

The Linacre Quarterly

Volume 54 | Number 2

Article 12

May 1987

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Recommended Citation

Tonti-Filippini, Nicholas (1987) "Bioethics and Ethical Dualism," *The Linacre Quarterly*: Vol. 54 : No. 2 , Article 12.
Available at: <http://epublications.marquette.edu/lnq/vol54/iss2/12>

Bioethics and Ethical Dualism

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The matter of "ethical dualism" is of serious concern in the directions which modern medicine is taking. Rev. Brian Johnstone shows its application to in vitro fertilization and the Catholic tradition of maintaining the inseparability of the unitive and procreative dimensions or meanings of human sexuality.¹ However, the problem of dualism has much wider application in both the field of genetic engineering and in the field of psychiatric medicine.

Father Johnstone outlines two forms of "ethical dualism" which are to be avoided. First, "physicalist dualism" labels that range of claims which tend to "elevate the physical at the expense of the spirit". The second form of dualism is that which exalts the spirit or mind and devalues the body. Father Johnstone speaks of "instrumental dualism" in this context.²

He defends the traditional teaching against the charge of "physicalist dualism" and questions the contemporary acceptance of artificial procreative techniques by many moral theologians. His claim against them would appear to be that their dismissal of the traditional teaching on the grounds of physicalism cannot be sustained, and further, that they have failed to provide an account of human sexuality which is not "instrumentally dualist".

The account of Church teaching on sexuality which Father Johnstone defends would seem to be well-summarized in the following comment by another author:

Each act of intercourse is a significant event, and the Church seems to be insisting in a notable way on its integrity. This makes sense of the understanding that the human ministry of procreation is a high dignity, that sexual intercourse is meant by God to be a way of cooperating with him in procreation (which can remain just as true when only a small proportion of such acts in fact result in the initiation of a new human being, as it would if every act did so), and that this particular means of procreation has been chosen by God as a way of developing human warmth in parents and of giving dignity and assurance to each new human person in the knowledge that he or

she started life as the result of an extremely human and significant act of love that involves intimately both the bodily and spiritual dimensions of humanity and that is such as can be a genuine welcome to the new person and can be recalled by the parents as a celebratory act.³

All this is clear enough, even if not uncontentious, in the application of the traditional teaching on human sexuality to those forms of medical intervention which displace the unitive act in the initiation of a new life.

However, putting the difficulties of reproduction aside, the distinction which Father Johnstone makes between the integral humanism of traditional teaching and the two forms of dualism has much wider application and is, therefore, of considerable importance.

Firstly, the field of genetic engineering provides scope for altering genetic structure. Most of the work being done appears to be in the area of developing new substances and organisms which may or may not be of therapeutic benefit or be put to industrial uses. Much of the ethical concern about these possibilities has focused on the dangers of creating and accidentally unleashing new viruses which may cause great harm. Concerns of this kind led to early moratoriums on the work, which were lifted once it had been shown that laboratory facilities had been established which protected against such disasters.⁴

However, a concern which has not been fully aired is the concern that the possibility of altering the genetic structure of a human individual now exists. That is, there is not only the possibility not merely of developing organisms, substances, etc. which may be used in medical treatment, but also the possibility of seeking to change the genetic structure of either some organs of an individual or of the whole individual for the purposes of overcoming a genetic defect or for the purposes of creating some "desirable" qualities in that individual.

One possibility which is being put forward is that of treating a person who carries a genetic disease by removing some tissue from an organ which is affected by the disease, repairing the damaged genes in the cells by genetic engineering techniques and transferring the repaired cells back to the organ.⁵ One might call this "cell therapy".

A second possibility is that of identifying couples who are carriers of genetic diseases, having them take part in an IVF program and thus obtaining their embryos. Embryos which have the major form of the disease or which are carriers of the disease may then either be discarded or become subjects of procedures aimed at repairing the genetic defects. The possibility of embryonic diagnosis and selection of the healthy embryos has been put forward by one of Melbourne's IVF teams as a use which would justify embryo experimentation.⁶ The proposal is to extend the use of IVF beyond the management of infertility to genetic selection for couples who carry genetic diseases.

The project of genetic screening by diagnosis and selection is obviously morally flawed as it involves the deliberate destruction of life, and much has been said of that in the discussion of selective abortion.

However, what is new is the possibility of gene repair in the embryo. For the sake of argument, one could separate this, as an issue, from IVF, by suggesting the possibility of obtaining the embryos after normal conception but before implantation in the uterus.

The significant feature of repairing or altering genes in the early embryo is that one would be changing the genetic structure of the whole individual. Not only might it be possible, for instance, to repair the damaged gene of an individual with Down's syndrome, but it would also be possible to alter sex and any other genetically determined characteristic. Thus one would not be merely treating an individual, as medicine has traditionally attempted to do, but *reforming or reshaping an individual*.

Thus there is the possibility of achieving profound changes in that which determines the fundamental nature of an individual in a biological sense.

This is the point at which the issue of dualism is important. If one can conceptually separate a person from his or her body, then altering the genetic composition of the body has little metaphysical significance. If, however, as traditional teaching has it, the person is an integral humanity, then changes which are so fundamental as altering sex genes, for instance, are significant indeed.

Rev. Robert Brungs, S.J. asks the question: "Human body—artifact or icon?" This question would seem to lie at the heart of the issues raised by the developments in genetic medicine.

However, it is not only genetic medicine which raises this issue. Psychiatric medicine has long postulated the role of biochemistry in the formation of personality. Much therapy is based upon this premise. The relevant question which requires an answer would seem to be, "Can changes to the biological determinants of personality effect changes to personhood?"

The answer to questions of that kind demands of us the development of an adequate metaphysical understanding of personhood. Medicine is now reaching a stage where it can not only attempt to restore a person to health, but also can attempt fundamental changes to the person and perhaps to what is fundamentally a person.

Presumably, a premise of therapeutic intervention has been that of sustaining, protecting and certainly not harming persons. But that now raises the important question, "What essentially is this person who is to be thus protected?" At what stage does intervention exceed that which is merely therapeutic?

The development of an adequate philosophy and theology of the human body of integral humanity, is rapidly becoming a burning issue.

Western culture has already accepted the change in emphasis in managing genetic disease from treatment to elimination by eliminating the diseased. The possibility of overcoming a genetic disease, changing the sex or achieving some other desired characteristic by altering the genetic structure may be presented as a way of saving a life which otherwise might have been discarded. How are we to greet these possibilities which are no longer hypothetical but which are being attempted?

If a person is a dynamic, organized unity with the capacity for inquiry, doubt, insight, rationality, self-consciousness, etc., then what can we say of intervention which is aimed at altering the structure of that organization? We have the capacity not merely of seeking to make changes to the human body, but also of making changes to that which, in a sense, creates or organizes that body.

In his treatment of the issues raised by the new techniques of reproduction, Father Johnstone has emphasized an issue which is now crucial to the way in which we must deal with the new possibilities. It is of vital importance that our theologians and philosophers turn their minds to the development of an adequate account of the nature of the integral humanity of the human person. It is on this issue that the questions now being raised by the medical sciences will be determined.

References

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