

EXPRESSING A GREAT 'YES'
IMPLICATIONS OF THE VATICAN INSTRUCTION *DIGNITAS PERSONAE*

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I am very honoured for this opportunity to provide some reflections on *Dignitas personae*, the Vatican Instruction issued in December 2008. Properly titled, "Instruction *Dignitas personae* on Certain Bioethical Issues," I will for the sake of this paper refer to the document as either *Dignitas personae* or simply, the Instruction.

Approved by Pope Benedict XVI, and adopted and published by the Congregation for the Doctrine of the Faith, *Dignitas personae* is an Instruction of the ordinary Magisterium, and thus afforded the full authority to which the faithful must give their religious assent¹. *Dignitas personae* is Latin for "the dignity of a person", which comprises the central theme of the Instruction. I will highlight key statements and secondary themes momentarily but wanted to begin first by claiming my own context of ministry in health care in which my reflections on *Dignitas personae* are based. My context is also a limiting factor, which I acknowledge and freely disclose.

In light of the challenging bioethical questions that have been triggered directly or indirectly as a result of evolving reproductive technologies, gene therapy and human cloning procedures, there is obviously merit in inviting a speaker from the Catholic health care context to address the ethical implications of *Dignitas personae*. When the Canadian Canon Law Society asked me to speak at your annual convention, I did not realize at the time how personally meaningful this opportunity would be in terms of deepening my faith, as well as informing my leadership role in mission, ethics and spirituality. I am grateful for having said yes, and ask your prayers that my humble perspectives may contribute in some small way to your own reflections.

I have followed the embryonic stem cell research issue for about the past 9 years, with my entry point in the debate occurring the summer of 2001 while I was in Iowa doing a mission and ethics fellowship with a US Catholic health care system. If you recall that summer, there was extensive news coverage on the major US television networks leading up to the Bush

¹ "Religious submission of will and of mind must be shown in a special way to the authentic teaching authority of the Roman Pontiff, even when he is not speaking *ex cathedra*. That is, it must be shown in such a way that his supreme *magisterium* is acknowledged with reverence, the judgments made by him are sincerely adhered to, according to his manifest mind and will. His mind and will in the matter may be known chiefly either from the character of the documents (one of which may be an encyclical), from his frequent repetition of the same doctrine, or from his manner of speaking" -- Dogmatic Constitution on the Church, no. 25). See also, Catechism of the Catholic Church, no. 892.

Administration announcement on August 9th regarding the limited conditions in which federal funding for embryonic stem cell research would apply, viewed as a concession to an already polarized public².

Religious leaders and pro-life groups were frequently depicted in heated debate with opposing patient advocates, researchers and even noted celebrities, resorting at times to emotional appeals from those visibly suffering from debilitating neurological conditions or victims of spinal cord injury, who pleaded on compassionate grounds that political will would help suffering victims avail themselves of the purported benefits of embryonic stem cell research.

I remember this summer well on a personal level. First, it was extremely hot in the Mid-West states where I worked and across the Canadian Prairie provinces that summer, seemingly a fitting backdrop for the heated debate pitted on the nightly news. But it was also while I was away in Iowa that I learned a colleague and friend from the Catholic hospital I previously worked in Winnipeg had died. Ron was a college hall of fame athlete, who was stricken suddenly and unexpectedly by a rare neurological impairment that quickly ravaged his body in only a few short years. After working all day in the sun at his cottage he jumped in the lake to cool off and to take a quick swim before supper, between his dock and their neighbour's, as he routinely did. Somewhere between the docks it appeared he began to struggle, overtaken by his neurological weakness and perhaps the summer heat and he subsequently drowned.

The juxtaposition of the embryonic stem cell debate of August 2001 and my friend's death has always made the issue a little more personal for me. But while Ron's death perhaps could have been averted if there were new medical treatments available for him, it has not changed my fundamental position regarding the use of embryonic stem cells for therapeutic or research purposes, which I oppose. What it has done, though, is deepened my sense of compassion to understand the needs of a suffering public that look to biomedical technology as a source of hope. This sensitivity has helped me stay engaged in the debate and to direct whatever advocacy efforts to which I can contribute to other licit forms of research, notably adult stem cell research and preventative strategies - for example, our safety campaign programs with junior high students about high risk activities that can result in spinal cord injury.

It seems to me that public attention regarding embryonic stem cell research has waned in recent years. In August 2001, it was front and centre of public debate. If not for the US terrorist attacks that took place a month later, it is questionable whether the controversial Proposition 71, the California Stem Cell Research and Cures Initiative, that approved \$3 billion dollars in state funding for embryonic stem cell research, would have actually gained the political momentum to pass three years later in 2004. Rather, the focus of public attention regarding the morality of harvesting embryonic stem cells for therapeutic or research purposes shifted to another moral debate regarding the war on terrorism, allowing the biotech industry to continue its research in

² On August 9th, 2001, the Bush administration announced that federal funds may be awarded for research using human embryonic stem cells if 1) the derivation process took place prior to 9:00 P.M. EDT on August 9, 2001; 2) the stem cells must have been derived from an embryo that was created for reproductive purposes and was no longer needed, and; 3) informed consent must have been obtained for the donation of the embryo and that donation must not have involved financial inducements.

embryonic stem cells relatively unencumbered, both politically and financially. Without the proportionate investment in broad public debate, I would argue that the necessary ethical reflection is still trying to catch up with all the advances in embryonic stem cell research and development.

While the debate may have moved from the centre of public consciousness to the periphery, the moral questions have certainly not ceased. In fact, I believe they are becoming even more complex and troubling. And there are others who have good reason to believe so as well. I have only to point to any one issue of the National Catholic Bioethics Quarterly, or the plethora of scientific journals to show how much is still being debated regarding the purported merits, costs, and lingering ethical dimensions of this research. I believe the public needs to keep asking questions about assisted reproductive therapy, embryonic stem cell research and the implications and possibilities of mapping the human genome, as I have tried to do myself.

Admittedly, this has not been easy. Despite my efforts at acquiring some rudimentary understanding of the science behind such procedures as altered nuclear transfer (ANT), oocyte assisted reprogramming (OAR), or germ cell therapy, I am forever reminded why I elected to take physics and chemistry in high school - not biology. So for the purpose of this lecture, I will not attempt to disguise my lack of competence regarding the biological and technical details of the procedures discussed in the Instruction, reserving my comments instead to the broader ethical and moral implications. Having said that, it is important to know the Congregation for the Doctrine of the Faith consulted with the Pontifical Academy of Life, as well as numerous experts regarding the scientific details of the procedures discussed in the Instruction, which is clearly evident from the technical language in the text. Through this Instruction, I believe the Vatican is able to speak with authority and add the Church's own ethical and moral analysis within a Christian anthropology, and contribute substantially to the debate.

From my context of ministry and leadership role, I can state unequivocally that Covenant Health does not engage, condone or cooperate in any way with in vitro fertilization (IVF), cloning or other illicit assisted reproductive technologies or embryonic stem cell research. Let me be absolutely clear about this. However, while we respect and uphold these moral absolutes, we are nevertheless impacted by such activities done elsewhere. We cannot ignore them and need to keep ever vigilant about their insidious erosion into public consciousness as normative practices, and to ensure we do not become complicit in the services we offer. We are all impacted by these bio-technologies even if clear boundaries are drawn regarding the limits of any real or perceived cooperation.

So while the issues raised in the Instruction may not confront Catholic health care providers and institutions directly, the implication of bio-technology does require our ongoing attention. These issues are not going away, and it is precisely for this reason that the Church's voice needs to be heard again.

The incredible advancements in assisted reproductive therapy and embryonic stem cell research in recent years underscore the need for a moral analysis and critical theological reflection about the costs of such therapies and research, claimed to be for

the benefit of humanity, but undeniably at the expense of the most vulnerable. Looking back one could see how it was necessary for the Church to formally re-address these issues with a new Magisterial Instruction.

I also want to put in context how I first became aware that a Vatican instruction on these issues was forthcoming, probably about 2 years ago. As a member of the core group commissioned by the Catholic Health Alliance of Canada to write the new edition of the Health Ethics Guide, we had sought a wide range of expert ethical and theological opinion on key principles in relation to emerging medical technologies that needed to be reflected in the new edition. One renowned Catholic theologian and ethicist referenced the pending release of the document, yet unnamed, which he colloquially called "*Donum vitae* 2". This of course was in reference to the foundational instruction of the same name released by the Congregation for the Doctrine of the Faith in 1987³, which addressed the need to respect human life at its origins and the dignity of procreation.

It was no surprise that a follow up to *Donum vitae* was necessary given the accelerated change in reproductive medicine and biotechnology over the past twenty years. Although some issues like in vitro fertilization were clearly denounced in the earlier Instruction as an assault on human dignity, the continued practice has virtually become a routine service in no less than 26 IVF programs operating in Canada today⁴. It is because of this seeming drift towards public acceptance, and even demand for these technologies, and the failure to adequately safeguard human dignity in the face of ever new ethical conundrums resulting from IVF therapy that a new Instruction was required.

I learned of *Dignitas personae* while on my way to the airport last December. I was alerted by my colleague in Communications that there was going to be an Archdiocesan press release announcing a new Vatican instruction that would have implications for "health care, ethics, and biotechnology". Coincidentally I was flying to Rome that evening, and had the privilege of reading the Instruction upon my arrival during my stay in Rome, as a guest at the Christian Brothers congregational residence, a mere 10 minute walk from the Vatican. Reading the Instruction for the first time in the presence of the Vatican has also made the Instruction personally meaningful for me. I assumed correctly this was in fact the anticipated sequel document to *Donum vitae*. As the introduction to *Dignitas personae* states, "the teaching of *Donum vitae* remains completely valid, both with regard to the principles on which it is based and the moral evaluations which it expresses" (*Donum vitae*, 1), indicating the new Instruction is intended to build on, not replace the earlier text.

What is noticeable about *Dignitas personae* compared to its 1988 predecessor is the succinct precision of the Instruction. It is technically precise, building on concise, layered arguments without digressing into extensive theological narrative. This is evident in the amount of text devoted to heterologous artificial fertilization and homologous artificial insemination in both Instructions. In this and other comparative

³ *Donum vitae* (The Gift of Life). Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation, February 1987.

⁴ see: <http://ivf.ca/2006CFAS.htm>

examples, *Dignitas personae* is able to give more narrow focus, in large part because of the substantive theological ground work already established by *Donum vitae*. Nothing has changed insofar as respect for the intrinsic dignity of the human embryo is concerned. Therefore, the colloquial reference to "*Donum vitae 2*" is not without meaning, and it can and should be read as a continuation of the foundational Instruction of 1987. The prophetic value of *Donum vitae* is affirmed in light of the enduring witness of the Church in upholding the dignity of the person, and offering consistent criticism of those technologies that fail to protect the dignity of the most vulnerable, despite what new medical benefits are purported or promised.

Before turning to specific sections of the Instruction, I'd like to offer one further general observation. The Instruction is, in my opinion, extremely accessible. By this I mean even if someone disagrees with the conclusions drawn in the text, that person cannot dismiss the cogent argument upon which those conclusions are built. If one accepts the intrinsic dignity of the human embryo from the moment of conception, then the cascade of moral dilemmas that follow once procreation occurs outside of the personal context and security of marriage must be acknowledged. The Instruction is clearly evangelical in tone, reaching out to members of the broader clinical and research community to inform their conscience about their responsibility to protect and defend human dignity, and to respect the sanctity of procreation and sexual relations within marriage.

Among the broader clinical and research community, the Instruction appears to also target a particular audience, arguably those who directly provide these technologies and/or have influence in continuing, altering or suspending them. The technical merits of the document make for a more compelling and cogent argument, appealing to those clinicians and researchers who rely on evidence before changing research protocols, clinical practice, or funding policy. The strength of the document is its concise theological reiteration of the dignity of the person laid down in *Donum vitae*, balanced by the moral analysis and critique of the current technical dimensions of the therapies in question. Stylistically, at times the Instruction reads like a medical journal, addressing in sequential fashion the number of compounding layers of moral dilemma that follow from IVF once procreation is taken out of the personal and mutually exclusive institution of marriage. In this way, *Dignitas personae* can afford to devote attention to the precise technical aspects of assisted reproduction because of the earlier theological reflections laid down in *Donum vitae*.

But perhaps the most memorable feature of *Dignitas personae* is the often quoted line referenced at the beginning of the Instruction, later expanded fully in the conclusion:

"Behind every 'no' in the difficult task of discerning between good and evil, there shines a great 'yes' to the recognition of the dignity and inalienable value of every single and unique human being called into existence."(37)

While certainly a powerfully poetic statement, readers may at first interpret this as somewhat incongruous given the series of moral prohibitions throughout the Instruction. The clear "no" by which IVF therapy, reproductive cloning, interception

and *contragestation abortificaient* practices, forms of genetic therapy, and embryonic stem cell experimentation are unequivocally condemned does not seem very affirming. How then is a person to interpret the "great yes" so boldly proclaimed by the Magisterium in this Instruction? To what precisely are the faithful instructed to say yes?

I'd like to focus on this statement for a moment. Drawing on my doctoral studies in moral discernment, and my role within Covenant Health as lead for organizational and clinical ethics, I certainly appreciate that weighing the moral legitimacy of these therapies in the face of the human suffering that could purportedly be alleviated through embryonic stem cell research or artificial reproduction is no doubt a "difficult task". Certainly we cannot be cavalier in our discernment. I have only to be reminded of my friend's debilitating illness or another close family member's experience with infertility to know these issues are extremely difficult, and deserving of a compassionate and pastoral approach. The Instruction too reminds us that the many infertile couples who desire children deserve the Church's full support and compassion.

My family member's experience with successive ectopic pregnancies and tubal plasty has further deepened my sensitivity to these issues. Supporting a couple's genuine desire and openness for children while remaining faithful to Magisterial teaching and upholding a "consistent ethic of life", as Joseph Cardinal Bernadin reminded us, can indeed be very difficult. In a matter of a year, my close relative went from being pregnant twice to be rendered infertile as a result of ruptured fallopian tubes, despite an attempt between pregnancies to unblock the one remaining tube. She was left to mourn both two lost children and the loss of a dream in raising a family. Such tragic experiences are often what lead married couples to turn to an array of fertility therapies like tubal plasty, as well as adoption, which are licit in the eyes of the Church, to the increasingly numerous options that are not. To this end, the Instruction provides clear direction in support of authentic treatments that respect three fundamental goods:

1. The right to life and to physical integrity of every human being from conception to natural death;
2. The unity of marriage, in which the reciprocal right within marriage to become a father or mother together with only the other spouse is respected; and,
3. The specifically human values of sexuality in which the procreation of a human person is brought about as the fruit of the conjugal act specific to the love between spouses (12).

I will return to these conditions momentarily.

The "difficult task" to which the Instruction refers must also acknowledge the awesome responsibility of science to find morally acceptable treatments to respond to the needs of those suffering from infertility, or those persons who could benefit from licit therapies using adult stem cells, for example. The Instruction considers "science an invaluable service to the integral good of the life and dignity of every human being" (3). But research must also be made available justly and proportionately, especially to

peoples living in areas of the world that are poor and ravaged by disease. As well, the Instruction reminds us that the Church stands in solidarity with those who suffer, not only to bring comfort and remedy to their pain, but also light and hope with the love of God through Our Lord Jesus Christ.

The Instruction reminds us that science is at service of humanity, not the other way around. No matter how much good can come about as a result of certain therapies, it cannot be justified if even one human life is lost in the process. *Dignitas personae* serves as a moral corrective to the technological imperative with which our culture is enamored. In this Instruction, the Magisterium in fact answers the proverbial question, "if we can do something, should we?"

And so although it is a difficult task of science to meet the real needs of the suffering in our world, it cannot at the same time be an unbridled "yes" to doing everything technologically possible. There is in fact a "no" to be discerned and to respect. There are moral absolutes which science does not have the right to exploit. We are stewards of creation, not masters, and all our efforts must be directed to life at all times, in all circumstances, and for all concerned, especially those most vulnerable who may be impacted by our actions or inactions. Despite the requirement of the Hippocratic Oath to do no harm, artificial reproductive research continues to result in new and unimaginable ways of doing harm in the name of life.

The Instruction does make clear there are authentic goods to be discerned and respected. This brings us to the great "yes" expressed by the Church in *Dignitas personae*. The bedrock, foundational truth in which all reproductive therapies must be evaluated is the degree to which the dignity and inalienable value of every single and unique human being called into existence is respected. All research and clinical efforts must be directed to this bedrock good. The great "yes" of the Instruction affirms the dignity of every embryo, recalling the fundamental ethical criterion expressed earlier in *Donum vitae* that warrants quoting in its entirety:

Thus the fruit of human generation, from the first moment of its existence, that is to say, from the moment the zygote has formed, demands the unconditional respect that is morally due to the human being in his bodily and spiritual totality. The human being is to be respected and treated as a person from the moment of conception; and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life (*Donum vitae*, 26).

Donum vitae argues from natural law that the embryo is treated as a person even though the presence of the spiritual soul cannot be observed experientially. It is not merely a group of cells or genetic stuff. Human reason is capable of ascertaining this, both intuitively and in conformity with what science has demonstrated about embryonic development that begins at the moment of fertilization, reaching its proper finality with the birth of a baby.

Accepting this fundamental good, it is therefore scandalous to freeze so called "surplus" embryos, or creating life not for the embryo's sake but as a means for

experimentation or establishing stem cell lines for the benefit of others. Additionally, selective reduction in which only the "best" embryos are kept and destroying the rest is nothing less than a poorly veiled eugenic mentality. Human cloning, surrogacy, and hybrid experimentation with animal biological matter are all an assault on human dignity and basic sensibility.

The second great "yes" reaffirmed in *Dignitas personae* is the sanctity of marriage between a man and woman, in a mutually exclusive relationship that is open to new life through intimate sexual love. It is only in the covenant of marriage and through the reciprocal gift of their love that procreation affords the proper protection owed to the embryo. As stated in *Donum vitae*, "truly responsible procreation vis-à-vis the unborn child must be the fruit of marriage." (33)

This genuine commitment to intimate, conjugal love between married couples represents the third unequivocal "yes" of *Dignitas personae*. And in many respects it is the most counter-cultural stance of the Instruction, given our enduring western societal preoccupation with sex as simply a biological function, with a corresponding contraceptive mentality that mocks exclusivity, commitment and openness to life. Revealing our deepest part to another human being in a mutually exclusive relationship brings with it a profound vulnerability. Sex is anything but "casual." To be vulnerable before and with another human being requires utmost protection and care. As we know so well, it is the people closest to us whom we can hurt the deepest by our words and actions.

Marriage and family is founded on, and deepened through an openness to be vulnerable with one another through self-giving love. Even the notion of "falling in love" betrays a deep vulnerability, for we do not know if our intimate feelings expressed to another will be reciprocated. Insofar then as the married couple is vulnerable to one another and thus dependent upon the other for protection and security, so too is the unborn child conceived through their love also totally and profoundly vulnerable. The covenant of marriage strengthens the shared commitment of protection towards the developing embryo, in its conception, gestation and birth. The Magisterial teaching continues to uphold the unitive and procreative dimensions of sexuality, and it is only through the exclusive conjugal love of a man and woman in marriage that the dignity and wellbeing of their children are afforded the most basic protection.

Critics of Roman Catholic teaching who find such stands too restrictive have only to look at what happens when procreation is taken out of the context of married, mutually exclusive sexual relationship and into the laboratory. Similarly, those situations involving surrogate relationships assure no long-term commitment to the child, aside from contractual arrangements for the duration of the conception and pregnancy. *Dignitas personae* addresses the compounding number of injustices that often begins with in vitro fertilization, spurring ever new therapies, and ever new moral dilemmas. Therefore, the logical starting place for the Instruction is to reiterate the earlier critique of IVF in *Donum vitae*. Not only has the Roman Catholic position regarding IVF therapy remained unchanged in the past twenty years, it has also in fact been strengthened, with new resolve.

One clear implication regarding the release of *Dignitas personae* is that renewed commitment and attention must be directed to speaking out about IVF, and to awaken public consciousness about the evil of IVF, much as how the Church has recently done in speaking out against euthanasia and assisted suicide in the country. The origin of so many ethical conundrums created by artificial reproduction is IVF, and yet it has become a matter of complacency.

What then are the compounding moral issues stemming from IVF?

After reaffirming the fundamental anthropological, theological and ethical perspectives previously stated in *Donum vitae*, the Instruction addresses new problems with procreation, as well as new procedures involving the manipulation of embryos and the human genetic patrimony. "These new questions require answers" (1) the Instruction states, promising to clarify and offer a moral evaluation. This clarification is part of the mission of the Magisterium to contribute to the formation of conscience and to authentically teach "the truth which is Christ" (2).

Beginning in the Second Part of *Dignitas personae*, entitled "New Problems Concerning Procreation" the Instruction excludes all techniques used to achieve artificial conception using gametes coming from at least one donor other than the spouse (heterologous artificial fertilization) as well as any techniques that substitute for the conjugal act among those joined in marriage (homologous artificial fertilization). This does not apply to those artificial techniques (such as fertility and erectile enhancing drugs) used within the context of marriage to help facilitate the sexual act to attain its natural purpose (12).

This exception also applies to those techniques used to remove obstacles to natural fertilization, such as surgery for endometriosis or tubal plasty to help unblock or repair fallopian tubes, as mentioned previously. These are deemed authentic treatments and morally licit, as none of these techniques replaces the sexual act within marriage.

The Instruction also points out that adoption is always an option and should be encouraged, as well as any research and treatment directed to the prevention of sterility.

Where the moral conundrums really begin lies with in vitro fertilization, and it is here where the Instruction becomes more pointed. It is precisely the technical challenges with the procedure and related therapies that give rise to the moral challenges. Although there are undoubtedly technological advances with reproductive technology in the years since *Donum vitae* first critiqued IVF, the technique still treats the human embryo as if were simply a mass of cells, to be used, selected, and discarded, warranting the Church's renewed criticism.

According to the Instruction, for every one human embryo fertilized and eventually born through IVF, two others will have been lost or destroyed through the same procedure. That is a fact that often escapes notice, even among many practicing Catholics. To ensure the probability of success of at least some embryos surviving the Petri dish and subsequent implantation in the uterus, multiple numbers of oocytes are fertilized and transferred. While the desire for children is certainly a good, this desire is not without limits, nor can it justify a utilitarian approach of "production" of

offspring (16). The Instruction reminds us that the right to life of each individual embryo must also be considered, not just the ones that actually survive and are desired by the couple. Though these losses may be unintended outcomes of well meaning parents or physicians, and even approximate the statistical risks already associated with natural procreation, it is still a disproportionate burden for the embryo to bear. In many cases the abandonment, destruction and loss of embryos are in fact foreseen and willed. (15)

One area where this willful destruction is evident is the intentional discarding of embryos lacking the desired genetic characteristics. Pre-implantation diagnosis involves testing before embryos are transferred to the uterus, with the purpose of only transferring the most desirable embryos. Similarly, intracytoplasmic sperm injection (ICSI), where a single sperm is injected into a previously selected oocyte, is used to determine the life, identity and preferred characteristics of the embryo. The Instruction views these as yet another cascade effect of IVF therapies, as a further assault on human life and dignity.

Some couples without fertility problems are even utilizing IVF as a means to engage in genetic pre-screening and selection in an attempt to only permit so-called "designer babies" to be born, or to produce babies for the primary purpose of utilizing their genes or organs for other surviving siblings. Embryo selection and reduction either done to eliminate those with undesirable genetic qualities, or as a result of ensuring the probability of success in IVF therapy by transferring more oocytes than needed, and then seeing which embryos "take" before aborting the rest, is morally unacceptable" (21). The Instruction reminds us that abortion, regardless of the method (either interfering with the embryo before implantation, or eliminating the embryo once implanted) and regardless of the intended purpose, is morally wrong. All these reproductive techniques and ancillary issues are based on the morally distorted assumption that the embryo is a means to an end, underscoring how new threats against human life open up when the conjugal act is replaced by a technical act.

But perhaps the greatest moral conundrum is what to do with embryos no longer required following in vitro fertilization. Since there is less risk and inconvenience to the woman to harvest multiple oocytes at one time through induced stimulation of her ovaries, as well more efficient to fertilize multiple oocytes that may be actually required to improve probability of success, there will always be "surplus" or "left over" embryos to grapple with. Some of these embryos may be used by the donors in subsequent IVF therapy. Many more are left orphaned. In my mind, the cryopreservation of embryos comes as close to what a person could imagine as a limbo-like experience. While there has been debate about what to do with these, no good moral conclusion has been drawn. Unthawing the embryos so they can be utilized for stem cell research rather than left in an undignified and indefinite state of arrested gestation has been proposed, but largely rejected. Prenatal embryo adoption has also been considered as a genuine and compassionate option, but I believe the Instruction's clarification on this matter in not supporting this practice is correct, given the perception of complicity.

This was a real issue that I was asked to give an ethical opinion on several years ago, and until *Dignitas personae* was released there was no real authoritative statement on the matter. The Instruction concludes that this represents "a situation of injustice which in fact cannot be resolved".(19) The only morally licit and possible response echoes John Paul II's appeal to the world scientific community in 1996 that we halt this therapy to mitigate any further injustice being done. While some may be disappointed by this response, I appreciate at least the CDF acknowledged this issue and offered some direction to guide the faithful. It is an honest answer to a morally complex and difficult question. Simply stated, it is best that we do not go there in the first place. But the reality is we already have. Perhaps the only possible redeeming value then is remember these human embryos in our thoughts and prayers, and to work towards justice to prevent even one more embryo to be destined to this fate. They are among today's anawim whom we must never forget.

The third part of *Dignitas personae* addresses therapies that involve manipulation or experimentation of the embryo, and issues concerning the human genetic patrimony.

Here the Instruction speaks to some of the more far-reaching implications of regenerative medicine, and the role of the Church in calling for attentive moral discernment. It is in this area personally, that my competency in providing a thorough scientific analysis is grossly inadequate. I will try to limit my comments to the moral implications only.

As medicine has progressed even more amazing clinical and research applications are possible. The mapping of the human genome opens totally new opportunities, and new dilemmas. Gene therapy is primarily directed to cure genetically based diseases, using two basic processes, one being somatic cell gene therapy. Such therapy aims to eliminate or reduce genetic defects at the somatic cellular level, which is comprised of the tissue and organs of the body. This is distinguished by the other process called germ line cell therapy, which seeks to correct genetic defects present in germ line cells with the purpose of transmitting the therapeutic effects to the offspring.

In general, it is morally permissible to engage in somatic cell gene therapy for strictly therapeutic reasons, with the caveat that informed consent from the patient regarding the risks/benefits of this therapy is obtained and other general ethical guidelines are observed.

The issue concerns the implications and many present unknowns around germ line cell therapy. In my opinion, the Congregation appeals to exercise of prudent and just stewardship, being mindful that our actions or inactions today can have implications for future generations. Genetic engineering can lead to a eugenic mentality, and as the human person becomes more and more defined by the socially desirable traits that are passed on, or not, the intrinsic dignity of every human person risks being diminished. Even though it would be laudable to eliminate genetic disorders such as Down Syndrome or Parkinson's, care must be made that we do not begin to define what is "human" as absence of same. All persons have intrinsic value and an incalculable worth, regardless of one's genetic makeup. The Instruction

concludes that given the present state of research, it is not morally permissible to act in a way that may cause possible harm to the resulting progeny.

As stewards, not masters of creation, *Dignitas personae* also offers further moral reflection on human cloning. The Instruction defines cloning as the asexual or agametic reproduction of the entire human organism to produce one or more copies of the organism which are genetically identical to the single original. The two proposed human cloning techniques are artificial embryo twinning and cell nuclear transfer, which are done either for reproductive or therapeutic reasons. As with germ line cell therapy, reproductive cloning is morally illicit in its effects of imposing a predetermined genetic identity onto another human being, which the Instruction denounces as a form of "biological slavery" (29).

Therapeutic cloning is even more problematic. To create embryos in order to then destroy them so to extract their material for the therapeutic benefit of another reduces the embryo to a mere object. Again, we are brought back to the two great affirmations of *Dignitas personae* – that each of us possesses an intrinsic identity and incalculable worth as a unique human being. And that it is through the conjugal act of mutually exclusive married love that we are conceived, protected and nurtured. Cloning is a grave affront to both these foundational truths – we are not copies of another, nor are we mere objects without an identity and without belonging to the human family.

The Instruction however affirms the therapeutic use of adult stem cells as morally licit. Such cells are readily available from human tissue and umbilical cord blood, as well as from fetuses having died from natural causes. Research with adult stem cells to date has yielded more positive results despite lacking the same plasticity as embryonic stem cells. Insofar as adult stem cells are obtained morally with consideration to general ethical principles the Instruction is affirming regarding the need for ongoing research in this field.

The same does not apply to embryonic stem cell research due to the destruction of embryos in order to obtain these totipotent or pluripotent cells. Despite purported claims of their value in benefiting the suffering of others, the Instruction confirms what the Magisterium has voiced consistently in its objection to embryonic stem cell research. Referencing a 2006 address by Pope Benedict XVI on stem cells, the Instruction states:

"History itself has condemned such a science in the past and will condemn it in the future, not only because it lacks the light of God but also because it lacks humanity."⁵

Also lacking any sense of humanity and dignity are attempts at hybridization, in using animal oocytes in reprogramming the nuclei of human somatic cells. This is a short section in the Instruction, but important to clearly denounce such practices as an offense against the dignity of human beings, and any conscious attempts to expose a human being to such risks are morally and ethically unacceptable.

⁵ Benedict XVI, "Stem Cells: what is the future for therapy?" Pontifical Academy for Life (16 September 2006): AAS 98 (2006), 694.

Finally, the Instruction provides some clarification regarding issues of cooperation in using "biological material" such as stem cell lines or vaccines derived as a result of an antecedent unjust act. I find this section especially relevant to my own context, for as I stated at the beginning, it is not the primary work in IVF, embryonic stem cells or even vaccine development that I confront in my Catholic health care ministry, but rather the results of this work done elsewhere and earlier. Issues of cooperation are often complex and nuanced but still moral boundaries can and must be drawn. The Instruction criticizes those ethics committees that purport a degree of independence that do not sufficiently distance themselves from the illicit actions of others where perception of toleration or tacit acceptance can bring about scandal.

The fact that two full pages are devoted to this issue of complicity in use of biological material signals its importance. A recent luncheon hosted by the Archbishop of Edmonton with a number of physician leaders and a representative from the College of Physicians and Surgeons of Alberta created an opportunity for lively debate, which I participated. It underscored how important the issue of conscience is, especially for those publicly funded organizations like Covenant Health that may have to constantly define the limits of their cooperation without compromising their mission, values and Catholic identity, while ensuring their viability and presence into the future.

I think this is a good place to end, and I invite your questions and comments regarding this very important document from the Congregation for the Doctrine of the Faith. I have tried to sketch some of the main themes of the Instruction, and outline some possible implications. Knowing you and I will likely be confronted one day by the technology described in *Dignitas personae*, for example, beneficial vaccines that may have been cultured as a result of antecedent unjust acts, or the grafts used to repair our heart or spine acquired through use of embryonic stem cells, the issue will likely disturb us about the limits of our own cooperation, and complicity.

Still, despite this ongoing question, the Instruction calls us to say yes to the inherent dignity of all human beings, especially the vulnerable embryos used in IVF and other reproductive and therapeutic therapies who are truly the little poor ones of our day – the anawim. The Instruction calls us to say yes to life, and yes to the sanctity of marriage and family where the human person is conceived, protected, and loved into being.

Thank you.

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