

Editorial

The following editorial was invited from D. Gareth Jones who is Professor of Anatomy and Structural Biology at the University of Otago Medical School, Dunedin, New Zealand, and is also on the Editorial Board of Science & Christian Belief.

In April 1994 Science and Christian Belief altered its editorial policy and published an article by me on bioethics.¹ This was a brave move for a journal devoted to the relationship between science and religion, since bioethics (medical ethics in popular jargon) so often tends to inhabit a realm of its own, dominated all too often in the popular imagination by the fiercely conflicting debates on abortion and euthanasia. From these there appears no escape, just as much as evolution is the ever-present bogey in other realms. And yet, bioethics approached in Christian terms is integral to ongoing debate on the interaction between science and religion.

Unfortunately, bioethics is frequently viewed as something of major interest to health professionals (even allowing for input from a number of other interest groups), emphasis being placed on clinical rather than scientific issues. To make matters worse, it is often assumed that any legitimate Christian contribution will favour conservative courses of action, thereby precluding serious theological and ethical debate. In my view, this stance is the harbinger of serious problems for Christians, who are refusing to face up to the philosophical dynamic of so many of the scientific advances currently transforming the face of health care.

One of the besetting sins of most discussions in bioethics is the manner in which issues are compartmentalised and treated in isolation of other ethical issues. They focus on the beginning of human life and wax eloquent about the status of the human embryo. Alternatively, they deal with the end of human life, with its various definitions of brain death. Or they may concentrate on abortion, with all its particular religious, political and social ramifications. Yet again, they may direct attention at euthanasia, and the arguments for or against its place within health care.

While there is ample justification for dealing with these, and numerous other, issues as discrete entities, the danger is that connections between them fail to be made and values common to different areas are overlooked. Many discussions also ignore the manner in which these debates are being driven in large part by scientific advances. The debates of the 1990s are profoundly different from those of the 1960s on account of the nature and extent of the science available to society in the two eras. Not only this, the

1 Jones, D. G. (1994) The human embryo: Between oblivion and meaningful life, Science and Christian Belief, 6, 3–19.

character of the ethical debate depends to a significant degree upon the precise questions raised by new scientific possibilities.

An argument frequently heard against euthanasia for the terminally ill is that its logical anonymous approach to death opens up a new defining paradigm of life. 'When we seize that kind of control we are reduced to the outermost limits of human imaginings, which does not promise much.' On the other hand, 'when we surrender how we die into the hands of the One who gave us life, we are freed from the limitation of human definitions of dignity, and worthiness, and beauty, and quality of life'.² I am not wishing to disagree with this assessment, except to ask whether we are consistent in our decision-making. Is this the approach we adopt in other areas, and what does it actually signify?

A central question raised by statements such as these is that of control: when to resort to it and when not to. Whatever conclusions we may reach on this matter at the end of human life, what about control at the beginning of human life? Control here is directed in apparently contradictory ways: against conception, and also in favour of it. In other words, the control we encounter so frequently in this domain is utilised to bring some individuals into existence and to deprive 'others' of existence. Is it God who is determining which new human beings will exist and which will not, or is it the scientific actions of human beings? In acting in these ways, are we abrogating to ourselves decisions that are only God's to make?

How does this form of control at the beginning of human life relate to the control we do or do not wish to see exerted at the end of human life? These are not mere clinical questions; they are central to the science-religion debate. They are about the meaning and goal of human existence, and while they are more poignant at the extremes of life, they confront us repeatedly at every stage of the life-cycle. There is no medicine as we know it without the control bestowed upon us by science, from childbirth through all forms of surgery to myriad hormonal treatments.

The dilemma is not about control as such, nor about when it is administered, but about its direction. The ambivalence of control and the deeply religious overtones so often detected in debates about it, force us to confront its nature. For instance, in a terminal illness, pharmaceutical control may be control to enhance life or to promote death. Without the science, these possibilities would not exist; its application, however, depends upon the goals provided by society, and this is where ethical issues come to the fore and where Christian directions have to be elaborated and implemented. And this is also why Christian bioethics well-and-truly occupies a position central to the science-religion domain.

A different perspective is provided by the role of chance in biomedicine. The element of chance is far more prominent at the beginning of human life than at its end. Fertilisation must be one of the most staggering of all chance events; the precise make-up of each individual (and that

2 Zoba, W. M. (1996) How we die, *Christianity Today*, 40(4), 34–37.

means each of us) is such an unrepeatable and unpredictable event that its genetic uniqueness leaves us gasping. If I had been conceived on another day, I would have been different genetically from what I now am, and one assumes that my identity as a person would have been different. Was God in control of this precision? Do we even know what sort of answer to expect to a question like this? Does any (even partial) scientific control over these processes have ethical or Christian ramifications? This is not the place to attempt to answer these questions, although two further connections come to mind.

I find it paradoxical that Christians spend such an inordinate amount of time and energy agonising over the place of chance events in evolutionary processes, when our make-up as individuals is a bewildering chance event. The parallelism of the two processes is something from which I find it difficult to escape, and this raises penetrating questions. Does this knowledge invalidate any talk about purpose, whether God's purpose in bringing us as individuals into existence, or the purpose we experience as personal beings? Does it in any sense affect human beings as 'images of God'? For me, the challenge and excitement of these and related scientific descriptions is that we are forced to think through the relationship between the apparently random mechanism inherent in our very being as individuals, and the descriptions we find so fruitful of our standing before God and of his loving concern for us.

We also have to ask whether chance plays any part in the terminal illnesses people do or do not experience at the end of life. At a human level many of the illnesses that affect individuals are no respecter of people. Why do some suffer from so much more illness than others? This strikes us as being unfair, even when in scientific terms there may be convincing causal explanations. How do we place this alongside the character of a loving God, and does chance have any part to play in our relationship to Jesus? Once again, we are brought back to the need for consistency across all areas of our lives and relationships.

By presenting issues such as these I am aiming to open up new avenues of exploration. In doing so, I am also aiming to demonstrate that bioethics has far more connections with the science-faith debate than we may think. The newness of bioethics as a scholarly discipline reflects the dramatic scientific developments within biomedical realms, and the vast array of new ethical and religious, as well as scientific, fields being opened up for serious exploration and study. The challenges here are just as great as anywhere else, and they are replete with fearful prospects as much as with hopeful possibilities. The Christian stake in these ongoing discussions is considerable.