

BRITISH MEDICAL JOURNAL

SATURDAY 15 SEPTEMBER 1984

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We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

The Warnock report

SIR,—Dr M M Heley (18 August, p 440) affirms: "Life begins at conception. Can anyone prove otherwise?" Many others are of the same opinion, but of course this is not so—whether one equates conception with fertilisation or with implantation. Life on this planet began many hundred million years ago in circumstances about which we can only speculate and has continued uninterruptedly ever since. No one now seriously supposes that the living has subsequently ever arisen from the inanimate. Equally it is obvious that the gametes, sperms, and eggs are living cells themselves the products of living cells. How much respect is due to the life they represent is a matter for argument—as is that due to other expendable cells, such as leucocytes and the cells lining the gut or covering the skin.

Even under the most favourable biological circumstances each of the few million oocytes in the ovaries of a human fetus has a chance of no more than about one in 200 000 of becoming a child; and in actuality the chance is more like 1 in 2m. The fate of the remainder is to disappear by atresia or through loss after ovulation without fertilisation. The corresponding chances for an individual sperm are several orders of magnitude less. Just what "rights" might, nevertheless, be accorded to these living human cells are difficult to conceptualise.

Dr Heley might well argue that the gametes are incomplete organisms, lacking half the chromosomes, incapable of independent existence, and, therefore, even though living, in a different category from zygotes, which have the potential for development into complete individuals. Though this may be true for

implanted embryos, it is not—or at any rate not yet—true for unimplanted embryos. It might therefore be argued that the rights of the latter are intrinsically less than those of the former. Yet a further difficulty may arise in according "rights" to the fertilised but unimplanted egg. Some of these are incapable of forming a germinal disc and hence a fetus but will instead finish up as an empty sac; few if any "rights" could be accorded such a structure or indeed the corresponding pre-germinal disc zygote.

It seems unwise to be too dogmatic about considerations of this kind. The pragmatic attitude adopted by the Warnock Committee is temperate and altogether more acceptable.

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SIR,—Professor G R Dunstan believes that embryos do not have full human rights, that absolute protection for the embryo is a novelty of moral tradition, and that experimentation on human embryos is justified by benefiting the community as a whole (28 July, p 207).

The Royal College of General Practitioners believes: "The onset of human life . . . can be considered to commence at fertilisation . . . the point at which a genetically complete embryo is formed. From that moment the embryo should be treated with respect and experimentation on human embryos should be subject to the same ethical considerations as on children and adults." Such experimentation "is unethical because: (i) it is not in the

interests of the subject under study, (ii) . . . informed consent cannot be obtained . . . (v) failure to maintain ethical standards in relation to human embryos represents a threat to the application of ethical standards in medicine and science generally."

Historically denial of human moral status to a group of human beings by another group has been justified in terms of biological differences such as colour, race, sex, disability, or age.

In the Roman Empire abortion was widely accepted and was confronted head on by the expanding Christian church—so successfully that the sanctity of unborn life attained what Professor John T Noonan has called "an almost absolute value" in European history.² It is true that Thomas Aquinas in the Middle Ages following Aristotle maintained that the fetus attains humanity only at a certain stage of development, but the time of "animation" was never regarded as a moral dividing line between permissible and impermissible abortion, though affecting penal practices. Even without the certainty we now have that it is human at conception the embryo always enjoyed protection of life from its early beginnings.³ At the Reformation Calvin reaffirmed the stance of the early church regarding the scriptural doctrine of the sanctity of human life from its beginning. Only recently has there been any wavering on this issue by the professing church.²

The recognition that every human being has the right not to be used as a mere means to the benefit of others and every harmless human being has the right not to be killed is a "first principle" of traditional moral philo-