

BIOETHICAL ISSUES IN PROTESTANT CONTINENTAL EUROPE

1. INTRODUCTION

In this chapter we will examine the way in which reflection on bioethical issues in protestant denominations in continental Europe takes place. This contribution is the first one about this subject in this biannual series. This is why we will not confine our attention to developments in the last two years, but will give a somewhat broader 'state of the art'. We will thereby deal mainly with (semi-) official church documents within and between protestant denominations.

What do we mean by protestant denominations in continental Europe? By this we mean primarily the churches in traditionally protestant Scandinavian countries (Denmark, Norway, Sweden, and, to a lesser extent, Finland), which have a predominantly lutheran population; Germany, which is a mixture of Roman-Catholic and Lutheran population, as well as smaller reformed minorities; Switzerland, which has a strong reformed (Calvinist and Zwinglian) tradition; France, a predominantly Roman-Catholic country with a strong Calvinist tradition; and The Netherlands, where Roman-Catholicism and Calvinism have a roughly equal part in a, like other European countries, largely secularized society.

For several reasons, we can not pretend to be complete. Firstly, our knowledge of Middle- and East-European countries is largely obscure, due to the fact that five or more decades of totalitarian regime have prevented normal, i.e. open and regular, ecumenical contacts. This damage has, during the years after the revolutions, only partly been restored.

Secondly, in many Southern European countries, as well as Belgium and France, where Roman Catholicism is the predominant denomination, protestant churches are usually small minorities. They may lack the resources for the professional guidance which is necessary for a structured reflection on bioethical issues. Moreover, they may lack the intellectual habit or the theological ambition for such a reflection. Another aspect is that Protestants in Roman-Catholic countries, if not a principally rejective attitude towards the Roman-Catholic church is taken, may partly rely on statements issued by the Roman-Catholic Church in their country. All this explains why official internal or external church documents in these countries are exceptional.

A third reason for our hesitation to claim completeness in describing the Protestant side of continental Europe has to do with the history and the present diversity of this continent. Upon this we will concentrate for a moment in the following. After that, we will give a very general statement about three main issues in the Protestant thinking on bioethical ethics. Finally, in order to give a deeper insight in some arguments used, and some positions taken in European protestant churches, we will give a more thorough examination of two documents: The Dutch report *Becoming Human Beings* of the two largest reformed denominations and the Lutheran church in The Netherlands. And *God is a Friend of Life*, which is a consensus of the Lutheran and the Roman Catholic bishops in the Federal Republic of Germany. In next contributions to the Biannual, we hope to be able to give insight into a larger range of denominational and ecumenical documents.

2. BIOMEDICAL ISSUES IN A DIVIDED CONTINENT

Unlike the situation in the Roman Catholic Church, most Protestant Churches are not part of a hierarchic network in which bioethical issues receive a structured reflection and a normative content. Moreover, unlike the situation in English-speaking countries, linguistic borderlines on the European

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continent may impose serious hindrances upon churches to get involved in international and ecumenical reflective processes. Many nationally organized and oriented christian denominations will therefore, out of necessity, organize their own debates on bioethical issues. For even if traditional linguistic, denominational and national borders are a hindrance to participation in the international and ecumenical debate, churches nevertheless have to take stands on various bioethical topics. As a result, many discussions take place on a domestic and denominational level, leaving the outsider with a somewhat confused impression.

Church documents: where, what about?

(Semi-) official Protestant documents with an international character have, thus far, not come into existence: in virtually every country discussions take place on a domestic level. One of the few exceptions to this rule is the Scandinavian Ecumenical Institute, which issued several reports, such as [Nordiska Ekumeniska Institut: 1979] about genetics and ethics, [Nordiska Ekumeniska Institut: 1982] about anthropological views at the borderlines of life, and [Nordiska Ekumeniska Institut: 1983], concerning the beginning of life in the light of genetic possibilities. These reports have more the character of a discourse or consultation, and are not meant to issue definite viewpoints from the side of the affiliated (Lutheran and Free) Churches. In other countries, in the best case reference is being made to documents in neighboring countries.

As to the different countries, denominations take different stands as to whether they ought to make official statements on bioethical issues. The Danish Lutheran Church, for example, conceives its primary task in bringing the Gospel to the nation, not in issuing official viewpoints on bioethical issues. Consequently, religious contributions to the national debate on these questions come entirely from individuals. In Norway there is a tendency towards a more influencing attitude of the Lutheran Church. The Lutheran synod states that "it is the task of the church, to supply on the basis of God's word, the ethical premisses that underly jurisdiction" ([Kirkemoetet: 1989], p. 19). This was said in a report concerning the value of environment, biotechnology and abortion, where the norm-supplying (i.e., the life-protecting) function of the church is stressed. Also, the Norwegian Lutheran Bishops issued a report on human value at the boundaries of life ([Bispemoetet: 1982]); a committee-report about the positive and negative sides of prenatal screening methods (stressing the advantages of these methods)([Utvalg oppnevnt av Bispemoetet: 1982]); and, most recently, the Norwegian Ecumenical Council issued a report on questions concerning genetics ([Kirkerådet: 1989]).

Apart from the Scandinavian documents mentioned, most official ecclesiastical stands in *Sweden* concerning bioethical issues have an ecumenical character. In the course of the last 10 years these reports have almost exclusively been reactions to law-proposals or parliamentary advisory boards' utterances. Reactions have been issued on abortion, the concept of death (braindeath or heart-death), transplantation, genetic integrity ([Svenska Ekumeniska Nämnden et al.: 1985]), homosexual relationships, the use of force in psychiatry, the use of fetal tissue, withdrawal of life-sustaining treatment and prenatal diagnosis ([Svenska Ekumeniska Nämnden et al.: 1989]).

The Netherlands has a large range of protestant denominations, many of which have issued viewpoints on bioethical questions that are mainly intended to inform their own church members. The two largest Protestant denominations, the Netherlands Reformed Church and the Reformed Churches in The Netherlands, however, try to have an impact on the national debate on bioethical issues as well. Both denominations have an intensive cooperation in bringing about official standpoints or discussion-contributions. In the near future, these two denominations plan a total (re)unification also with the small Lutheran Church in The Netherlands. Worth mentioning are the following reports: A report on the morality of abortion, taking a "no, unless"-position ([NHK: 1974]); a report about theological, moral and pastoral aspects of euthanasia ([NHK/GKN 1984]); a report about embryoresearch, reproductive techniques and prenatal diagnosis ([GKN/NHK/ELK: 1992]); in preparation is a report about moral and pastoral aspects concerning severely handicapped newborns ([GKN/NHK/ELK: 1993]). In 1989, also the relatively small Arminian denomination "Remonstrantse Broederschap", issued a report on reproductive techniques ([Remonstrants Vlogschrift: 1989]).

The *German* discussion in the eighties has been dominated by questions concerning reproductive and genetic techniques, but attention has been paid to organ transplantation as well. In 1985 the Protestant Church of Western Germany (the *Evangelische Kirche in Deutschland* = EKD) edited a brochure on reproductive techniques, surrogate motherhood and genetic counseling with the title *Von der Würde werdenden Lebens* (On the Value of Incipient Life)([EKD: 1985]). Adequate protection of human life from conception onwards is underscored by some basic thesis, such as that an embryo, from the first cell division onwards, is destined to be a person which implies that it has the same ethical value as a foetus. This document was followed and its position confirmed, in 1987, by "Achtung vor dem Leben" (Respect for Life)([EKD:1987]), in which criteria for genetic technology and reproductive technology were formulated.

In 1988, the Department for the Study of Theology of the Lutheran Church in the German Democratic Republic ('East Germany') issued a report on the possibilities and risks of genetic engineering ([Bund: 1988]). After the fall of the wall and the reunification of the two German states, the Protestant Church, which in 1968 - out of necessity - had been separated, agreed upon a reunification as well. This implies that from that moment onwards no separate reports on bioethical issues are being edited on either side of the former borderline.

Meanwhile, in 1989, the EKD, in close collaboration with the German Roman Catholic Bishops Conference published a declaration on fundamental and actual questions concerning our responsibility to protect life ([EKD: 1989]). We will come back to this declaration later on. In 1990 the same churches issued a treatise on the problem of organ transplantation ([EKD: 1990]). In 1991 a study has been published by the EKD on ethical questions concerning genetic technology and its application on micro organisms, plants and animals ([EKD: 1991]). The German Evangelical Alliance, in 1992, published some recommendations concerning legislation of genetic analysis and its applications ([DEA: 1992]).

In *Switzerland*, the protestant churches are working together in the Federation of Swiss Protestant Churches (FSPC). The Institute for Social Ethics of the Federation has been publishing reports (written by a working committee on bioethics) on IVF ([ISE: 1987]) and on (other) procreation techniques and human genetics ([ISE: 1990]). There is also a publication on theological and ethical aspects of prenatal diagnosis ([ISE: 10/88]). In the autumn of 1992, the FSPC issued a notice on the patenting of organisms ([FSP: 1992]). The thesis there is that intellectual property must be protected in such a way that justified claims of the developing countries should not be neglected nor the exploitation of nature promoted. In the same notice the FSPC supports a political initiative to change the constitution in Switzerland in order to make it legally easier to protect animals, plants and organisms against the misuse of reproduction and genetic technologies.

In 1987, the Protestant Federation of *France* published a text called "Biologie et Ethique. Eléments de Réflexion" (Biology and Ethics. Elements of reflection) ([FPF: 1987]). It takes a rather liberal position concerning fertilisation techniques, sexuality, procreation, prenatal diagnosis etc. France is a catholic country, although it is very secularized. Against this background, it is interesting to see that it is stressed (in the Preamble) that the text should not be seen as an Instruction (like the Vatican *Donum Vitae*) but as 'elements of reflection'. As far as we know there are no other official protestant documents from France. Perhaps however, a statement may be mentioned supporting legislation on ethical issues in the biomedical field ([FPF: 1992]).

At the end of this overview, in which we focussed on (semi-) official documents of the protestant churches in continental Europe, it may be of great help for the reader to mention two volumes (in German) that give information about protestant bioethics in Europe - *in casu* limited to reproductive medicine and to genetic technology -, much more extensively than we were able to: [Schubert: 1991] and [Hübner/Schubert: 1992].

Arguments used: religious or humanistic?

Generally speaking, the arguments used can be divided in two categories: Firstly, those directly deriving from religious sources or convictions, such as the use of Scripture or other authoritative

sources in the Christian tradition. Secondly, many times no explicit reference is being made to religious arguments. This may have varying reasons of a principal or a practical nature. Principally, some church-documents presuppose a congeniality of Christian and Humanistic thinking in the Western culture, and are thus strongly opposed to creating a principal dichotomy between Christian and non-Christian thought. An example of this may be found in Sweden where, notwithstanding an excessive secularisation, the Swedish Church concerns society as deeply influenced by Christian standards. The epistemology of right norms and values is not confined to confessing Christians, but is a matter of consensus in which everyone may have his saying. Many documents allow for a specific Christian contribution to medical ethics, but they serve mainly as an addition to a rational-humanistic groundwork. In Norway, however, the last years show a tendency to involve explicit reference to Scriptural arguments in (bio)ethical issues even in documents meant as a contribution in the public debate.

Omission of explicit use of religious arguments may, on the other hand, have a practical or strategic reason. Although principally speaking many would say that the deepest epistemological ground of ethics has to be found in revelation, a number of Protestant churches consider the use of such arguments as a serious hindrance to getting involved in an open and understanding national debate on bioethical issues. The arguments thus used take the form of appeals to common sense or common experience. They may to a certain extent have a consequentialist or even utilitarian character, as is done in appeals to the common interest.

The character of the documents

As for the character of the documents issued by Protestant denominations in Europe, there can be made a distinction between documents meant to be official viewpoints of a denomination on a particular issue, and those which have the less obliging character of a contribution to the ongoing debate. An example of the first can be found in the German declaration "God is a Friend of Life" ([EKD: 1989]). The Dutch report "Becoming Human Beings" ([GKN/NHK/ELK: 1992]), has more the character of a contribution to the discussion. It could only pass the synods of the issuing churches due to its character as a stock-taking of and commentary on issues which are at stake. The positions held in the document may to a certain extent lack the support of a large part of the synod-members. However, by accrediting the report as a "contribution to the discussion" the synods have given it an important status.

The place of the debate

In many countries, the discussion about theological perspectives on bioethical issues takes place within or between churches. Political parties and social organisations in these countries make less explicit use of religious or religiously based arguments. In as far as influence of these kind of arguments is concerned, they are brought forward by individuals, groups, or representatives of denominations within parties and organisations. Such is, generally speaking, the case in the Scandinavian countries, and the resemblance with the United Kingdom and the United States is obvious.

In other countries, however, there are denominational influences not only on individual persons and the arguments they bring forward, but also on the structures of political parties and social organisations. In these countries (roughly speaking all Western European Countries except Scandinavia and Great Britain and Ireland), health care institutions and their affiliated research institutes have an explicit confessional basis.² Discussions on bioethical issues linked with theological convictions are thus not confined to church denominations only, but occur as well in

² In a smaller subdivision of these countries, also influential political parties have a christian or christian-democratic basic philosophy. Example of documents issued by a christian-democratic party may be found in [CDA: 1988] and [CDA: 1992].

professional organisations. The advantage of this is that debates on such issues are held right "on the spot". Another merit may be that professional organisations with a denominational foundation can, by their own virtue (i.e., not necessarily by means of their churches), contribute to national debates on the ethics of health care.³

3. MAIN TOPICS IN THE BIOETHICAL DEBATE

Despite this fragmented impression, it seems to be possible to recognize some patterns of discussion which are common to most countries and denominations concerned. Challenges arise, in recent years, mainly out of three different developments in the area of medical care and research:

(1) The strong accumulation of knowledge and technical skills concerning the beginning of human life. The question of abortion, which in most European churches seemed to be settled for a decade ago, has in the last years received new actuality. This is caused mainly by the possibilities to accomplish "therapeutical" or "selective" abortion based on prenatal diagnostic indications: if we are debating on right and wrong indications for a selective abortion, automatically the question arises about the morality of common liberal abortion practice. An example of this may be found in the Swedish report [Ekumeniska Nämnden: 1989], which is a comment on a parliamentary document about prenatal diagnosis. This parliamentary document has the much-indicating title *Den gravida kvinnan och fostret: två individer* ("The pregnant woman and the Fetus: Two Individuals"). Another example is the Dutch report *Mensen in Wording* ("Becoming Human Beings"), described below.

Next, new fertilisation techniques like IVF and Embryo Transfer, AIH and AID, and surrogate motherhood, have given rise to a discussion about the connections between sexuality and procreation, and, in the case of the use of donated gametes (sex cells), about the desirability of involving non-marital partners in the process of procreation. Because of the immense consequences that choices in this field may have upon marital relationships (and thus upon the broadly held view of the family as the corner stone in society), it is not amazing that almost every major Protestant denomination has issued one or more reports in this field. Although it is hazardous to try to describe general normative tendencies in the documents issued, one can observe a general approval of the use of new fertilisation techniques, provided these take place in stable heterosexual relationships. Consequently, doubts (if not disapproval) exist about the use of donated gametes (partly because of the monogamous character of matrimony, partly because man should respect the course of nature, partly because of a certain vision upon God's providence and, finally, out of a concern for the mental well-being of the future child). Similarly, surrogate motherhood is generally disapproved. Doubts also exist about the morality of enjoying the fruits of methods which have been developed on the basis of hardly-justifiable experiments with human embryo's. Most reports, however, take the existence of the now available techniques for granted (or see it as a blessing). In some cases this position is substantiated or mitigated by the belief that the techniques could have been developed by other means, i.e., without experimenting on human embryo's. This allegiance, of course, depends on the definition of the word "experiment". Most documents agree that in using In Vitro Fertilisation one should try to bring about no "spare-embryo's".

The discussion about human genetics is only in a very tentative phase. Long-term efforts to analyze the total of the human genome (The Human Genome Project) create anthropological questions about the identity of a human being and about the relationship between freedom and determination. The discussion has come to the most concrete level about the consequences of genetic screening. E.g., questions are raised about the use of genetic knowledge for substantiating criminal records, and the use of knowledge about a person's predispositions in admission procedures to, e.g., jobs and insurances. Various denominations have attempted to come to a first standpoint. The problem is that actual developments and future possibilities are very opaque, leaving most churches with a constant feeling that they are either premature in their judgments, or sliding behind

³ A recent example of a contribution of this sort is [Boer et al.: 1992].

developments which take their own course. A general tendency is the disapproval of the manipulation or modification of the human genome in de germ line. About the use of these techniques for somatic gene therapy, opinions do not reach unanimity.

(2) Increased possibilities of treatment in the case of terminal illnesses give rise to both fear and hopes. New techniques make the diagnosis of diseases more reliable and their treatment more efficient. In this process of amelioration, the demands and expectations put upon health care professionals show a steady increase. The trust to medical science may take exaggerated dimensions. Christians are challenged to take a both benevolent and critical view towards medical techniques. Benevolent, because in a Christian worldview physicians are believed to give a positive contribution to human wellbeing. This is why in many debates in European churches doubts about the directions of modern medical science almost commonly are preceded by an explicit statement of gratitude for its possibilities and blessings. Moreover, there seems no reason to suspect physicians in general of any bad intentions. Protestant denominations deem a critical view, however, to be appropriate. Some speak of exaggerated expectations towards the possibilities of medical science. Physicians are sometimes urged to give almost "final" solutions to problems which only on the surface show a medical characteristic, but which deeper inside might be emotional or spiritual. Religious problems cannot be reduced to medical problems, and too high an expectation concerning medical science has, in the opinion of many, to be rejected.

Especially in the case of terminal diseases, the debate on the bounds and boundaries of treatment reaches a high level of urgency. Some speak of the necessity that medical treatment, though possible, should be retreated in favour of a more or less natural process of dying. The longer one is kept alive by "artificial" treatment methods, the stronger gets the conviction that medical science is about to transgress its "natural" or otherwise appropriate purposes and means.

Naturally, the development of medical science gives rise to many discussions about the proper way to die in an environment that is more and more characterized by technical standards. In several European protestant churches this has resulted in internal church debates about of euthanasia, i.e. by active means ending the life of a patient. The general attitude towards this issue is a hesitating one. In the Scandinavian context, protestant churches have pleaded against legalisation of euthanasia. In Germany, churches are uncertain about bringing the issue on the agenda at all. In the European context, the Dutch Reformed churches have gone the most far. They take the existence of euthanasia as an accepted practice in The Netherlands. Their standpoint recognizes the Biblical notion that life is a gift of God, which should not be at the disposal of men. However, they give place for the possibility that, in some cases and under strict conditions, the choice for active euthanasia may be justifiable. Those conditions are, amongst others, the informed consent of the patient, the second opinion of another physician, a terminal illness and an irreversible and unbearable suffering ([NHK/GKN: 1984]). More recently, a committee of the protestant churches has written a report about severely handicapped newborns, which has not yet passed the synods. In this report the issue is raised as to whether non-voluntary euthanasia (involuntary euthanasia is rejected under any circumstances) may be morally defensible. The answer tends to a careful "no, unless" (NHK/GKN: 1993)].⁴

(3) The provision of health care for all. In most European countries national governments have, in comparison to the United States of America, a relatively large influence on the way their systems of health care are designed. As a result, most European national health care systems work basically from a principle of solidarity. According to this, too large differences in treatment and treatment options for different income groups are considered unjustifiable. Accessibility of necessary medical care for all groups and individuals, no matter how their financial situation or their personal characteristics and history may be, belongs to the core of this broadly shared concept of health care.

However, confronted with sharply increasing costs for keeping up the level of their health care systems, as well as the need for cutdowns in national expenses, many governments have become

⁴ The issue was raised recently by the Dutch Pediatric Association and the Dutch Medical Association.

forced to reassess the structure of their health care systems. There may also be other reasons for this reorientation. The unification of Europe, which may imply long-term adjustments of national health care systems to international standards, gives rise to discussions as to which system should be considered normative and which aberrative. Moreover, the collapse of world socialism seems to make a new discussion on the responsibility of national governments for the health and wellbeing of their citizens appropriate. The steadily growing spectrum of diagnostic and therapeutic possibilities and, by consequence, the increase of the costs, is another reason for discussions about the future of health care systems.

As a consequence, almost every Western- and Eastern-European country has debated or started a debate about the question: "What sorts of medical therapy and care should under normal circumstances be granted to all citizens? I.e., what do we mean by 'basic' medical care?". This question is closely linked to that about the right way to finance the desired system. A general tendency is the introduction of competitive elements in health care systems. This does not imply the abolition of the principle of solidarity in health care. In the debate, attempts have been made to introduce an element of personal accountability: the person who lives healthily should have a stronger claim to have access to scarce resources than has the man who, e.g., is an addict. Generally speaking, this attempt has not received a warm welcome. In both denominational and political contributions to the debate it is stressed that health care should remain be equally accessible to all, no matter what their finances, family situation, personal history, contribution to society or "guilt" may be.

The conviction that basic medical provisions be accessible to all is, in many countries, deeply rooted in the theological notion of non-discriminatory mercy. The introduction of competitive elements in health care systems is only welcomed on the condition that improvement of the quality of health care and financial savings are accomplished without deterioration of accessibility.⁵

4. AN EXAMINATION OF SOME RECENT DOCUMENTS

As mentioned above, an overall view about all developments concerning the bioethical debate in Protestant continental Europe is too ambitious an enterprise. Instead of trying to give an ideological cartography of the various debates, we will in the following focus on two documents.

Mensen in wording ("Becoming Human Beings")(NHK/GKN/ELK: 1992)

A special commission of the theological subcommittees of both the largest Reformed Churches in The Netherlands (that is, the Nederlandse Hervormde Kerk and the Gereformeerde Kerken in Nederland) was installed on 15 June, 1988, with the task of preparing a document regarding new developments in the biomedical sector. In particular, questions surrounding human reproduction such as test tube fertilisation or IVF (In Vitro Fertilisation), embryo research and prenatal diagnosis, were to be addressed. In the course of the years, also the small Dutch Lutheran Church took part in the deliberations. The commission spent three years on this task and came in the beginning of 1992 with a document to be discussed and eventually be authorized by the united synods of the three churches.

Chapter 1 contains a short account of the confessional foundation in order to provide a context for the above-cited questions: the concept that God is the Creator of every individual human being, and the concept that the human being is only a human person when (s)he lives in community with his Creator and with his fellow men. Chapter 2 provides general medical-technical information which is indispensable for the formation of an independent opinion. Important here is, among other things, the designation of the term pre-embryo for an embryo up to 20 days. This choice is based

⁵ This opinion has occurred in many documents of christian organisations and political parties, but has, according to our knowledge, thus far not been subject of official church statements.

upon contemporary medical terminology, and does not intend any pronouncements regarding the dignity or value of the embryo. The main body of the report is found in the theological-ethical chapter 3, where within a theological framework ethical positions are presented as concretely as possible. Chapter 4 ties together the thoughts of chapter 3 and directs them toward the church pastorate. The report consists furthermore of a few appendices giving more factual information concerned the techniques mentioned in chapter two.

The most important ethical positions

The point of departure for human actions in creation is the call found in Genesis 2, 15: for humanity to "till" and to "keep" the garden. Tilling means making use of our own creative capabilities to give our own form to creation. Humanity stands, however, before the risk of neglecting the aspect of keeping: to lose sight of respectfully dealing with what the Creator has given us and misusing nature for our own ends. This compels us to reflect but does not mean that humanity may not make use of its creativity in the organisation of creation.

The status of the human embryo The report states that from conception onwards, the human being is more than a mere mass of cells. What distinguishes the human being from the rest of creation is the nature of its relationship with others and with God. This confession asks for serious protectiveness in dealing with human life from the very first moment but does not mean that there would not be a distinction between a newly conceived embryo and a developed foetus. The growth of the human person is a process which we may ethically translate by employing the term *increasing protectiveness*. The majority opinion of the commission is that pre-embryo's deserve protection but not necessarily total untouchability. This means in practice that scientific research with pre-embryo's until the 14th day after conception is acceptable under strict conditions, one of them being a probable positive effect upon the well-being of future generations. Several commission members, however, hold the opinion that the use of pre-embryo's for research alone is unacceptable, for this would mean purely instrumental use of individual human life. For them, using the concept of increasing protectiveness does not entail the freedom to use embryo's for research purposes. It only means that there is no obligation to attempt to save embryo's from dying, unlike the obligation to save newborn children from dying.

Artificial reproductive techniques The confession of the church that it is God who gives life, does not necessarily mean that humanity may not make use of artificial reproductive techniques. IVF may be a blessing for a childless couple, although we must guard against too high an expectation. The report places question marks around so called special fields of application, such as the donation of gametes or the application of reproductive technologies outside an enduring and heterosexual relationship, but finds a firm pronouncement premature, and pleas for continuing reflection in church and society.

Prenatal diagnosis and selective abortion First priority is the duty to try to prevent handicaps and other deformities. However, in the case of a pregnancy already underway, this guideline may conflict with other guidelines, such as that of the protectworthiness of the human conceptus and that of solidarity with handicapped people and their families. In such a difficulty one must be weighed against the other. In general, the interest of the child-in-process must prevail. The interruption of pregnancy upon the basis of diagnostic indication is therefore only justifiable in situations of very severe handicaps, i.e. those who may be said to be "in conflict with life itself". The document states explicitly that this standpoint may hold implications for the contemporary liberal practice of abortion in The Netherlands.

The epistemological basis of the document is a mixture between explicit religious arguments, derived from Scripture, and arguments from the analytical tradition. Though not mentioned explicitly, reference is being made to some of the principles that Beauchamp and Childress summoned in *Principles of Biomedical Ethics*.

(God is a Friend of Life)[EKD: 1989]

In 1989, as has been mentioned above, a declaration was published in Germany by the Council of the EKD and the Roman Catholic Bishops Conference. The title of this Declaration, derived from Wisdom 11, 26, is: *Gott ist ein Freund des Lebens. Herausforderungen und Aufgaben beim Schutz des Lebens* (God is a Friend of Life. Challenges and Tasks concerning the Protection of Life). The Declaration is supported by all churches which are (guest) members of the Community of Christian Churches in Germany. Therefore, the content may be seen as a position which is supported by nearly all christian churches in this country.

Theme of this Declaration is a plea for a commitment of all people for life, God's gift, which is threatened in various ways. It is an appeal to resist life threatening tendencies in our society, to be respectful for life and to be encouraged to live. As to the EKD position, this booklet follows the same line as has been drawn in earlier publications like [EKD: 1985] and [EKD: 1987].

The first chapters show how this theme is rooted in the Bible: God is Creator of life and He protects it against chaos and destructive powers, closely linked with sin. In a sinful world, where 'the whole creation groaneth and travaileth in pain' (Romans 8,22), God reveals himself as a 'friend of life' and this should be followed by man. From this perspective, the earth, notwithstanding the 'dark side' of creation, is to be seen as living space for all creatures. It is suggested that we should learn again an attitude of amazement in order to be more respectful. Nuclear technology and genetic technology are clear examples that human dominion in nature is entering into a new dimension. This human dominion should be in favor of life on earth. Therefore the churches should be active in trying to get environment protection introduced into constitutional law, whereby the value of man's fellow creatures (animals and plants) should be officially acknowledged.

A special chapter is dedicated to the 'special value of human life'. This value is rooted in the biblical idea of man created in the image of God (Genesis 1,26f). This expression is meant to underline man's exceptional status in nature. The term 'image of God', however, does not merely characterize mankind as a whole but it is a characteristic of every individual human being as well. Every man may see himself as created by God, as accepted, in Christ, by God. As such every human being has a special value and vocation: (S)he is called to live in communion with God and to take part in his glory. Against this background the unconditional right to life of every individual human being is asserted in the Declaration.

This being stated the question arises: Does it hold true for prenatal human life as well? Referring to the results of modern embryology it is stressed that after the process of conception a living being is being formed, which after development can be nothing else than a human being. From the very beginning it is individual life and the process of development is a continuous process and not the transgression into something new. From the beginning, then, the human embryo is to be granted the same protective status as human beings. It is not permitted to use it as an object of manipulation. Although an embryo, undeniably, is dependent on the life of the future mother, this does not mean that it may be seen as part of the mother. It is a human individual-in-development. The conclusion, then, is that the unborn human being is created in the image of God as well. As such it has the right to the same protection as human beings that are born, in other words as human persons. Neither our language (for instance the expression 'to come into the world') nor our emotions (killing unborn life is 'easier' than killing grown up persons) should deceive us. Human life has to be protected regardless of its state or condition. That human beings are 'images of God' does not depend on their qualities but only on God's acceptance and vocation. This implies that, even if it is known by prenatal diagnosis that the fetus is ill or handicapped, it has an unconditional right to life and thus to protection. Saying 'yes' to life may be very difficult in situations like these, but human predicament implies that one has to cope with the unexpected. Thereby one may put his trust in God who is able to change a burden into a blessing.

After these principal remarks the Declaration points to areas in society where responsibility for the protection of life is specifically clear: Upbringing and education, the media, the realm of law and jurisprudence, research, technology and economy, and health care.

The larger part of the Declaration consists of a treatment of five actual challenges

concerning the protection of life. The fundamental thesis is that the value of human life will be protected if and only if any possibility of manipulation is excluded. The five challenges are: (1) Embryo research, (2) abortion and the protection of unborn life, (3) handicapped human life, (4) organ transplantation, and (5) the end of human life.

(1) As to *embryo research*, the thesis is repeated that from conception onwards embryonic life is to be seen as individual human life. As such it has a right to be protected as much as postnatal human life. The conclusion, then, is not surprising: Embryo research is permitted insofar as it is prosperous for the individual embryo. Research that is damaging or destroying the embryos is not allowed regardless of the aims. The value of human life makes it unacceptable to use it in a mere instrumental way for other aims.

(2) The problem of *abortion* forms the opportunity to write extensively about the protection of prenatal human life. Embryos *in vitro* and embryos *in vivo* should be considered of the same value and they have the same right to life. Abortion is never justifiable, not even in a conflictful situation. Every effort should be made to rescue fetal life together with (and not against) the life of the mother. Only on medical grounds, if a choice has to be made between the life of the mother and that of the fetus, abortion might (!) be the lesser evil. The churches, in this context, commit themselves to help to avoid abortions, which means that they commit themselves (a) to strengthen people's responsibility in relations and in sexuality; (b) to make conscious and to deepen people's respect for unborn life; (c) to change circumstances which hinder the acceptance of unborn life; and (d) to win women and men over to accept a problematic pregnancy. Moreover, social, political and legal measures (e.g. increase of child allowance) are proposed which may help to avoid abortions as well.

(3) The next challenge to be met is *the acceptance of the handicapped*. People with (mental or physical) handicaps do have more chances and protection than in past times. But the shadows of the past (particularly what went on in Nazi-Germany) should keep us awake. The rights of individuals must be protected, especially when they are in a weak position. That is why the Declaration rejects any eugenic population policies and explains the call for a critical attitude towards prenatal diagnosis so that this technique will not undermine people's willingness to accept handicapped individuals.

(4) From a christian point of view, *organ donation* (after death) and organ transplantation are supported in the Declaration. The churches see them as ways to show love to one's neighbour, even after death. Nevertheless it is not denied that delicate problems arise in this context and that it is to be carefully considered whether, in a specific situation, organ transplantation will be the right solution.

(5) At the *end of human life*, sanctity of life and respect for the autonomy of other human beings are both fundamental. That is why helping terminal patients can only mean helping them to live. This may imply, in some cases, withdrawal of medical treatment, namely when treatment does not extend life but, rather, extends the process of dying. But it should be stressed that an incurable patient, who is a burden for other people, still has a fundamental right to life.

The concluding remarks of the Declaration are dedicated to an encouragement to live. Life has a future, since God is the fountain of life. Christian hope is rooted in the resurrection of Christ. Living in a world which is marked by sin, we are encouraged by the Gospel to establish signs of God's coming Kingdom. We are called to take the side of God, the 'Friend of life', and to protect, to the best of our abilities, human life and the life of our fellow creatures too.

5. CLOSING REMARKS

Linguistic barriers as well as national and denominational boundaries impose a serious hindrance upon efforts to bring about an international and interdenominational communication in Europe. Nevertheless, the different Protestant European churches have a great deal in common. To begin with, they all have to deal with three main issues which determine the national bioethical debates: (1) The strong accumulation of knowledge and technical skills concerning the beginning of human life; (2) issues in terminal care; and (3) The provision of health care for all as a subject of serious deliberation.

The arguments used in the documents issued by Protestant denominations may be divided into two categories. Firstly, some documents make an explicit and exclusive reference to Scripture as the basis of our moral positions. Secondly, documents may refer to arguments or positions which may be said to have a rational, humanistic or intuitive epistemological basis. This may originate from a principal view that our moral knowledge can be obtained by rational means, but it may as well have to do with the more strategic purpose to keep "on speaking terms" with non-Christians as long as possible. So to be sure, the absence of an explicit reference to Scripture does not necessarily mean that Biblical material is considered irrelevant. Most documents keep a middle way between the two positions.

Finally, we have focused upon two documents of the German and the Dutch churches, respectively, which both deal with the question of our responsibility for human life. We may signalize that the German position is more strict than the Dutch one, which allows, though very carefully, more for the use of new reproductive technologies than the German position does. Both documents, however, base their moral positions mainly upon Biblical foundations.

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BIBLIOGRAPHY

- 1 Bund: 1988, *Gentechnologie: die neue Macht des Menschen* ("Genetic Technology: the New Power of Man"). Theologische Studienabteilung beim Bund der Evangelischen Kirchen in der DDR. Berlin, 1988.
- 2 Bispemoetet: 1982, Sak 16/82 *Vern om menneskeverdet i levets grensesituasjoner* ("Protection of Human Value at the Boundaries of Human Life"). (mscr).
- 3 Boer et al.: 1992. *Zorgen met visie. Zorgverlening vanuit christelijk perspectief* ("Caring with Vision. Christian Perspectives on Health Care"), by Th.A. Boer (et al.), A contribution by the Dutch Christian Association of Health Care Institutions. Kampen, The Netherlands: Kok Publishers, 1992.
- 4 CDA: 1988, *Zinvol Leven. Een christen-democratische bijdrage aan de discussie over draagmoederschap, kunstmatige inseminatie, gift en in vitro fertilisatie*. ("Meaningful Life. A Christian-democratic contribution to the discussion about Surrogate Motherhood, Artificial Insemination, GIFT, and In Vitro Fertilisation") Wetenschappelijk instituut voor het CDA. Den Haag 1988.
- 5 CDA: 1992, *Genen en Grenzen. Een christen-democratische bijdrage aan de discussie over de gentechnologie*. ("Genes and Boundaries. A Christian-Democratic Contribution to the Discussion about Gene Technology") Wetenschappelijk instituut voor het CDA. Den Haag 1992.
- 6 DEA: 1992, *Darf nur noch der gesunde Mensch überleben? Sieben Empfehlungen des*

- Hauptvorstandes der Deutschen Evangelischen Allianz zur gesetzlichen Regelung der Anwendung der Genanalyse. ("Can only Healthy Humans Survive? Seven Recommendations of the Central Board of the German Evangelical Alliance about the Legal Coordination of the Use of Genetic Screening") Informationsdienst der DEA, Dokumentation, Nr. 3, Wetzlar 1992.
- 7 EKD: 1985, *Von der Würde werdenden Lebens*. Extrakorporale Befruchtung, Fremdschwangerschaft und genetische Beratung. ("The Worth of Life in Process: In Vitro Fertilisation, Surrogate Motherhood, and Genetic Counselling"). Handreichung der Evangelischen Kirche in Deutschland. Trier 1985.
 - 8 EKD: 1987, *Kundgebung der 7. Synode der Evangelischen Kirche in Deutschland auf ihrer 4. Tagung zur Achtung vor dem Leben*. ("Declaration of the Seventh Synod of the Protestant Church in Germany about Respecting Human Life") EPD-Dokumentation 49/87.
 - 9 EKD: 1989, *Gott ist ein Freund des Lebens*. Herausforderungen und Aufgaben beim Schutz des Lebens. ("God is a Friend of Life. Challenges and Tasks in Protecting Life") Gütersloher Verlagshaus Gerd Mohn, Gütersloh 1989.
 - 10 EKD: 1990, *Organtransplantation*. Gemeinsame Texte 1. Edited by the Church Office of the EKD, Herrenhäuser Strasse 12, 3000 Hannover 21 (Germany).
 - 11 EKD: 1991, *Einverständnis mit der Schöpfung*. Ein Beitrag zur ethischen Urteilsbildung im Blick auf die Gentechnik und ihre Anwendung bei Mikroorganismen, Pflanzen und Tieren. ("Accepting Creation. A Contribution to Moral Deliberation concerning Genetic Technology in Microorganisms, Plants, and Animals") Gütersloher Verlagshaus Gerd Mohn, Gütersloh 1991.
 - 12 FPF: 1987, *Biologie et Ethique*. Eléments de Réflexion. ("Biology and Ethics. Elements of Reflection") *Autres Temps* (Les Cahiers du Christianisme Social), No. 14, pp 42-46.
 - 13 FPF: 1992, *Bioéthique: la FPF exprime sa satisfaction à l'annonce d'une loi cadre*. ("Bioethics: The Federation of Swiss Protestant Churches expresses its consent to a law proposal") *Réforme*, 11/1 1992, p. 11.
 - 14 FSP: 1992, Schweizerischer Evangelischer Kirchenbund (SEK), Herbst-Abgeordnetenversammlung 1992, *Antrag und Bericht zu Motion und Postulaten der Evangelisch-reformierten Synodalverbandes Bern-Jura betreffend Bio-, Gen- und Fortpflanzungstechnologie*. Bern 1992.
 - 15 Hübner, Jürgen and Schubert, Hartwig von: 1992, *Biotechnologie und evangelische Ethik. Die internationale Diskussion* ("Biotechnology and Protestant Ethics: The International Discussion"). Campus, Frankfurt am Main/New York
 - 16 ISE: 1987, *In-Vitro-Befruchtung. Technische Möglichkeiten und ethische Perspektiven*. ("IVF. Technical Possibilities and Moral Perspectives") Studien und Berichte aus dem Institut für Sozialethik des SEK, Nr. 37. Bern/Lausanne 1987.
 - 17 ISE: 10/88, Helmut Kaiser, *Unberechenbarkeit des Lebens*. Theologische und ethische Aspekte zur pränatalen Diagnostik. Institut für Sozialethik der SEK. Bern 1988.
 - 18 ISE: 1990, *Fortpflanzungsmedizin und Humangenetik*. Ein Beitrag zur Diskussion über die Beobachterinitiative. ("Reproductive Medicine. Contribution to the Discussion") Studien

und Berichte aus dem Institut für Sozialethik der SEK, Nr. 40. Bern/Lausanne 1990.

- 19 Kirkemötet: 1989, *Vern om livet*. Uttalelser om miljøvern, abortlovgivning og bioteknologi ("Caring for Live: Utterances about Environment, Abortion and Biotechnology").
- 20 Kirkerådet: 1989. *Mer en gener* - Utredning om bioteknologi og menneskeverd. Av en arbeidsgruppe oppnevnt av Kirkerådet ("More than Genes - Examining Biotechnology and Human Value").
- 21 NHK: 1977, *Wat te denken over abortus provocatus* ("What to Think about Abortion")
Pastoraal geschrift voor de gemeente. Uitgegeven in opdracht van de moderamina der Nederlandse Hervormde Kerk en van de Gereformeerde Kerken in Nederland, 1977.
- 22 NHK/GKN: 1987, *Euthanasie en pastoraat* ("Euthanasia and Pastoral Care"). Leusden: 1987.
- 23 NHK/GKN/ELK: 1992, *Mensen in Wording*. Theologische, ethische en pastorale overwegingen bij nieuwe voortplantingstechnieken en prenataal onderzoek. ("Becoming Human Beings: Theological, Moral and Pastoral Reflections on New Fertilisation Techniques and Prenatal Research"). Rapport van de commissie "Biomedische Ethiek" van het Deputaatschap en de Raad voor de Zaken van Kerk en Theologie van de Nederlandse Hervormde Kerk en de Gereformeerde Kerken in Nederland. Leidschendam/Leusden: 1992.
- 24 NHK/GKN: 1993, *Keuze op leven en dood* ("Choosing life or Death"). Leusden, Holland: 1993 (not yet authorized).
- 25 Niekerk, K. van Kooten: 1992, Die Diskussion in Skandinavien ("The Scandinavian Debate"), in: [Hübner: 1992], pp. 289-378.
- 26 Remonstrants Vlugschrift: 1989, *Welgeschapen*. Vragen over voortplantingstechnieken. ("Well-Created. Questions about Fertilisation Techniques"). Een bundeling van bijdragen aan de medisch-ethische conferentie "welgeschapen". Remonstrants Vlugschrift 1, 1989.
- 27 Schubert, Hartwig von: 1992, *Evangelische Ethik und Biotechnologie* ("Protestant Ethics and Biotechnology"). The International Discussion. Campus, Frankfurt am Main/New York.
- 28 Svenska Ekumeniska Nämnden, Sveriges Frikyroråd, Sveriges Kristna Ungsdomsråd, De Fria Kristna Samfundens Råd (SAMRÅD), Katolska Biskopsämbetet: 1985, *Yttrande över betänkandet Genetisk integritet*, SOU 1984: 88. ("Comment on Parliamentary Report about Genetic Integrity"). Uppsala, 1985.
- 29 Svenska Ekumeniska Nämnden, Sveriges Frikyrkoråd, SAMRÅD, Svenska Kyrkans Biskopsmöte, Svenska Kyrkans Centralstyrelse, Katolska Biskopsämbetet: 1990, *Yttrande över slutbetänkandet av utredningen om det ofödda barnet* (SOU 1989:51): Den gravida kvinnan och fostret: två individer. Om fosterdiagnostik. Om sena aborter ("Comment on Parliamentary Report about the Unborn Child").
- 30 Utvalg oppnevnt av Bispemoetet: 1982, *Etiske synspunkter på genetisk veiledning og prenatal diagnostikk* ("Ethical Viewpoints about Genetic Counselling and Prenatal Diagnosis"). En utredning av ett utvalg oppnevnt av Bispemoetet, høsten 1982.