. Sherwin says that, “A fetus is a unique sort of being in that it cannot form relationships freely with others, nor can others readily form relationships with

it.”(p. 425) I would add the caveat - as far as we know! We certainly have no memory of the womb experience, but it is not inconceivable that science may one day uncover the physical basis of all our sensory experiences from fertilization onwards. In any case, the issue at hand is whether or not an embryo can be considered a person, with all the rights and protections extended to fully realized people. I agree with Sherwin that to be "... a morally significant category, personhood must involve personality as well as biological integrity," but in the end, I suppose it could then be asked if becoming a person is also a matter of degree rather than of kind, and thus find ourselves back in the temporal argument again.

Ronald Green (2001) writes convincingly of the futility of trying to find a definitional response that will, once and for all, pinpoint a decisive point at which the embryo even becomes a human being:

“All these problems stem from the failure to realize that the judgments of “humanity,” “personhood,” or any similar determination of moral protectedness are not a matter of definition, of finding the intrinsic biological property of an entity that makes it morally protectable, but are instead the outcomes of a complex moral choice involving many competing considerations.”

Nevertheless, the prevalent view persists that such a point can be found. So, if one takes the position that a “person,” a fully-fledged human being, comes into existence at the moment of conception (leaving aside that fact that “conception” itself is not necessarily a discrete event), then what are the implications with regard to human reproductive technologies?

I am going to call the person who holds these views, Matthew. If Matthew believes that all human life is sacred, and that the embryo is a person, or even just has the potential to

become a person, then he would take the position that no embryo should be destroyed at all. To be morally consistent, Matthew would have to state that all abortions are wrong (a person is killed); that the techniques for IVF are morally wrong (the excess embryos created in the process will eventually be killed or otherwise disposed of).

Another person, Charles, may hold the view that while the embryo is potentially a human being, it is not yet a “person” in any meaningful sense (relational, social, etc.). To be morally consistent, Charles would have to state that not all human life is sacred or at least not sacred all the time. He would allow that there are some circumstances in which it would not be morally wrong to permit activities that use an embryo and cause its death. He may defend this stance by stating that the interests of people currently living with diseases that could benefit from research using embryos outweighs the interests of the embryo continuing to term and being born as a human being. His view would represent a tension between the “rights” of the embryo to be born and the rights of the living to perhaps a better or healthier life. Charles would agree that his view can be characterized as an instrumental (or pragmatic) use of embryos but he does not experience any discomfort in this and does not consider it to be an immoral view. Because he is not convinced that the embryo is a person, and he does not hold the unequivocal view that all human life is sacred, he can allow there are some circumstances (abortion, IVF) where the killing of human beings is at least not immoral.

In between these two is Fred, who - like Matthew - is opposed to abortion and reproductive cloning, but has altered his stance about stem cell research. He feels that if confined only to those “leftover” embryos that have been donated to science by the informed consent of the infertile couple, stem cell research that is strictly monitored and takes place in publicly accountable facilities is permissible.

Interacting with these three views and adding another facet to the debate, is the religious or secular dimensions in which people live their lives. Not all religions take the stance that all human life begins at the moment of conception. If Mary belongs to a religion that says human life begins at conception, then even though she is capable of forming an independent judgment about reproductive technologies, she may feel a greater allegiance to her religious views and will align her beliefs accordingly. Conversely, Caroline - let's say she is a Roman Catholic - who also has strong religious beliefs, chooses to not accept the Church's teaching on abortion or reproductive rights. Her moral position, like Charles' above, indicates that there are indeed some circumstances where the destruction of human life may occur. She may explain her position by reference to other perspectives that seem more compelling to her, such as the utilitarian view that the greatest good for the greatest number is persuasive, or a rationalist view that her ability to think and reason through the issue provides all the justification she needs that her moral stance with regard to abortion and reproductive rights is correct. Or there could be Francine - also a Catholic - whose religious views are in accordance with the church on the issue of abortion, but feels that the promise of stem cell research overrides the church's prohibition.

What are we to make of Fred and Francine's position regarding stem cell research? How is it that they are able to make an exception in their general belief that an embryo is the moral equivalent of a person and persuade themselves that stem cell research is desirable? Discounting the bizarre possibility that Francine and Fred would say that sometimes the embryo is a person and sometimes it is not, we are left with the following options: a) there are times when it is true that embryos have moral value and times when they do not; or b) there are times (or circumstances) when a different, more differentiated moral calculus is called for.

By that I mean an effort could be made to re-frame the issue so as to expose more facets of what is a very complex mix of science, values, morals, and beliefs.

When an issue is presented as either “right” or “wrong”, moral or immoral, then structurally, there admits no third (or more) points of view. It is interesting to note that many moral/ethical issues have been framed as dichotomies when they are among the kinds of issues that are the least likely to be served by an either/or approach.

The debate on human reproductive technologies is actually a mix of several different technologies about which people can and do hold several different and/or contradictory positions. The category includes: 1) In-vitro fertilization or IVF; 2) therapeutic stem cell research which is subdivided into: a) using excess embryos created through IVF, and b) using embryos created specifically for experimental research purposes; 3) reproductive human cloning (SCNT for duplication - or delayed twinning - of an existing human being). Whether or not a similar moral debate took place when IVF was introduced, I do not recall, but I think we may now take as uncontested the fact that, in general, most people are not opposed to infertile couples using fertilization that takes place outside of the womb with the intention of creating [a] human being(s). That many more embryos were created and stored in order to ensure a viable pregnancy seems not to have been problematic at the time, but it has become so - now that there is a potential “use” to be made of them that is different from the use for which they were created. For IVF to have become accepted almost universally in the first place, it must have been framed in such a way that a moral argument or “playing God” accusations did not hold sway. Of course, this is because the end use - even today with the practice of donating spare embryos to other couples - has always been reproduction, not experimentation. This means that a consequentialist argument was

successful in this case, although it has not succeeded with regard to the other technologies: SCNT and cloning.

Given the implacable opposition between the worldviews of Matthew and Charles, how can common ground be found? I believe that the simple answer is - it cannot, if what is understood by common ground is that both sides agree to compromise on their core values. For the purposes of social and legal policy, what we might strive for instead is consensus (not unanimity) in defining the acceptable use of embryos. People may keep their individual beliefs about the moral significance of the embryo, but agree to a policy that allows research to go forward under all the applicable standards of care and regulation. The argument has been made before, but just as the definition of life's end has changed over time, and especially in light of the circumstances surrounding the viability of organs for transplant, so the definition of life's beginning might find consensus in terms of a boundary or marker. There is already precedence for this kind of consensus in many of our socio-legal matters - from the relatively trivial and non-controversial such as the legal age for voting, drinking, and the like, to the establishment of the end of the first trimester as a permissible boundary before which abortions may legally be performed. The fact that this boundary is always being challenged by pro-life groups, shows that it is indeed an arbitrary marker in some sense, because the efforts to move the marker or eliminate it altogether would not exist if there were universal agreement about when "life" begins.

A different conclusion might be reached with respect to the idea of consensus as a basis for defining the acceptable uses of embryos such that people may keep their individual beliefs about the moral significance of the embryo, but agree to a policy that does NOT allow research to go forward under all the applicable standards of care and regulation. Since the

essence of consensus implies negotiation, that is indeed a possibility. “In consensus-based processes, people must work together to develop an agreement that is good enough (though not necessarily perfect) that all of the people at the table are willing to agree to it” (Conflict Research Consortium, 1998).

If you and I start out with different premises, we are not going to find ourselves crossing paths and agreeing on the same conclusion somewhere down the line. We are on parallel tracks as far as how we define the “moral” use of embryos. That is fine in terms of our individual beliefs and values are concerned. However, “The debate in bioethics covers two interlacing concerns: (a) the moral values that actually guide the behavior of individuals and communities and (b) the moral values and priorities that should guide public policies at various levels on these issues” (African Union, 2004).

The next question to be raised might be - to what extent should the latter be influenced by the former?



## References

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