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Power and Pity: Two Responses to Suffering Humanity

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Introduction

The rapidly widening chasm between the outer reaches of our technical capabilities and the usual mode of professional conduct within medicine tends to place the efforts of medical personnel in the shadows. As professionals, they are keenly aware of the potential latent in research and in its technical implementation for alleviating the distress of numerous persons throughout the world. Yet their normal medical procedures seem to amount to a curtailment of the relief and overall contribution they might bring to the well-being of these people. The obvious difference between promise and delivery is a painful perception in a profession dedicated to physical and psychic health and integrity.

It is against this background that the following remarks are offered, in acknowledgement of the marvelous achievements continuously associated with present technology, while insisting on the excellence of competently performed patient care, on a day-by-day basis. For I intend to introduce a comparison between technology, genetics (and eugenics) and the medical profession. My initial concern is with the theological and ethical implications of genetic engineering.

I. Technology as Power

Technology is a kind of power, for it is the use of science in a practical way to achieve sophisticated results for the benefit of large numbers of people.¹ Unlike pure science, often referred to as research, where knowledge alone is the primary concern, technology is pragmatic in its orientation to use scientific discoveries for the benefit of those to whom it is applied. In accomplishing this it touches many people, as in the classical example of the atom and the change it

underwent from being researched to being used for military and industrial purposes.

Because technology is oriented to use, it deploys large amounts of energy and force, and assumes the guise of power. In this capacity it elicits the question that power always evokes from ethics: is it GOOD to use technology?² This question nettles those committed to technology, but unfortunately, it must always be put to the emergence of power because of its liability to abuse. Our dawning awareness of atomic fall-out has alerted us to the gamut of concerns that we have come to call ecological.

There is undoubtedly a bias in ethics against power, in all its guises. This is especially true of theological ethics, with its concern about sin. The more directly the power of technology touches the quality of human life, the keener the ethical concern with its use. Ethics seeks to keep focus on the principle that technology must serve human life. This is especially difficult to abide by, when experimental procedures are being explored, with whatever degree of error or unpredictability remains as a potential danger to human life.

This is why responsibility recommends itself in the use of power. Responsibility is a kind of moral ecology that would filter out the use of a power associated with technology by monitoring and controlling its consequences within the criteria flowing from an ethical appreciation of life.³ Responsibility is a moral imperative that grows in proportion to the power in question. In the case of technology, this growth becomes exponential because of size, amounts, and numbers. Some imperative questions beg to be answered: how much power is involved? Does it promise to improve our future (making life more livable)? Does its unlimited growth eventually entail diminishing returns for our well-being, as ecological pollution is accelerated?

II. Genetics, Eugenics and Technology

The field of genetics illustrates the function of technology, when it is applied by means of eugenics. Genetics is the study of inherited traits carried by genes and chromosomes. It originated with the Augustinian monk, Gregor Mendel, in the last century. Molecular biology⁴ is continuing this study of our genetic packaging. It scored a triumph in 1953 when two English scientists, James Watson and Francis Crick, unlocked the precise functioning of DNA in heredity. This opened the way to control genes in a variety of new ways, such as improving the capacity of soil micro-organisms to "fix" nitrogen from air. Recently, in California, a young researcher named John Marrow developed highly reliable techniques for transferring foreign genes into rapidly multiplying bacteria.

In these ways the science of genetics has gradually given rise to the technology of eugenics, "a collection of policies designed to improve

the genetic well-being of our species."⁵ Eugenics is an instance of power because it applies the laws of heredity to the human race. It is a term of Greek derivation meaning "well-born." It is designed to improve not just one or other of us, but all of us, changing us for the better by weeding out biological components of an undesirable nature. Aggressiveness and propensity for violence are often cited as instances of a highly undesirable trait that is liable to be magnified within the crowded living conditions of our urban centers.⁶ Genetic engineering is suggested as a means of factoring out these qualities. Some criminally inclined males seem to be distinguishable in their genetic composition, having an extra "y" chromosome.⁷ They seem to be candidates for genetic manipulation, similar to that used by the Nazis in Hitler's Germany against the "undesirable" traits in the Jews when, in the name of Aryan-stock purity, they implemented a eugenic policy that exterminated six million Jews, providing an unforgettable instance of eugenics as power.

Any critique of eugenics, however, should acknowledge its stated intent of improving the human race. This aim simply reenforces the process of natural selection⁸ already at work, for we have evolved to our present conditions by means of a relatively "free mate" selection that has accounted for whatever progress we have achieved. Through a combination of free intermingling and controlled patterns of intermarriage, the gene pool which is the common property of the race has been enriched and/or tainted.⁹ This process provides us an ever-expanding potential of new genetic relationships, with a seemingly infinite capacity to adjust and adapt to changing conditions of life. We evidence our awareness of this when we observe that "no two people are alike." Such variety is a primary trait of natural selection.

1. The General Problem Confronting Eugenics

But all is not well with this process. Disease is as much a part of genetic inheritance as health. The gene pool is tainted. It is estimated that 250,000 defective infants are born annually in the United States,¹⁰ many of these victims of inherited disease. Another estimate conjectures that 25 percent of those admitted to one large metropolitan hospital are suffering from gene-caused or influenced disease.¹¹ We also have reason to believe that many miscarriages result from the defective condition of the conceptus, and in other cases, sterility is nature's defense against carriers of genetic disease.¹²

Eugenics purports to deal with this situation. Its endeavor has come to be distinguished into positive and negative aspects. The concern of negative eugenics is genetic disease, which it seeks to eliminate or at least modify as a factor in the gene pool. Positive eugenics is more ambitious in its program of introducing desirable genetic traits into

the race.¹³ More consensus is attainable for legitimating the former than the latter endeavor. This corresponds to our inclination to more readily agree about what is "wrong" with us than about what is "good" for us.¹⁴

Each type of eugenics presently focuses on "monogenic" traits, that is, inherited qualities associated with one gene only.¹⁵ But as a matter of fact, many inherited traits are polygenic in structure,¹⁶ that is, they are interrelated with several genetic components. As a result, eugenics currently operates within a limited framework, though much of the literature devoted to it is future-oriented in its sweeping vision of what eugenics might do. Rene Dubos, among others, repudiates this exclusively biological interpretation of heredity, maintaining that it is also influenced by environment as an actualizing agent of dormant human potential.¹⁷

2. A Specific Genetic Disorder

Two common genetic diseases are Tay-Sachs and sickle-cell anemia. Much suffering is in store for the child afflicted with Tay-Sachs.¹⁸ It is the ambition of negative eugenics to eliminate this disease, but procedures such as genetic surgery, which would repair the defective gene in question, are still in the future.¹⁹ If completely successful, such procedures would not only cure the child, but eliminate his condition as a carrier of the disease. If every such child were submitted to treatment, all carriers would be "cured" and the disease would be eliminated — but by a tedious process. Realistically, negative eugenics is presently restricted to other measures. In the instance of Tay-Sachs disease, cautious mate selection is recommended to prevent two carriers, usually found among the Ashkenazi Jews, from marrying one another. Marriage with a Sephardic Jew is advised.²⁰ But if this seems unreasonable or unwarranted, then effective contraceptive measures are urged. If such couples strongly desire children, adoption is available. In these ways an effective negative eugenics is achieved, preventing the defective traits from entering the gene pool. They are certainly preferable to therapeutic abortion.

3. Responding to the Problems

Such procedures suppose, of course, an awareness that a eugenic problem is threatening. There are ways of ascertaining this by learning one's status as a carrier. One method is after the fact of pregnancy, and involves amniocentesis whereby the amniotic sac is punctured so that the fluid can be withdrawn and examined for traces of disease.²¹ Genetic counseling should accompany this procedure, for a difficult decision has to be reached by parents who learn that they have begot-

ten a defective offspring. The issue emerges of what kind of counseling is appropriate in this case: how directive it should be. Normally such guidance should be indirect, seeking to facilitate, enable and support the parents to reach a decision that corresponds to their convictions, strengths, needs and condition. The counselor should not advise primarily with eugenic purposes (the needs of the race) in mind.²² This is a debatable position because it juxtaposes individual rights (fetus, parents) and the welfare of the race.²³ In this "conflict," which side is to prevail? Though some weight accrues to arguments favoring the common welfare of the race from such customary practices as curtailing individual rights in instances of quarantine, vaccination and venereal disease information,²⁴ a certain proportion is achieved in these cases between the relatively limited curtailment of the individual and the significant advantage gained for large numbers of people. Such proportion is not as evident in a genetic counseling situation where infringement on the rights of individuals may be considerably more substantial.

Concern for the betterment of the race through purifying the gene pool of hereditary defects, or enriching it with a battery of desirable traits, is a risky proposal. In the process of weeding out aggressiveness, for instance, on the score of its social undesirability, something essential for human survival may be lost, that is, certain genetic qualities required for courage.²⁵ This risk is aggravated in the case of positive eugenics as it purports to fashion a desirable image of man/woman, even setting aside the lack of consensus on just what such desirability involves. Nevertheless, the attempt has been made, after a fashion, in the practice of polygamy, where one man (whose status as a genetically superior individual is not implausibly indicated by the demonstrated ability to support many wives) passes on his genetic constitution to many offspring.²⁶

A modern instance of positive eugenics is artificial insemination by means of sperm and ova banks.²⁷ In the case of sperm banks the genetic endowment of a "desirable male" can be made available to a woman desiring impregnation. Refinements of this procedure include the services of a host mother for the initial stages of gestation (where this is needed), or even the use of *in vitro* (test-tube) procedures,²⁸ with subsequent transfer of embryo to a properly prepared host mother.

When eugenics is the context of these procedures, there are grounds for uneasiness because the purported improvement of the race is so substantially linked to the biological factors in good breeding. The question begging to be asked is the guarantee for the role of the loving union of the sexes in the act of procreating life. There is much less difficulty with a properly therapeutic context for these measures, where an individual couple, suffering from a problem of sterility or the status as a defective gene carrier, and yet desiring a child to com-

plete their marriage, seeks the help of artificial insemination. In this instance the primacy of the sexual act is not challenged as the normal and normative way of "improving the race."

4. Cloning

For this reason the issue of cloning assumes a threatening posture. Cloning is usually discussed in the context of positive eugenics. It involves the surgical removal of the nucleus of a somatic cell (whether from oneself or from another) and its substitution as the nucleus of a germ or egg cell (whose own nucleus has been surgically removed). This is truly asexual (parthenogenesis) conception where a new creature is developed which is the exact duplicate of its single parent. The marvels of this still experimental procedure include a new kind of immortality for the "parent" involved, and the mass production of such "desirable" models as Einstein, Burt Reynolds, Jane Addams, Raquel Welch, etc.³⁰ For all practical purposes, cloning is currently restricted to frogs; but it is a distinct possibility for primates.

The ethical issues raised by cloning are obvious. Should the gene pool be dominated by models characterized by strength, beauty, genius, intelligence? Of what is the race being deprived when the hereditary traits of the less gifted are restricted? What will happen to the heralded variety and adaptability — the secret to human survival thus far — if the genetic base is so narrowed, even though so "enriched"? What model or models of man/woman are to prevail in this attempt to improve the species? And who is to determine this? But the most serious issue of all is what might happen to human freedom and its capacity for disposing of oneself should a deliberate narrowing of our genetic stock occur?³¹ For our genetic constitution and our patterns of conduct are reciprocally related. Whatever excellence to which we have brought technological sophistication may suffer eclipse if the kind of genius which accomplished this is inadvertently filtered out. The future of our race ought not be so planned that complete predictability is secured. Surprise, as the spice of life, must remain an ingredient of the human subject.³² What would life be without it?

Such foreboding possibilities explain the lurking pessimism associated with genetic engineering, and the sense of impending disaster. Survival of the species has become the watchword.³³ Indeed, we must seriously ask whether we shall survive. Eugenics would assure us that it will save us through changing and improving us. But into what shall we be changed? Will the survival we achieve be worthwhile? Christian ethics can countenance only a certain kind of survival — of persons who are genuinely human, with an improved capacity for loving, caring, compassionate, passionate, strong and responsible behavior.³⁴ Not life at any price, but only a certain kind of life is worth living. Indeed, life is not an absolute value, not even human life. Rather, it is

a relative value, esteemed and appreciated in virtue of its relation to the values just mentioned.³⁵ It is with a view to such life that we support the vision of the human person undergoing renewal by self-creation. Any self-confidence we experience in this enterprise must be sustained by an unfailing belief in a provident God guiding us into a future that will be achieved at least as much by hope in Him as by technological expertise. Hope is the supreme endowment we bequeath future generations.

III. Theological Reflection on Eugenics

Theology speaks to our beginnings and our end in a way that lends support to such hope. The biblical book of Genesis is a kind of theological genetics, as it describes the origins of human life from God's perspective. In its analysis, life is a gift in which we participate, not only receptively, but also procreatively through sexual friendship and parental love. This early version of the beginnings of life must never be lost sight of in the midst of our highly complex disciplines of genetics and eugenics. For we believe that something more than mythical description is involved in the book of Genesis. It provides us with God's own design for human life which should serve as a normative standard for evaluating modern technological achievement such as germ banks, *in vitro* fertilization, and cloning.³⁶ Asexual reproduction, for instance, were it ever to become "policy," would seem to violate God's design for sexuality. However, if it were to be performed on behalf of an individual unable to procreate in the normal fashion, moral evaluation of it need not be so adverse. And were we to expand the framework of these considerations to a catastrophic situation where a genetic defect threatened the entire human race, then procedures of negative eugenics which would be out of the question under normal circumstances might well be regarded as part of God's design for the present.³⁷

1. Suffering

Theology also casts a special light on the human³⁸ suffering which is often associated with a genetically caused condition. It is difficult to assign any value whatsoever to suffering apart from the Christian faith, which allows and even encourages us to interpret it as a medium of relating with God. From a theological viewpoint, wholeness and health are attainable through faith in God, even while the sufferings of disease still thwart the best medical efforts to overcome them. For suffering is relativized within a theological context, where its total meaning is not absolutely identified with the moment at hand, but is sought in the continuum of a life-process whose total meaning escapes any given

moment, even the moment of death. It is only when we rest with God, or lose Him once for all, that we are in a position to render a final judgment on our sufferings.

2. God

When ethics works within the frame of reference furnished by theology, it provides a special kind of guidance to what is morally good and evil in eugenics. Such an ethics thinks of health and wholeness in terms of holiness, of a man's union with God. This link to God is an imperative, to the extent that health and wholeness are. But, more than that, it is the basis of hope: under God's aegis, man and woman can "make" it. There is a new basis here for the dignity we perceive in the human person. It is his/her link with God, and the corresponding hope that He provides of improving our condition. In this analysis, it is not a person's genetic endowment which is the basis of his/her dignity and worth.³⁹ It is the human freedom to respond to God's initiative on our behalf in the midst of technological accomplishments, empowering the human person to be the originating center of his or her life.

3. Sin

Error, even costly mistakes, indeed sin itself, are compatible with this vision of the human person, even though they may dilute and weaken our freedom.⁴⁰ In the context of faith, these are "ailments," but they have their remedies: the catharsis of conversion, the recuperating period of penance, and finally regained health (wholeness and holiness) through grace. This is the theological model of the human person, seeing him/her as one called to an ever-expanding relationship with God. Spiritual health, or salvation, consists of openness to the action of God. The only catastrophe that can befall this design is best described as "death" (mortal sin). When this definitive and irreversible condition ensues, it effectively closes the human person in upon him or herself, narrowing his or her capacity of adjustability to the point of complete inaction.

4. Conflict between Models

When this theological model assumes its place among the other models of humanness, it can compete in the public forum with them. Hopefully, it will be competent to challenge any model that claims to explain our origins and our destiny. The genetic/eugenic model cannot totally explain the dehumanization accompanying certain modes of human existence. Another vision must be brought to bear upon the human person, in which the powers of the human mind and heart are uncovered and the capacity for justice, love and mercy are discovered. These powers take on great significance when they are viewed in their openness to the saving action of God. This is the kind of vision that

the Christian appeals to in "programming" the future of the race. It casts a new hue on those individuals otherwise branded as carriers of genetic disease, and qualifies judgments brought to bear upon them by geneticists to the effect that they are the causes of the evils afflicting the species. The qualification consists of an enlarged view of just what this "evil" really is: is it not more than genetic deficiency in offspring? Does it not consist in the hatreds, prejudices and injustices of the human heart? Nonetheless, no responsible couple can blithely ignore evil in any of its forms and manifestations. When they are enabled to obviate their condition as carriers of genetic disease, they have a moral obligation to do so.

The great evil, in this age of concern over the quality of our common gene pool, is to lose our respect for the new life unfortunately begotten in a defective condition. The abortion climate surrounding us today makes it extremely difficult to maintain this respect, while at the same time honestly confronting the conflict such a life entails for its parents, as it competes with and possibly threatens other values to which they are committed.⁴¹

IV. The Medical Profession

Neither eugenics nor genetics is medicine.⁴² Medicine does not primarily purport to improve the prognosis of the human race. Its primary purpose is to heal, or prevent, the sickness of an individual. Though good medicine aims at preventing disease, in practice it is largely occupied with healing those already sick. In the growing discussion today about the social dimensions of medicine, much of it is justifiably critical of this excessively individualistic turn to medical practice in this country. To the extent that the many are penalized for the advantage of the few, this criticism is well grounded, but even in the vision of reformers, social medicine is good medicine precisely because it reaches every individual in the country.

1. Professionalism

It is this prominence of the commitment to individual welfare that makes medicine a profession. The relationship between medical personnel and patient is interpersonal, and pivots around a transaction in which a service is rendered and a fee is paid, though often the fee is not commensurate to the service given.⁴³ The atmosphere surrounding this relationship is designed to be one of respect, trust and confidentiality.

In this context, medicine does not appear to be a power affecting the future as much as a response to a present situation, enabling the patient to achieve the level of wholeness and health available to him or her. Good medicine is at its best when it activates the latent recuperative powers within the sick person.

2. Principles

A double principle guides the medical profession: to do no harm to the patient, and to do him or her good.⁴⁴ It is the negative mode of this statement that evokes more unanimity than the positive part, for there is greater room for disagreement over the kind or amount of health to promote. Nonetheless, on the strength of the popularity it enjoys in our society today, medicine is beginning to export into public consciousness images of human well-being that approximate therapeutic models. This development elicits the same question that was posed to instances of eugenic influence: what kind of "say" ought medicine to have about the components making for the good, happy, whole person?⁴⁵ In the last analysis, such models of humanness are not to be left entirely to the medical sciences.

V. Personal Qualities of Medicine

Certain medical concerns rightfully emerge into prominence in this context. Prominent among these is the professional relationship already spoken of. This relationship enjoys a quality that mediates the tendency toward confrontation which characterizes the theological and genetic/eugenic models of man. For the professional medical relationship is not simply a contractual exchange of things; it is a covenantal transaction of a personal nature. The values at stake are not only those of justice, where a carefully measured transfer insures equality in the exchange. There are values involved that cannot be accurately measured: life and death, health and sickness, well-being and suffering.⁴⁶ The medical person relates to these kinds of values as they subsist in the individual patient, not in humankind at large.⁴⁷ It is not a question of the numbers of people sharing in these values that explains their significance. Rather, it is a question of the individual human person who explains why health, well-being and life are to be valued.

Medical service is a profession precisely because it proposes to respond to the personal quality of a relationship. No professional attribute facilitates this task more than compassion, for compassion is an affective experience that enables one person to share and enter into the suffering of another.⁴⁸ It consists of "feeling with" another. Largely preconceptual, it is not adequately expressed by words. For a medical person, it is an indispensable endowment.

VI. Compassion

Suffering is the medium of compassion. Often compassion is the only medium wherein suffering can achieve value. Where suffering and pain tend to turn a person "in" on himself or herself, compassion opens up that person, in that self-same suffering, to another who feels

with him or her. In this way suffering takes on meaning; it becomes a way of reaching outward to someone else who cares about the suffering person.

Compassion is a desirable quality in medical personnel because, in sensitizing them to the patient's suffering, it illuminates them about aspects of discomfort that often escape other modes of detection. A compassionate nurse, for instance, is an unusually effective agent to care, comfort and even cure the patient, for she can discern what the less compassionate, though technically competent, fail to see.

The compassionate person humanizes the situation of sickness by supplying an element which serves to make the patient whole and integral again. Health is wholeness; sickness is broken existence. The various models of humanness out of which we operate determine, in large part, our appreciation of what is whole and what is broken. In the professional model just described, compassion looms large before the experience of suffering because it supplies a sense of wholeness by relating the patient to the medical professional. The wholeness in question is not merely bodily integrity; by way of a personal relationship a new level of integrity is available to each person. In response to the common experience of the sick person to mourn his or her diminished mode of existence, and to undergo a lessened sense of self-worth and esteem, compassion moves in to fill that sense of loss with a relationship, enabling the sick person to become whole again.

When we bring faith to bear on this professional transaction, the ultimately compassionate person becomes God. Suffering becomes the medium through which He enters our lives and unites with us. With Him come salvation and health, for He is Savior. He brings total healing in a new dimension, for it occurs at the level of sin. Medical personnel who, with the patient, operate within this context of faith, legitimately interpret their activity in much the same way. They herald the "good news" that God is at hand to save us. When their compassion is influenced by faith, their professional commitment to the patient achieves its ultimate perfection.

Compassion is a power in its own right, a power that heals, a primary ingredient in an environment that actualizes the sick and/or defective person to a new realization of health and wholeness.⁴⁹ Compassion redeems the present time, even though it be one of suffering and pain. It refuses to allow the present time to be dismissed as useless or, at best, as a mere stepping stone to a better future. Compassion appreciates the present time and condition for itself. The compassionate medical person is the sick and defective person's path to a sense of worth and dignity, in himself or herself, without reference to any better future or any improved condition of the race. This is a worthy endowment to pass on to succeeding generations. Any genetic engineering that can help promote this achievement is a power deserving to be utilized.

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1. Victor C. Ferkiss supports this view of technology in his *Technological Man: the Myth and the Reality* (New York: George Braziller, 1969), pp. 30-31.
2. This is the question that James M. Gustafson poses in his essay, "Genetic engineering and the normative view of the human," in Preston Williams, ed., *Ethical Issues in Biology and Medicine* (Cambridge, Mass.: Schenkman Publishing, 1973), p. 47.
3. Rene Dubos closes his book, *So Human an Animal* (New York: Charles Scribner's Sons, 1968), p. 242, with a suggestive idea that serves as the basis for this observation.
4. Newton Morton compares molecular biology with population genetics in Williams, *op. cit.*, p. 266. It is defined as "the study of biological molecules which arises out of development in four fields: genetics, biochemistry, physical chemistry of macromolecules, and chemical physics." Cf. Bruce Hilton, *et al.*, eds., *Ethical Issues in Human Genetics: Genetic Counselling and the Use of Genetic Knowledge* (New York: Plenum Press, 1973), p. 434.
5. This is the definition of James V. Neel in his essay, "Social and scientific priorities in the use of genetic knowledge," in Hilton, *op. cit.*, p. 353.
6. Cf. the comments of Hans Jonas in Williams, *op. cit.*, p. 105.
7. Cf. Hudson Hoagland, "Biological Considerations of Aggression, Violence, and Crowding," *ibid.*, p. 75.
8. Natural selection is "a natural process tending to cause the survival of individuals or groups best adjusted to the conditions under which they live, and being equally important for the perpetuation of desirable genetic qualities and for the elimination of undesirable ones by recombination or mutation of genes." Hilton, *op. cit.*, p. 435.
9. Cf. the remarks by Dr. Rollin D. Hotchkiss, *ibid.*, pp. 19-20.
10. Cf. the remarks of Paul M. Doty in Williams, *op. cit.*, p. 256.
11. Cf. the observation of Margery W. Shaw in Hilton, *op. cit.*, p. 13.
12. Cf. Bernard Haring, "New Dimensions of Parenthood," *Theological Studies*, 37:1 (March, 1976), pp. 121 ff; also his similar remarks in *Marriage*, March, 1975.
13. Cf. P. B. Medawar, "Genetic Options: An Examination of Current Fallacies," *Life or Death: Ethics and Options* (Portland, Ore.: Reed College, 1968), pp. 101-102. Also, James B. Nelson, *Human Medicine: Ethical Perspectives on New Medical Issues* (Minneapolis, Minn.: Augsburg Publishing House, 1973), pp. 99-100.
14. Cf. James M. Gustafson, "Genetic Counselling and the Uses of Genetic Knowledge — an Ethical Overview," in Hilton, *op. cit.*, p. 110.
15. Cf. Bernard D. Davis, "Threat and Promise in Genetic Engineering," in Williams, *op. cit.*, p. 19.
16. *Ibid.*, p. 20.
17. Dubos, *op. cit.*, p. 227.
18. Cf. Michael M. Kaback and Robert S. Zeiger, "The John F. Kennedy Institute Tay-Sachs Program: Practical and Ethical Issues in an Adult Genetic Screening Program," in Hilton, *op. cit.*, pp. 131 ff.
19. Cf. Tracy M. Sonneborn, "Ethical Issues Arising from the Possible Uses of Genetic Knowledge," *ibid.*, p. 2.
20. Cf. the remarks of Dr. Jerome Lejeune, *ibid.*, p. 17.
21. *Ibid.*, p. 421.
22. Cf. F. Clarke Fraser, "Survey of Counselling Practices," *ibid.*, p. 11.
23. Cf. Hotchkiss, *ibid.*, p. 19; Gustafson, *ibid.*, p. 110.
24. Margery Shaw makes similar comments, *ibid.*, p. 15.
25. Davis indicates his fears with such a process, *ibid.*, p. 23, in remarking that thereby society could be deprived of "... the richness that comes from an inex-

haustible supply of new combinations of genes."

26. *Ibid.*, p. 25.

27. Cf. Nelson, *op. cit.*, p. 109.

28. Cf. Robert L. Sinsheimer, "Prospects for Future Scientific Developments," in Hilton, *op. cit.*, p. 345; and in Nelson, *op. cit.*, chap. III: "Human Factors in Artificial Insemination"; and p. 113. The issue of test-tube fertilization attracted considerable attention from moral theologians when in 1974 a report was released from England indicating that three babies had been born in that fashion. Cf. *The Louisville Record* for July 18, 1974. Now, of course, with the verified birth of Louise, daughter of John and Lesley Brown, in an English hospital on July 25, 1978, the issue of test-tube babies is beyond the discussion stage. The baby appears normal and healthy in every way.

29. Cf. Sinsheimer in Hilton, *op. cit.*, pp. 344-345; and Nelson, *op. cit.*, p. 110.

30. Various such ideal models have already been suggested. Cf. Paul Ramsey, *Fabricated Man: The Ethics of Genetic Control* (New Haven, Conn.: Yale University Press, 1970), p. 106.

31. Davis cites similar dangers: "This development might create an evolutionary danger, since the success of a species depends not only on its degree of adaptation to its present environment but also on its possession of sufficient variety to permit it to adapt to future changes," in Williams, *op. cit.*, p. 23.

32. Hans Jonas makes this remark, *ibid.*, p. 108.

33. Cf. the remarks to this effect of Isaac Asimov and John R. Platt, *ibid.*, pp. 97 and 100-101; Gustafson also supports this emphasis in Hilton, *op. cit.*, p. 104, and p. 109.

34. Similar descriptions of the "normatively human" are provided by Gustafson in Williams, *op. cit.*, p. 50.

35. Among Catholic moralists, Richard A. McCormick articulated this position in "To Save or Let Die," *America*, July 13, 1974. Walter G. Muelder formulates this idea in the context of life as a developing process in his "Introduction" to Williams, *op. cit.*, p. 9.

36. Ramsey presents the traditional Christian view on the role and meaning of sexual intercourse, *op. cit.*, pp. 32, 130.

37. In this connection the great flood of the time of Noah (*Genesis*, chap. 6-10) represents, in the perspective of faith, a kind of "negative eugenics," to the extent this calamity was viewed as a divine purification of sin-infected humankind.

38. Cf. the provocative remarks in this regard of O. Hobart Mowrer, *The Crisis in Psychiatry and Religion* (Princeton, N.J.: Van Nostrand Co., 1961), chap. 5.

39. Gustafson voices similar convictions in commenting that "religious thinkers have claimed revelation as a warrant for their understanding of the normatively human." And again: "In Christian theology there developed the notion that the nature of 'true manhood' was revealed by God in Jesus Christ," in Williams, *op. cit.*, p. 53.

40. Karl Rahner acknowledges this in his paper, "Experiment: Man," *Theology Digest*, Sesquicentennial Issue, Feb., 1968, pp. 57-69.

41. Richard Wasserstrom sensitively describes this problematic in his "The Status of the Fetus," in *The Hastings Center Report*, vol. 5, no. 3 (June, 1975), pp. 18-22.

42. Cf. the exchange of Lejeune and Steinberg on the role of medicine in natural selection in Hilton, *op. cit.*, p. 19; and Gustafson's precautionary remarks about utilizing eugenic arguments in making moral judgments, *ibid.*, p. 109.

43. Szasz, Thomas S., *The Ethics of Psychoanalysis*, (New York: Basic Books, 1974), presents some very cogent arguments to explain the role of the fee in the context of psychoanalysis, especially in chap. 2 and 7.

44. Cf. the Hippocratic Oath: "The regimen I shall adopt shall be for the

benefit of my patients according to my ability and judgment and not for their hurt or for any wrong," in *The Encyclopedia Britannica*, vol. 11: 827.

45. This is the burden of Gustafson's essay on "Genetic Engineering and the Normative View of the Human," in Williams, *op. cit.*, pp. 46 ff.

46. Cf. James N. Lapsley, *Salvation and Health: the Interlocking Processes of Life* (Philadelphia, Pa.: The Westminster Press, 1972), especially chap. II.

47. *Code for Nurses with Interpretive Statements* (New York: American Nurses' Association), provides very helpful guidelines for the nurse-patient relationship, along these lines, as when it directs:

1. The nurse provides services with respect for the dignity of man, unrestricted by considerations of nationality, race, creed, color, or status. . . .
4. The nurse acts to safeguard the patient when his care and safety are affected by incompetent, unethical, or illegal conduct of any person. . . .
6. The nurse participates in research activities when assured that the rights of individual subjects are protected.

48. Cf. W. G. McGown, "Compassion," in C. F. H. Henry, ed., *Baker's Dictionary of Christian Ethics* (Grand Rapids, Mich.: Baker Book House, 1973), p. 119.

49. Dubos, *op. cit.*, p. 227, is one who vigorously pushes the idea that human survival and well-being are intimately connected with this interaction with his environment.

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