THE ETHICS OF FETAL RESEARCH
by Paul Ramsey. New Haven: Yale University Press, 1975, 96 pages, $7.95
Reviewed by Amitai Etzioni

Just as war is too important to be left to the generals, so medical and scientific decisions regarding life and death, health and well-being are too important to be rendered solely by physicians and researchers. This viewpoint is especially true now that recent advances in biomedicine are blurring the traditional boundaries between life and death, and new developments in genetic engineering increasingly expand the area of choice in matters affecting the biological composition of future generations. Since many of the decisions involve choices among values far more than judgments based on purely technical considerations, all citizens deserve an informed voice. Participation via our elected representatives, who are often unrepresented as well as preoccupied with other issues, is not sufficient. New mechanisms must be created.

My call for public oversight of genetic engineering in 1973 was considered an extreme position at that time. Since then, however, opportunities for participation in these matters have expanded. On the individual level, for instance, women are asking their physicians to explain the bases of the medical advice given in order to make informed decisions regarding their own bodies. On the collective level genetic researchers have voluntarily agreed among themselves to suspend certain lines of investigation judged to pose possible health hazards, and the government has become involved in regulating modes of research principally concerned with experimenting on human subjects. Paul Ramsey's latest book, The Ethics of Fetal Research, examines one such governmental regulatory effort from the viewpoint of both procedural and substantive ethical issues.

The details of what events actually occurred and Ramsey's evaluation of these events are exceedingly complex and will not be repeated here. The book's main procedural point is that concern has been expressed about a range of experiments which scientists have performed on aborted or soon-to-be-aborted fetuses. In some of these experiments a medically or spontaneously aborted fetus lived up to eleven days but was then terminated because scientists believed it to have been harmed by the research. In other cases women were paid to submit themselves to various experiments. In still other instances a relatively advanced fetus (twenty-six weeks) was subjected to experimentation of no use to this fetus.

Responding to the concern expressed over these and other experiments, the British and American governments established committees to develop regulations by which researchers would have to abide in order to receive public funds. Any such regulations must clearly balance protection of the sanctity of the individual (violation of which threatens the very foundations of civility) against protection of the scientific need for freedom of inquiry (which holds out the promise of an eventual increase in the knowledge required to save lives). Ramsey is almost exclusively concerned with the issue of individual sanctity.

Ramsey points out that the original federal attempts to develop guidelines for research on human subjects, as outlined in the National Institute of Health's document Protection of Human Subjects: Policies and Procedures, took place in bureaucratic secrecy without public hearing or involvement. He does not fault the actual guidelines developed (which proved to be restrictive and sensitive to many subtle issues) as much as the closed and unrepresentative processes by which they almost became official policy. Ramsey questions why the revision and adoption of the rules were reserved to the medical community, and not conceded to be the public's business. "If research ethics should reflect the ethics of a wider human community, we need open covenants more openly arrived at. . . . As an ethicist of principles (not of consequence only) it is disconcerting to have to acknowledge a case in which questionable means or procedures produced good results."

Ramsey's complaint is complicated by the fact that while this set of guidelines evolved under administrative auspices, Congress—propelled by antiabortion forces—summarily outlawed all support for fetal research. This action illustrates the dangers of regulating research via governmental authority. It is possible, however, that the Congressional ban may be lifted when a commission currently at work formulates new guidelines under which fetal research might be pursued.

Substantively, the question of what a researcher may do to a fetus appears deceptively simple at first. Since the fetuses in question are subject to spontaneous or induced abortion, i.e., they are certain not to be born anyway, why not use them for research which could have beneficial outcomes for those fetuses destined to live? Why not, for example, once properly informed consent has been obtained from a woman, inject her with antibiotics and study the effects that the drugs have on the fetus? The results obtained might prove significant for treatment of fetuses not to be aborted which are in need of such drugs. Or why not attempt to keep those aborted fetuses alive by the use of saline immersion plus hyperbaric oxygen to study their development with the hope of saving future premature deliveries endangered by immature lungs?

The ethical dilemma is created by thinking of the fetus as a live human being, a view that Ramsey champions. The fact that the mother does not want the fetus and that society and medicine accommodate her, up to

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"THE BIRTH OF HUMANITY BEING"
By Jim Robertson

1974, 114 pp, Hardcover $5, Paperback $3, Prices include shipping. Robertson, P.O. Box 2227, North Hollywood, Calif. 91602.

This book concisely describes the economic, social-biological and religious changes we will make in order for any of us to continue to live at all. These changes will amount to the most profound change in all human history. They will enable us to make a spectacularly rapid improvement in the welfare of our entire human population, to generate an abundant economy and to bring about the good life for all human beings on earth. We couldn't hope for more. This book contains THE idea for our times and THE vision without which we will all perish.
a certain point in gestation, Ramsey argues, does not render the fetus without a moral status. Ramsey sees fetal research as human experimentation. With this position in mind he likens the fetus to a child, to an unconscious patient, and to a dying or condemned person. To warrant experiment on these categories of persons, the first two being unable to consent and the latter two being irreversibly doomed, is to undermine the sanctity of human life. According to the author, "We shall have to ask, therefore, whether the restrictions upon submitting these people to research unless it is in their medical interest do not also apply to the fetal human being."

The same reasoning applies to a newborn infant or one about to be born. But what about a fetus in earlier stages of development? Is it simply tissue which can be dealt with as a wart, or must it be considered a miniature human being? Ramsey leans heavily towards the latter proposition and justifies his position by cleverly exploiting the ambiguities that arise when we attempt to resolve ethical issues via technical means. The dominant scientific and public view is to regard the fetus, up to a given stage of gestation, as previable, hence not alive, not human, and basically a piece of tissue. After this stage the fetus becomes viable, a human life; the termination of this life becomes grounds for trial and condemnation. The problem with this piece of science fiction is that technological and related medical developments push the arrival of viability to increasingly earlier stages, forcing the inclusion of ever smaller, lighter, and younger fetuses in the human category. Some three-month-old fetuses may soon be viable—if they are not yet.

More problems arise since the term "viable" does not have a clear scientific meaning. If one considers viability to mean the ability to function autonomously, without outside help, no newborn infant is capable of independent life; thus all fetuses must be perceived as nonviable. On the other hand, if one considers viability to mean the ability to function at a minimal level with the aid of any available medical knowledge and equipment, a piece of tissue—and ever younger fetuses—can be sustained outside the womb for long periods of time and therefore must be viewed as viable. Ramsey further points out that all other technical indicators, such as respiration or presence of brainwaves, provide similarly ambiguous time lines for viability or for any other natural indication of when abortion and experimentation become morally unacceptable. If heeded, such indicators would set the taboos on scientific intervention either too late or too early in terms of what is socially acceptable and scientifically useful.

We cannot escape our responsibilities by hoping to rely on a technical cue given by nature. Moral decisions must be made on moral grounds. Now that we are increasingly making decisions heretofore considered to be matters of fate, we must develop the procedures and criteria for determining who and what shall live and die and which fetuses are tissue and which are human. The answer is a viewpoint which regards the fetus as slowly assuming ever more human features, gradually acquiring a moral status, and—at each corresponding phase—gaining in rights. For the first four and one-half months the fetus is subhuman and relatively close to a piece of tissue, to be preferred as a subject for experimentation (although not quite so trivially as an animal); it has a special status as a prospective child. Once quickening sets in and the heartbeat intensifies (neither characteristic occurring at a precise stage of gestation, therefore being more symbolic than technical signs of life) the fetus should be seen as closer to being a child, and experimentation should be more closely regulated.

Nevertheless, even a six-month-old fetus is not the equivalent of a child or an unconscious, dying, or condemned person: the fetus is not a full-fledged human being. We shall have to accept the existence of more than two gradations of life, i.e., tissue versus human, if ethical guidance for fetal experimentation is to be subtle enough to protect both human dignity and science. Specific criteria develop from such a position: abortions performed during the subhuman stage will be more acceptable than those performed afterwards; experimentation on fetuses shall be undertaken only when other sources of data, such as animal studies, have been exhausted; and more stringent review processes will be required to approve experimentation on advanced fetuses than those required for younger ones. The details of further ethical guidance can best evolve from this principle of varying gradations of life.

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