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Item Type	Preprint
Authors	European Ecumenical Commission for Church and Society
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Download date	2026-09-18 02:51:07
Link to Item	http://hdl.handle.net/20.500.12424/216285

EUROPEAN ECUMENICAL COMMISSION FOR CHURCH AND SOCIETY

MEDICALLY ASSISTED PROCREATION AFTER 20 YEARS

This text, adopted by the Executive Committee of EECCS on 26 November 1998, was prepared by the EECCS Working Group on Bioethics. It summarises the kind of questions which, in the view of EECCS, are posed in this field. It is a first stage of reflection and will be followed up by a more detailed document.

Its first addressee is the Council of Europe's Steering Committee on Bioethics in the hope that the paper will contribute positively to the debates leading to the preparation of a draft Protocol to the Convention on Human Rights and Biomedicine on the protection of the human embryo and foetus.

It is also intended to encourage reflection of member churches and councils of churches of EECCS and other groups, organisations and individuals linked with the churches.

1. Louise Brown, the first baby conceived *in vitro*, that is, outside the mother's body, was born in Manchester on 25 July 1978. Her birth was the result of 10 years' work by biologist R. Edwards and gynaecologist P. Steptoe and marked the beginning of a new era in the field of human reproductive medicine.
2. That was 20 years ago. To date, this method has resulted in the births (single or multiple) of more than 200,000 children, and the happiness of a corresponding number of parents previously faced with infertility and the sense of failure which this often brings.
3. Protestant churches responded positively to the initial and subsequent developments in the field of assisted reproduction, which relieves the suffering of couples unable to reproduce naturally.
4. The rapid advances in genetics and reproductive biology over the last two decades have fostered considerable progress in the technology, which

has in its turn speeded up the scientific process. This feedback between science and technology has produced a reproductive technology which amounts to a biotechnological reconstruction of human reproduction. This now gives humankind a new power over our fellow humans.

5. Biomedicine makes the claim that it has mastered fertility, but what ways does society have for regulating this new mastery? In our desire to contribute as Christians to the public debate on the numerous medical, ethical, biological and social questions raised by assisted reproduction, we now put forward some points regarding what seem to us the more sensitive aspects of new biomedical practices:

- (a) Firstly, we observe a current social trend to consider biological descent as a human right. Instead, a child is a gift and can never be considered as property. As a result, the moral choices about assisted reproduction should be guided primarily by the principle of the rights of children, rather than the right of parents to have children.

(b) Important cultural changes have been brought about by assisted reproduction. There is now a change in our concept of human procreation, and indeed in the basic reference points about human life and relationships which each one of us holds. Moreover, some applications of new reproductive technologies could imply a risk of turning women's bodies - and indeed human bodies in general - into mere instruments or even commercial commodities. Together these trends raise important issues which are bringing to the fore the idea of the "awareness of limits". As we said in our submission to the Council of Europe symposium on the human embryo in December 1996, now that new reproductive technologies are touching on the very origins of life - so that we can, for example, create human embryos primarily for research, it is of the greatest

importance to establish where are the moral limits for these technologies and set up the means to enforce them.

(c) The techniques perfected for *in vitro* fertilisation also open a door to a risk introducing eugenic practices. Genetic tests on the early embryo could be extended beyond severe medical conditions to attempts to improve humankind. This broad objective is ethically dangerous but it is also an illusion in scientific terms, since, even if all embryos which carry pathological genes are eliminated, there will always be further modifications which may produce new pathologies in embryonic genes. Among the trends which characterise our age are a rejection of differences between ourselves and a genetic reductionism. This could lead to a subtle shift in the concept of a pathogenic gene towards that of bad gene in the wider sense of the word and thus to an acceptance and legitimisation of new forms of discrimination.

6. The EEECS Working Group on Bioethics is concerned to ensure that technology remains in the service of humanity and not the other way round, and that the interests of unborn children should be the central point of our assessment of biomedical projects on reproduction. We would therefore like to see:

- (a) a multi-disciplinary, in-depth evaluation of the medical, psychological, genetic, sociological and legal data collected over the 20 years of medically assisted reproduction, at a European level. The results of such an evaluation should be available for public debate in all member countries of the Council of Europe.

(b) The Council of Europe Steering Committee on Bioethics should develop a common base for legislation in member states of the

Council of Europe, respecting the different cultural, philosophical
and religious traditions represented in Europe.

November 1998

Original in French