

Faith & Thought



Relating advances in knowledge to faith within society

April 2010 No. 48

In this issue:

- **Medical Ethics - Playing God**
Terence Mitchell, Charles Foster, Caroline Berry,
Andrew Fergusson and Duncan Vere

FAITH and THOUGHT

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Editorial

Advances in medical research have fuelled unrealistic expectations concerning the beginning and end of life. For many people having a healthy baby and being able to live a long, relatively pain-free life and having a 'good' death is considered a right. The use of IVF (in vitro fertilisation) in fertility treatment has resulted in the production of 'spare' embryos. Should these be made available for scientific research or should they be destroyed? Fetal screening to detect any genetic abnormalities is a laudable aim, but the assumption that, if abnormalities are detected, there should be a mandatory abortion, raises acute ethical questions for both expectant mothers and doctors. Along with this there is a growing number of bioethical philosophers who advocate the abandoning of the Christian concept of the sanctity of life in favour of a utilitarian view which treats both infants and elderly demented people as non persons who can be disposed of as less worthy of life. These are some of the issues tackled by our speakers at our symposium (Medical Ethics-Playing God?) in 2009. All the talks are reproduced in this issue (Charles Foster has submitted a summary). Readers who wish to consider the issues more deeply are recommended to read the excellent study, *Matters of Life and Death*, which is reviewed in this journal. In this book Professor John Wyatt calls Christians to reinstate the Biblical message that all humans are created in the image of God and to demonstrate our commitment to this by showing love and compassion to all. Such a worldview, he believes, is not only true but is beneficial to individuals and society. It protects the vulnerable and accords with our deepest human intuitions.

FAITH AND THOUGHT

(THE VICTORIA INSTITUTE)

IS GOD GOOD? -BELIEF IN THE FACE OF EVIL

OPEN SYMPOSIUM

Saturday 13th November 2010

10.00 a.m. - 4.30 p.m.

**Speakers include the Rev. Dr. Nigel Wright,
Rev. Dr. Ernest Lucas, Rev. Sally Nelson**

**Kings Cross Baptist Church, Vernon Square
London WC1X 9EW**

Registration fee £15.00 (Full Time Students £7.00) including coffee and tea.

**Lunch: there are restaurants in the area; sandwiches are obtainable
locally; a room will be available for packed lunches.**

**The registration fee will be refunded to anyone joining the Institute
(FAITH AND THOUGHT) on the day of the symposium.**

**Booking: The Rev. J. Buxton, 15 The Drive, Harlow Essex CM20 3QD
Tel: 01279 422661 Email j.buxton@virgin.net**

Obituary

PROFESSOR DONALD JOHN WISEMAN, O.B.E., M.A., D.Lit., F.B.A., F.S.A. 1918-2010

Professor Wiseman, who died on Tuesday February 4th 2010 at the age of 91, had a long association with the Victoria Institute, for many years as a Vice-President.

Born in 1918, in a family of Christian believers, he made his own commitment by going for baptism by immersion at the age of 14. He had what might be called an hereditary interest in the Institute, because his father Percy J. Wiseman (1888-1948) had been elected an Associate in 1919, at that time as Major Wiseman, becoming a member of the Council in 1939 and Chairman of the Council in 1943. He had been transferred to the R.A.F. when it was first formed, and served in the Middle East from 1921-26, during which time he had ample opportunity to visit ancient sites in Iraq, some under excavation, and to make a collection of Babylonian antiquities, notably cuneiform tablets and seals. He continued to serve during the Second World War, reaching the rank of Air Commodore (equivalent to the army rank of Brigadier), and was invested C.B.E. in 1943 [Obituary, *JTVI* 80 (1948), pp.xvii-xviii and frontispiece portrait.].

In 1927, when Donald was 9 years old, his father gave an illustrated lecture to the Victoria Institute on "Babylon in the Days of Hammurapi and Nebuchadrezzar", illustrated by slides of ancient sites in Mesopotamia. The chairman of the meeting, Theophilus G. Pinches, was a very distinguished Assyriologist, whose work is still highly respected today, and, who himself had become a Corresponding Member of the Institute in 1879 [see T.C.F. Stunt in *Faith and Thought* 94 (1965), p.172], and delivered several papers to the Institute. He had served on the staff of the British Museum from 1878 to 1900 when he was unfairly forced into retirement, and took up a lectureship at University College, London, continuing to do valuable work on the cuneiform texts. In his closing remarks he says of Donald's father's lecture that "Such a communication as this, by one who has been on the spot and visited the ruins, gives an idea of the country and the conditions prevailing there such as other sources of information rarely contain. From the pictures that have been shown we get a very real idea of the confused heaps of ruin-mounds which the explorers have to investigate and the difficulties by which they are faced. Squadron-Leader Wiseman's knowledge of the literature is exceedingly extensive" [*JTVI* 59 (1927), pp.121-136.].

Donald would, of course, have heard about all this from his father and knew the antiquities he had brought back from Mesopotamia, so when he reached university age in 1937 he entered Kings College, London, to begin an undergraduate course in Ancient History. While engaged in these studies, he was persuaded by Dr W.J. (Bill) Martin, a friend of his father, to change his specialization to ancient oriental languages. W.J. Martin, Rankin Lecturer in Semitic Languages at of the University of Liverpool, was

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a good all round Semitist, and a man of strong Christian faith, who had obtained his doctorate under B. Landsberger (a leading figure in twentieth century Assyriology) in Leipzig. Donald was allowed to adjust his course, and to begin the study of Akkadian (Assyrian and Babylonian) under S.H. Hooke, and Hebrew under S.L. Brown, at Kings. He also established contact with the British Museum at this time, and was able to arrange for private tuition in Akkadian from Sydney Smith, the Keeper of Egyptian and Assyrian Antiquities.

This period of study was interrupted by the war. He volunteered for the RAF in 1939, and by 1940 was Personal Assistant to Air Vice-Marshal Keith Park (whose statue, at present on the northwest plinth in Trafalgar Square, is perhaps to be set up in Waterloo Place), who was in command of all fighter aircraft in southeast England, and who made a major contribution to success in the Battle of Britain. When Park was posted to other commands, Donald, who had made a Report on night flying observations, was transferred as a result to the Ultra Intelligence operation, in which he was one of those officers conveying to commanders in the field intelligence information derived from the Ultra secret source known as Enigma which was being decoded at Bletchley Park. This led to his appointment in due course as Chief Intelligence Officer Mediterranean Allied Tactical Air Force under Field-Marshal Harold Alexander, Commander-in-Chief Mediterranean, giving daily intelligence briefings on the basis of Ultra material, as the forces advanced through North Africa and Italy. At this time, still in his twenties, he had risen to the rank of Group Captain, the equivalent of full Colonel in the Army. For his services he was awarded the O.B.E. and the American Bronze Star.

When he was demobilised in 1945, he was able to take advantage of the fact that, unknown to him, S.L. Brown, the Professor of Hebrew at Kings College, had entered his name for an Exhibition in Oriental Languages at Wadham College, Oxford. He therefore took up this Exhibition and resumed his study of Hebrew with G.R. Driver, at that time Old Testament Editor for the New English Bible, and of Akkadian with O.R. Gurney. While there he became fully involved in the OICCU, in his last year as President.

In 1945 his father had given a lecture to the Victoria Institute (with Sir Frederick Kenyon in the chair) on "Archaeological and Literary Criticism of the Old Testament", in which he discussed the changing views of A.H. Sayce, who like Pinches became a Corresponding Member of the Institute in 1879 [see Stunt in *Faith and Thought* 94 (1965), p.172], and who was still well known in 1945 for his book (now much out of date) *The "Higher Criticism" and Verdict of the Monuments* (1894). Sayce had no strong religious convictions about the reliability of the Old Testament, and fully accepted the results of the "higher criticism", but new archaeological discoveries led him to change his mind and to argue for the reliability of the Old Testament. [JTVI 77 (1945), pp.101-111] This was a conclusion that would have been well known to Donald, and which he would do much to support during his career.

In 1948, after Donald took his Oxford degree he was appointed to the post of Assistant Keeper under Sydney Smith in the Department of Egyptian and Assyrian Antiquities in the British Museum. His first assignment there was the publication in 1953 of a group of Akkadian cuneiform tablets of the second millennium B.C. from the excavations of Sir Leonard Woolley at Tell Atshanah, ancient Alalakh, in Syria. These contain material of indirect relevance to the Old Testament, but a more mainstream contribution to Old Testament study was provided by his publication in 1956 of a group of texts in the British Museum known as Babylonian Chronicles, one of which, covering the years 605-594 B.C., provided the precise date, 16 March 597 B.C., of the capture of Jerusalem by Nebuchadnezzar. His book *Chronicles of Babylonian Kings (626-556) in the British Museum* (1956) caused a considerable stir. In his time at the Museum he was often called upon to answer enquiries from the public, many of them relating to the Bible, and his book *Illustrations from Biblical Archaeology*, published by the Tyndale Press in 1958, was helpful both to those who could use it in the galleries and to those who would read it at home.

While he was at the Museum he several times took part as epigraphist in the excavations of the British School of Archaeology in Iraq under M.E.L. Mallowan (husband of Agatha Christie) at Nimrud ancient Kalhu (Biblical Calah), publishing many of the cuneiform texts. He was an integral part of the Nimrud expedition, and Mallowan refers to him in his *Memoirs* as "my dear friend Donald Wiseman. Ever ready to turn his hand to anything and of imperturbable good humour he took in good part our gentle mockery of his fundamentalist inclinations." He had a long association with the Iraq School, serving as Editor of its journal *Iraq* from 1953 to 1978, as Chairman of the Council from 1970 to 1988, as Vice-President from 1988 to 1993 and as President from 1993 to 2000.

Among the major texts found at Nimrud was an inscribed stone stela of the Assyrian king Ashurnasirpal II which recorded his conquests and the establishment of his palace, with details of a great banquet held for 69,574 guests. In publishing this Donald drew attention to the figure of 120,000 given in the book of Jonah (4:11) for the population of Nineveh, and the fact that this difference in the figures matches the actual areas of the two ancient sites, the surrounding walls of Nimrud extending to 4.75 miles and those of Nineveh to 9.25 miles. Another text, published by him under the title *The Vassal-Treaties of Esarhaddon* (1958), played a part in discussion of Biblical covenants which was a prominent subject in the Old Testament field for some years.

He made the results of his work in these fields available to the Victoria Institute in papers on "Recent Trends in Biblical Archaeology" [*JTVI* 82 (1950), pp.1-13], "Genesis 10, Archaeological Considerations" [*JTVI* 87 (1955), pp.13-24], "Secular Records in Confirmation of Scripture" (the Gunning Prize Essay, 1954) [*JTVI* 87 (1955), pp.25-36], "The Place and Progress of Biblical Archaeology" [*JTVI* 88 (1956),

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pp.118-128], and in 1965, the centenary year of the Institute, he delivered a paper, not intended for publication, on "A Hundred Years of Biblical Archaeology". In 1974 he was elected a Vice-President of the Institute, in company with Professor F.F. Bruce and Lord Denning the Master of the Rolls.

In the years after the war Donald became involved in the establishment of the Tyndale Fellowship and of Tyndale House in Cambridge, serving as Secretary (1948-57) and then Chairman (1957-86) of the Biblical Research Committee (in 1977 renamed Tyndale House Council), and for many years taking the chair of the Old Testament Study Group. He gave the 1950 Tyndale Old Testament Lecture on "The Literary Environment of Some Early Hebrew Writers", was one of the editors of the *New Bible Dictionary* (1961), and General Editor of the Tyndale Old Testament Commentary series, to which he contributed the volume on *1 and 2 Kings* (1993).

In 1961 he left the British Museum to take up the Chair in Assyriology at the School of Oriental and African Studies of the University of London where he became a close colleague of Professor J.N.D. (later Sir Norman) Anderson (a Vice-President of the Victoria Institute).

He was elected a Fellow of the British Academy in 1966, and in 1983 delivered the triennial series of Schweich Lectures, published in 1985 as *Nebuchadnezzar and Babylon*.

In the early 1970s he was asked to participate in the preparation of the Old Testament section of the New International Version of the Bible in which his old friend W.J. Martin played a major part. When the complete version was published in 1978, Donald convinced the Executive Director of the Gideon Association in Britain that it could be offered to hotels as an alternative to the Authorised Version which had been presented since 1949. In a few years the AV was seldom asked for and the NIV is now the only version placed by the Gideons in Britain.

His father P.J. Wiseman had published two books, *New Discoveries in Babylonia About Genesis* in 1936 and *Creation Revealed in Six Days* in 1948, and in 1997 Donald reissued these together in a single volume under the title *Clues to Creation in Genesis* with a new introduction. Because of his known involvement in the subject, Donald is often assumed, wrongly, to have been the author of both volumes himself.

T.C. Mitchell

Annual General Meeting: October 17th 2009

The meeting was held on Saturday 17th. October at 2.00 p.m. at Kings Cross Baptist Church, Vernon Square, London WC1X 9EW during the annual symposium and was attended by all participants.

- (a) The chair was taken by the Rev.Dr. R.H.Allaway.
- (b) The Minutes of the previous AGM were read and agreed.
- (c) The President, Vice-President and Honorary Treasurer were elected for a further term of service.
- (d) The Rev.J.D.Buxton M.A., the Rev.Rodney Holder MA.,D.Phil, FRAS, FIMA and Mr.Reg Luhman BD.(Hons) M.A., who formally retire, being eligible for re-election, were re-elected for a further period of service on the Council.
- (e) It was reported that the Rev.Nick Mercer B.A. M.A. M.Phil. PGCE had resigned from the council following his appointment as vicar general for the London College of Bishops.
- (f) It was reported that Mr.T.C.Mitchell M.A. had stepped down as chairman of the Council and that the Rev.R.H.Allaway B.SC. M.A. Ph.D had been appointed in his place.
- (g) The Rev.John Buxton M.A presented the annual accounts, which are available upon application. The chairman thanked the Hon. Treasurer for preparing these accounts.

Notes on Psalm 139:13-16

T.C. Mitchell

Psalm 139 often figures in the discussion of medical ethics because it is reasonable to interpret it as including reference to the human embryo.

The purpose of this short note is to analyse the most relevant verses, 13-16. It will be simplest to set these out in the rendering of various English versions (TNK = *Tanakh. The Holy Scriptures. The New JPS Translation According to the Traditional Hebrew Text* (Jewish Publication Society; Philadelphia and Jerusalem, 1985), together with an attempted literal translation (Lit.) with notes:

AV. (13) For thou hast possessed my reins: thou has covered me in my mother's womb.

NIV. (13) For you created my inmost being; you knit me together in my mother's womb.

ESV. (13) For you formed my inward parts; you knitted me together in my mother's womb.

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TNK. (13) It was You who created my conscience; You fashioned me in my mother's womb.
Lit. (13) For you have possessed my kidneys(?) you weave me in the womb of my mother

(14) I will praise thee; for I am fearfully *and* wonderfully made: marvellous *are* thy works;
(14) I praise you because I am fearfully and wonderfully made; your works are wonderful,
(14) I praise you, for I am fearfully and wonderfully made. Wonderful are your works;
(14) I praise You, for I am awesomely, wondrously made; Your work is wonderful;
(14) I will praise you because fearfully I was distinguished/made, extraordinary your works,

and *that* my soul knoweth right well. (15) My substance was not hid from thee,
I know that full well. (15) My frame was not hidden from you
my soul knows it very well. (15) My frame was not hidden from you,
I know it very well. (15) My frame was not concealed from You
and my soul knowing power. (15) not hidden my bones from you,

when I was made in secret, *and* curiously wrought in the lowest parts of the earth.
when I was made in the secret place. When I was woven together in the depths of the earth,
when I was being made in secret, intricately woven in the depths of the earth.
when I was shaped in a hidden place, knit together in the recesses of the earth.
which was made in the hiding place, I was woven under earth.

(16) Thine eyes did see my substance, yet being unperfected, and in thy book all *my members* were
(16) your eyes saw my unformed body. All the days ordained for me were
(16) Your eyes saw my unformed substance; in your book were
(16) Your eyes saw my unformed limbs; they were
(16) My embryo(?) saw your eyes, on your document all of them

written, *which* in continuance were fashioned, when *as yet there* was none of them.
written in your book before on of them came to be.
Written, every one of them, the days that were formed for me, when as yet there Were none of them.
all recorded in Your book; in due time they were formed, to the very last one of them.
are written, days were formed, and not one in them.

NOTES

(13) **For you have possessed** [perfect of *qānāh*, “to acquire, buy”] **my kidneys(?)** [plural of *kilyāh*, with which compare Akkadian *kalītu*, found in omen texts in reference to an organ observed by dissection done to inspect for blemishes, making “kidney” a reasonable translation; it also occurs in Akkadian medical texts referring to a back area of the human body, no actual dissection having been carried out, but where “kidney” is reasonable a translation; this meaning is supported by Arabic *kulya*, “kidney”; and it is a plausible rendering for *kilyāh* in Exodus 29:13] **you weave me** [imperfect of *sākak*, I, “to cover”; II, “to weave”] **in the womb of** [*beten*, “belly, womb”] **my mother** [‘*ēm*, mother].

(14) **I will praise you** [imperfect of *yādah*, “to praise”] **because fearfully** [passive participle of *yārē*, “to fear”] **I was distinguished/made** [the form (*nīplēti*) is perfect passive of *pālah*, “to distinguish”, but is rendered “I am made” in many versions, perhaps on the assumption that the verb was *pā'al*, “to make”, i.e. hypothetical *nīp'altī*] **extraordinary** [passive

participle of *pālā*, “to be extraordinary, marvellous” (only in the passive in the OT)] **your works** [noun, plural, from *’āśāh*, “to make, manufacture” (a verb used frequently in the Old Testament of the work of a craftsman)] **and my soul** [*nepeš* (nephesh), “breath, personality, life; soul”]; where “soul” is a possible rendering here, with something of the sense “an immaterial part of human nature”] **knowing** [infinitive of *yāda*, “to know”] **power** [*mē’ōd*, “power, might”].

(15) **not hidden** [perfect passive of *kāhad*, “to hide” (not in the active in the OT)] **my bones** [plural of *’ešem*, “bone”] **from you which** [*’āšer*] **was made** [passive participle of *’āśāh* ↑] **in the hiding place** [*sēter*, “hiding-place, refuge”] **I was woven** [perfect passive of *rāqam*, “to weave” (also Ex 26:36, *rōqēm* (active participle), “weaver”, the only other OT occurrence)] **under** [plural of *tahat*, “under, beneath” (lowest parts)] (the) **earth** [*’āres*, ground, land, earth”].

(16) **my embryo** (?) [*golem*: this is the only occurrence in the Old Testament, but the word is found in Middle (Post-Biblical) Hebrew *gōlem*, “a rolled up, shapeless mass” > (1) “lump, a shapeless or lifeless substance”; (2) “unfinished matter, a vessel wanting finishing”; and Middle Aramaic *gōlēmā*, “unfinished vessel” etc. (M. Jastrow, *A Dictionary of the Targumim, the Talmud Babli and Yerushalmi, and the Midrashic Literature* (2nd ed.; New York, 1926), I, p.222), but the possibility cannot be ruled out that these later meanings did not precede, but arose from this passage in Psalm 139] **saw** [perfect of *rā’āh*, “to see”] **your eyes** [*’ayin*, “eye”] **and on** [*’al*, “on, over”] **your document** [*seper* (sepher), “inscription, document, scroll”] **all of them are written** [imperfect passive of *kātab*, “to write, register, record”] **days** [*yôm*, “day”, plural] **were formed** [perfect passive of *yāšar*, “to form, fashion, create (with God as the subject)” (like *’āśāh*, a verb used in the Old Testament of the work of a craftsman)] **and not one in them**.

The Hebrew verbal system does not precisely match that in Indo-European languages, but this chart gives some indication of the senses of what are called the Perfect and Imperfect.

	Tense	Aspect
Perfect	past time	completed action
Imperfect	non-past time	non-completed action

The Tyranny of Autonomy in Medical Ethics and Law

Charles Foster Q.C.

Medical ethics is classically said to have four core principles: autonomy, beneficence, non-maleficence and justice. None of these works by itself. Beneficence tells the doctor: ‘do good’? But that command begs many questions – notably ‘good according to whom?’. Non-maleficence says: ‘Do no harm?’ but again gives no clue as to what constitutes harm. One man’s harm may be another’s man’s grace. Non-maleficence imposes no positive obligations. A doctor will do no harm to his patients if he stays in bed (as long as he is not in bed with a vulnerable patient), but a doctor perpetually abed is no doctor at all. Justice insists that one should be even-handed in one’s treatment of patients, but if a doctor is being even-handed, justice has nothing much more to contribute. And autonomy: well, autonomy says that the patient is sovereign over his own body. That assertion at least has the apparent advantage of dictating more about the substance of a doctor’s duty than the other principles, and that is no doubt one reason why it has assumed a now almost unquestioned hierarchy over the other principles.

But there are other reasons for autonomy’s supremacy. Some are good. Autonomy is a veteran of the battle against medical paternalism. It fought the good fight against the Lancelot Spratts of this world, cheered on by all right-thinking people. And autonomy has the sort of respect for individuals and their choices that God has in the Judaeo-Christian tradition.

Autonomy is more than the first among equals. In modern medical ethical debates it is often assumed that autonomy has the first, last and only word. Anyone saying that one of the other principles might have something to contribute is often seen as a benighted mediaevalist. Read the GMC’s ethical guidelines: they have been dictated by autonomy. And not a very warm, cosy, pastoral brand of autonomy either – the icy type beloved of John Stuart Mill and Julian Savulescu. And, by a strange irony, that autonomy can be brutally dictatorial.

I suggest that there is a new and perverse form of Kantianism ruling out there in the consulting rooms and on the ward. Kant said that one was only truly free insofar as one’s behaviour and thinking was in line with his ‘Universal Law’. For him that Law was, more or less, Christian morality (as he saw it). Should one stop someone engaging in extra-marital sex? Yes: someone who wanted to fornicate or commit adultery was not acting freely. One should try to ensure that people were truly free. Therefore you should compel them back into freedom. It the same argument used everywhere to justify malignant theocracies. And it is used in the new orthodoxy, where autonomy rules OK.

Medical ethics tends to assume that everyone conforms to autonomy’s pastiche of the

free man. Such a man (and he does tend to be emphatically masculine) will have a clear idea as soon as he reaches majority of how he wants to spend his life. He will draft mentally, and very possibly literally (in the form of advance directives) a life-plan. He will stride confidently through life in unquestioning conformity to his life plan. He will not look sentimentally back: still less will he look to the right or the left. The future holds no mysteries: how could it? – for he has written it himself. The unforgivable sin for him would be diversion from the plan. The unforgivable sin for others is to divert him. He is free, isn't he? Surely we all want to be like him.

We might pause to observe that he is not the sort of man we would want to have dinner with. He sounds dull, cold and self-obsessed. We might also note that we have never met anyone like that, even in Oxford, Cambridge or the City of London, and that most of the non-western world, with its insistence on defining people in terms of the nexus of relationships in which they persist, would think this 'free man' not just boring and sad but deeply diseased. But he is the ideal to which, say our philosophical masters, we should all aspire. And if we don't want to aspire to it, there is something wrong with us.

This idea has a number of practical consequences. Some of them have metastasised into the law. I give just three examples:

(a) *The right not to know*

Look at the current GMC guidelines on consent to treatment. They make it clear that if a patient tells their clinician that they do not want to know about their diagnosis, prognosis or the risks associated with proposed treatment, the clinician should do his best to ram the information down the patient's throat. This is straightforward New Kantianism: you will be free (in the sense that we define freedom), whether you like it or not. It seems that you cannot autonomously choose not to be autonomous.

(b) *The trumping of fetal rights*

The European Court of Human Rights has been studiously equivocal in its consideration of the question: 'Does the fetus have a right to life under Article 2 of the European Convention?' But even so it has not been prepared to exclude the possibility that the fetus, at least at some stage, has Article 2 rights. And yet it unblushingly endorses national abortion laws that state, in effect, that fetal rights to exist can be trumped by maternal rights to mere social convenience (rights that are expressed in the autonomistic, self-deterministic language of Article 8 of the ECHR). This is jurisprudential gibberish.

(c) *Identity-changing disease and advance directives*

Suppose that X formally executes an advance directive that says: 'If I ever get Alzheimer's disease I want no life-sustaining treatment.' Our New Kantian would smile. X then gets Alzheimer's. It transforms him. As well as robbing him of lots of neurones, it robs him of the neuroses that previously made his life miserable. All the objective indications are that he is happier than he has ever been. He sits in his care

home, beaming, playing cards (badly) with the nurses, and chatting merrily to the other patients. He then gets a chest infection. If he is treated with oral antibiotics he will be better in a week. If he is not treated he will die. His daughters (who happen to be beneficiaries under his will) produce the advance directive, and talk menacingly about s. 28 of the Mental Capacity Act 2005, which purports to make the advance directive binding. It will be unlawful to treat him, they say. His clinicians, intimidated, do not treat. X dies.

Is that right? Certainly our New Kantian applauds the death. But surely what has happened here is that the disease has created (for some purposes) a new being. X has become Y. There is an important continuity between X and Y, but also an important discontinuity. Why should a document signed by X be the death warrant of Y?E

Each of these examples indicates that autonomy is failing to protect important interests. Sometimes the unprotected interests can accurately be described as autonomy interests. Whatever the analysis, autonomy cannot be trusted to do the whole of the job of medical ethics unaided.

Medical ethics and law without autonomy would be unthinkable malignant. But autonomy's sole rule is dangerous. Many young, lean freedom fighters who did great things in their youth grow fat and tyrannous in power. Autonomy is one of them. It needs to learn to listen to other principles: they have something crucial to say.

Some Ethical Issues in Early Life

Dr. Caroline Berry

When I spoke at this conference in 2002 I discussed the very early (pre-implantation) embryo in some detail so will not go over this here. It can be found on page 7 of Faith and Thought no.32 for October 2002. Instead I will focus on events affecting the fetus during pregnancy and early childhood and also consider the ethics of genetic testing in children.

1. Ethical issues during pregnancy

a. Abortion is clearly the most important issue to consider here. Before 1967 abortion was illegal in this country. There were many backstreet abortions done, often with severe side effects leading to death and infertility in young girls. In the early 1960s both rubella (German Measles) and thalidomide were recognised as causing severe damage to the fetus. The Abortion Law of 1967 was passed in order to permit abortion in a limited number of severe cases and was supported by many Christian doctors at that time. Forty years later we can see how the loose wording of some of its clauses has

permitted what is in some areas effectively abortion on demand. This needs to be borne in mind against the current clamour for legalisation of euthanasia.

In the 1960s a baby was considered able to survive if born at 28 weeks into the pregnancy (i.e. 12 weeks early) so this was the latest age at which an abortion could be done. By the 1990s developments in clinical care meant that babies of 24 weeks had a good chance of survival so the law needed to be changed to take this into account.

The Abortion Law of 1990 states that a pregnancy can be aborted up to 24 weeks if:

- a. continuing the pregnancy would have a risk to the mother's mental or physical health greater than would an abortion.
- b. continuing the pregnancy would be harmful to the physical or mental health of mother's existing children

The first of these grounds can be very broadly interpreted as it can be argued that the inherent risk of *any* pregnancy is greater than the risk of an abortion.

Recent (2008) efforts to further liberalise this part of the law were abandoned but may re-emerge.

The pregnancy can be aborted at *any* time during the pregnancy if:

- a. the pregnancy is harmful to the physical or mental health of the mother
- b. there is a substantial risk of serious disability in the child if born.

In this latter clause the words *substantial* and *serious* are open to broad interpretation. It needs to be born in mind that with the very late abortions steps have to be taken to kill the fetus prior to inducing its birth. Should it be born alive it would be a recognised member of the human community warranting every effort to preserve its life.

No parent undertakes such a decision lightly and most parents refuse such an option except in very serious circumstances.

In 2008 the number of abortions done in England and Wales totalled 195,296.

In 2000 126 were done after 24 weeks, 55 after 26 weeks. The number of these late abortions has remained relatively constant.

Ethics

There is a wide spectrum of views from 'all abortion is murder' to 'the woman has a right to decide as it's her body involved.'

Christians agree that human life warrants protection from its early stages and see any abortion as undesirable.

Some see any taking of fetal life as equivalent to murder as proscribed by the Ten Commandments and so would prohibit abortion in any circumstances.

Others: say that the fetus only has a relationship with the mother, is not yet a full

member of the human community and therefore may have to give way for the good of those already established,

It can even be suggested that there are times when the fetus can be seen as an unwitting 'aggressor'.

Relevant scriptural teaching:

Exodus 21: 22 is often quoted on either side of this debate but is unsatisfactory as its exact meaning is not clear. Psalm 139 gives a wonderful overview of God's watching over our intra-uterine development and Terence Mitchell's fleshing out of the Hebrew words is very helpful.

Jeremiah (1:5) refers to his being called by God before his birth and Paul likewise in Galatians

1 :5. The most beautiful reference to life in the womb is the leaping of John the Baptist when Mary greeted his mother Elizabeth around 6 months into his pregnancy. (Luke 1:40)

All these references give us cause to marvel at Gods foreknowledge of us as individuals but do not necessarily indicate that every fetus warrants total protection.

So here are some factors to be considered when trying to reach a decision for a particular pregnancy:

1. The mother: her life, her health, her support.

Some mothers have good support, for others this is woefully inadequate, as they cope alone with other children, debt and violent or irresponsible partners.

On the other hand the long term consequences of an abortion must be faced: guilt, depression, an increased incidence of psychiatric illness. (1)

For those in this situation CARE Trust can provide counselling. (see 1)

2. The father. He may be the cause of the abortion request but if not his voice has little weight in the decision. Alternatively a further child, or a disabled child may precipitate his departure.

3. There may already be many brothers and sisters _ a further baby might be the 'last straw' for the mother's coping so that she crumbles and the children are taken into care.

4. Abortion for fetal abnormality.

This is a particularly difficult scenario as these are usually much wanted pregnancies giving parents exceedingly difficult decisions.

It is routine for ultra sound scans to be done at about 18 weeks into the pregnancy. An abnormality may be detected and further tests need to be done to ascertain whether it

is an isolated problem or part of a wider 'syndrome' with effects such as severe mental disability. Even devout Christian parents may find this an agonising situation as they consider the impact on the child itself, on their own coping mechanisms and on any other children they may have. Such scans are worth doing even for parents who plan to continue the pregnancy whatever is found. For example, if a heart defect is detected, arrangements can be made for the baby to be delivered at a specialist centre where expert surgery and care for the newborn is immediately available.

It is also important to bear in mind the message that these abortions gives to the disabled community. Parents facing the prospect of having a child with (for example) Down Syndrome can benefit greatly from meeting other families with such a child.

Then we must ask why parents request abortion for disability. In our society, although there has been considerable improvement in acceptance of disabled people, parents still struggle to obtain all the various services needed by their child and many are worn down by the day to day care needed. Christians, and more specifically churches, should lead the way in supporting such families. There is a serious need for a wide range of facilities from baby sitting to residential accommodation for young adults.

What are the practicalities of this potentially contentious issue?

Gynaecologists have to perform abortions. They can opt out as 'conscientious objectors' but this makes additional demands on their colleagues and those holding this view may not be appointed to senior positions. It is a tragedy if the Christian voice is no longer heard in these departments.

Nurses and midwives have to decide whether to opt out or to care for the patient despite disagreeing with her decision.

General practitioners likewise have to either refer those requesting abortion to another doctor or to stand alongside their patient even though believing she is making an immoral choice.

Abortion clearly remains a very difficult and distressing issue for all concerned and we should pray for grace and wisdom for those at the front line. (2&3)

b. Factors affecting fetal development

Other factors have an impact on the developing fetus

Smoking leads to the birth of a low birthweight baby, and increased risk of prematurity.

Alcohol can give rise to Fetal Alcohol Syndrome. This has a wide spectrum of effects from behavioural problems to serious mental disability with recognisable facial features. (4)

The law gives the fetus no protection until it is born.

Although most mothers want the best for their baby not all have self discipline or even the capacity to look so far ahead. Those caring for the mother have no power to force her to avoid seriously harmful behaviour and can only give advice.

How can we provide better justice for the fetus?

2. After birth

There are many ethical matters that arise around the time of birth, particularly where the baby is very premature or very sick. John Wyatt, a Christian neonatologist has written extensively on these and I will say nothing further here. (5)

a. Abusive treatment

It is well recognised that abusive treatment of any kind in the early years predisposes a child to develop behaviour problems and aggressive attitudes.

More recent studies have shown that the child's vulnerability is likely to depend also on his or her genetic make-up: this was particularly evident in a long term study undertaken in Dunedin (New Zealand), where a cohort of 1,037 children was followed from birth to mid twenties. There are several forms of a gene involved in aggressive 'fight or flight behaviour' (in the same way as there are several blood group types). The research showed that boys who were subjected to abuse as children and who also had one form of the gene had a very high incidence of conduct disorder and aggressive behaviour as they grew up. Those with the other form of the gene appeared to be less affected by childhood abuse. (6) This is a good example of how environmental factors interact with genetic make up, pointing to complexities of which we are as yet mostly unaware.

Supportive care can help a child to overcome tendencies to depression. (7) It is difficult to know how such knowledge might be best used in practice.

This leads us to consider briefly whether we are no more than programmed robots, constrained by our genetic make-up and our early environment, all quite beyond our control.

For Christians the answer is a resounding no!

- We are made in God's image and made for relationship with him.
- Being human involves having the freedom to make choices (A thread running through both Old and New Testaments from Genesis ch.3 onwards.)
- Having a genetic predisposition to a certain behaviour does not mean that it is right.

Even so choices made to-day affect future choices and constraints. We must also

remember that a choice that seems easy to us may be agonisingly difficult to someone else. (8)

b. The future: genetic testing in childhood

Each year more genetic tests become available. In this country they are arranged through a genetics clinic but there are moves to make them available over the counter or on the internet where in fact some can already be obtained.

If a parent is found to carry some undesirable gene it is understandable that he or she will want to know whether they have passed it onto any child they might have.

For example a woman may be found to carry a gene giving her a high risk of developing breast cancer in early adulthood. A man may know he carries the gene for Huntington's disease which will develop into a severe progressive form of dementia in middle age.

If a condition has consequences in childhood and can be treated then clearly an early gene test for the child is essential.

With adult onset disorders, and particularly those such as Huntington's disease where the condition is untreatable, care is necessary.

A parent may argue forcefully:

- She/he is my child so I have a right to know
- I need to know so that I can give her the information at the time I think best for my individual child
- Rarely: I need to know so that they can grow up being aware they should not have children

BUT a child grows up to become an adult who:

- Might want the freedom to make their own choice as to whether to know their genetic make-up or not, particularly in situations where the disease is untreatable, such as Huntington's Disease
- Has lost 'confidentiality' regarding the result of the gene test
- May have had their childhood and upbringing coloured by the test result.

A working party of the European Society for Human Genetics is currently drawing up recommendations on these issues. (See www.eshg.org)

Briefly: Predictive testing of minors for conditions with adult-onset is only recommended:

if preventive actions (e.g. preventive surgery or early detection aimed at therapeutic interventions) can be initiated before adulthood. Otherwise predictive genetic testing in minors for adult-onset disorders should be deferred until the person is old enough

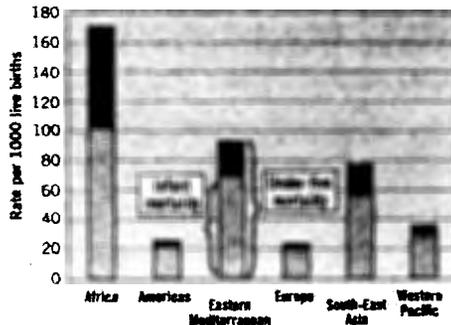
to make this decision with a free and informed consent.

Although this sounds straightforward it is not always the case as sometimes a mutation may be found accidentally during a test for some other disorder or during a test done during pregnancy.

This is an area of ethics that will need further debate as we move into the future.

Finally, to keep our concerns in perspective here are figures illustrating the most serious global ethical issue in early life.

Under-five and infant mortality rates, by WHO Region, 2003



Further reading

1. CMF files 23 (abortion)
2. CMF files 35 (consequences of abortion).
These can be accessed on www.cmf.org.uk
3. David Cook *The Moral Maze* SPCK 1997 chapter 5
4. Winn HN and Hobbins JC eds. *Clinical Maternal-Fetal Medicine* Parthenon London 2000. 824
5. Wyatt J and Spencer A 1992 *Survival of the Weakest* CMF London
6. Caspi A et al 2002. Role of genotype in the cycle of violence in maltreated children *Science* 297. 851-4
7. Kaufman J et al 2004 Social supports and serotonin transporter gene moderate depression in maltreated children. *PNAS* 101 17316-21
8. CMF files 14 (genes and behaviour).

Trust me, I'm a doctor!'

Historic abuses and the lessons to be learned

Dr Andrew Fergusson

Introduction

Had I known when I chose mine that Charles Foster was going to use the title 'The tyranny of autonomy in medical ethics and law' I might have used as my title 'The tyranny of medical paternalism', for this session considers the other side of the coin – the power that doctors have over patients and the consequences when it can so easily be abused. We will consider some examples of historic and contemporary abuses, and see what warnings we can glean, but first...

'Trust me' – they still do

For the 25th year running, doctors topped a poll in which the general public was asked which profession they trusted to tell the truth. 92% trusted doctors to tell the truth, with teachers next at 87%, then professors (79%), judges (78%), and clergy (74%). Journalists came last with just 19%. Commissioned by the Royal College of Physicians, Ipsos MORI interviewed 2,029 adults aged 16 and over in late 2008.ⁱ

Why are doctors so trusted?

The **Hippocratic Oath** is traditionally taken by doctors who swear to practise medicine ethically (though almost no medical schools in the UK currently use it). It is widely believed to have been written by Hippocrates, the father of western medicine, around 460 BC, or by one of his students, and is usually included in the Hippocratic Corpus.

According to the famous anthropologist Margaret Mead: 'For the first time in our tradition there was a complete separation between killing and curing. Throughout the primitive world, the doctor and the sorcerer tended to be the same person. He with the power to kill had power to cure, including specially the undoing of his own killing activities. He who had the power to cure would necessarily also be able to kill... With the Greeks the distinction was made clear. One profession, the followers of Asclepius, were to be dedicated completely to life under all circumstances, regardless of rank, age or intellect – the life of a slave, the life of the Emperor, the life of a foreign man, the life of a defective child...'ⁱⁱ

The Oath thus set ethical limits to the expression of the doctor's powers. In its ancient form the Oath translated into English reads:ⁱⁱⁱ

I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses, that, according to my ability and judgement, I will keep this Oath and this contract:

To hold him who taught me this art equally dear to me as my parents, to be a partner

in life with him, and to fulfill his needs when required; to look upon his offspring as equals to my own siblings, and to teach them this art, if they shall wish to learn it, without fee or contract; and that by the set rules, lectures, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to students bound by this contract and having sworn this Oath to the law of medicine, but to no others.

I will use those dietary regimens which will benefit my patients according to my greatest ability and judgement, and I will do no harm or injustice to them.

I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.

In purity and according to divine law will I carry out my life and my art.

I will not use the knife, even upon those suffering from stones, but I will leave this to those who are trained in this craft.

Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves.

Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private.

So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all men for all time. However, should I transgress this Oath and violate it, may the opposite be my fate.

At first glance perhaps viewed as quaint and outmoded, this Oath sets some timeless principles for the ethical practice of medicine:

- **An absolute spiritual authority:** ‘I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses’ ... or more comfortably for today’s Christians: ‘In purity and according to divine law will I carry out my life and my art’
- **Professional relationships:** ‘To hold him who taught me this art equally dear...’
- **Competent practice, with safety central:** ‘I will use those dietary regimens which will benefit my patients according to my greatest ability and judgement, and I will do no harm or injustice to them’
- **Respect for human life:** ‘I will not give a lethal drug to anyone if I am asked, nor

will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion'

- **Beneficence:** 'Into whatever homes I go, I will enter them for the benefit of the sick...'
- **Confidentiality:** 'Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private'
- **Hence the trust:** 'gaining the respect of all men for all time'

The early church^{iv}

'There had been strong medical traditions in the Buddhist, Jewish, Arab, Greek and Roman worlds but early on it is recorded that Christians had a radically different approach ethically. This began to change society's attitudes to the sick, the disabled and the dying. The first century world was a cruel one. The weak and the sick were looked down on and abortion, infanticide and killing by poisoning were widely practised. Doctors were often sorcerers as well as healers and alongside the power to heal they assumed a power to kill. Before the Christian church, only the Hippocratic physicians had a different attitude and had sworn their famous Oath accordingly, to heal and care for the sick and not to harm.

Clement was a Christian leader in Rome at the end of the first century and he recorded how the Christian church provided relief for widows. There is a striking example of Christian commitment in the second century. During an epidemic of plague in the city of Carthage, pagan households threw sufferers out onto the streets in order to protect themselves from infection. The bishop himself led the entire Christian community out into the open, comforting these unfortunates and taking them willingly into their own homes for care.

These examples occurred while Christianity was still an unofficial though fast growing phenomenon, but in AD 311 the Emperor Constantine granted the first Edict of Toleration and this official approval of the church allowed Christians publicly to express their ethical conviction. Their level of social service increased in terms of practical acts for the poor, orphans, widows, the elderly, prisoners and slaves. Perhaps they found inspiration from the New Testament letter of James: 'Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world' (James 1:27).

The Roman Emperor Julian came to power in 355 and was the last emperor to try to reinstitute paganism. In his *Apology* he noted that if the old religion wanted to succeed, its devotees would need to care for people better than the Christians cared.'

The next 19 centuries

There are no particular records of abuses of doctor power – indeed medicine was remarkably ineffective and when patients were harmed it was by omissions and by the unintended adverse consequences of treatments. We need to come much closer to the present day to see record of major abuses of doctor power:

Eugenics - then and now^v

‘Eugenics’ is a compound of the two Greek words *good* and *genes*, and the eugenics movement began at the turn of the 19th-20th century in England and the United States. Led by social engineers Galton and Davenport, it became a powerful social force.

Francis Galton (1822-1911) was a cousin of Charles Darwin, and was described as ‘a clever and compulsive counter’.^{vi} He studied mathematics at Cambridge and was said to be obsessed with numerical patterns. Galton felt that social control was necessary to reduce the numbers of the ‘unfit’, and argued that both Christianity, with its emphasis on the dignity of all human beings, and medical science, with its abilities to keep alive those who might otherwise have died of their physical, mental or moral defects, were holding back the progress of the human race: ‘If a twentieth part of the cost and pains were spent in measures for the improvement of the human race that is spent on the improvement of the breed of horses and cattle, what a galaxy of genius might we not create’. Galton’s eugenics societies encouraged ‘desirables’ to reproduce and work to prevent ‘free propagation of the stock of those who are seriously afflicted by lunacy, feeble-mindedness, habitual criminality, and pauperism’.

In the USA, biologist Charles Davenport (1866-1944) published *Heredity in Relation to Eugenics*.^{vii} He directed the Eugenics Records Office at Cold Spring Harbor which served as the headquarters for the American eugenics movement. President Theodore Roosevelt gave enthusiastic support: ‘I wish very much that the wrong people could be prevented entirely from breeding; and when the evil nature of these people is sufficiently flagrant, this should be done. Criminals should be sterilised and feeble-minded persons forbidden to leave offspring behind them . . . the emphasis should be laid on getting desirable people to breed’.^{viii}

Across the United States *Fitter Families contests* were held in the 1920s and 1930s. Such families were those with the least physical and mental disability, and whose ethnic heritage had remained intact. Racial intermarriage disqualified and fitter families were exclusively ‘Caucasian’. Mary Watts, co-founder of the first contest at the 1920 Kansas Free Fair, said: ‘While the stock judges are testing the Holsteins, Jerseys, and whitefaces in the stock pavilion, we are judging the Joneses, Smiths, and Johns’. Each winner’s medal proclaimed ‘Yea, I Have a Goodly Heritage’.

The eugenics movement sought not merely to breed better humans but enacted mandatory sterilisation laws to prevent ‘undesirables’ from reproducing. The

'feeble-minded', 'indolent', and 'licentious' were sterilised either without their consent or against their wills. There were 3,000 'eugenical sterilisations' in 1907 and over 22,000 in 1935. By the 1930s most states had mandatory sterilisation laws.^{ix} The famous jurist Oliver Wendell Holmes declared of a young mentally retarded girl named Carrie Buck, 'Three generations of imbeciles is enough' and mandated that she be sterilised.^x

US eugenics influenced the European scene and Hitler's racism and American eugenics came together. Madison Grant, founder of the US racialist movement, stated: 'Mistaken regard for what are believed to be divine laws and a sentimental belief in the sanctity of human life tend to prevent both the elimination of defective infants and the sterilisation of such adults as are themselves of no value to the community. The laws of nature require the obliteration of the unfit and human life is valuable only when it is of use to the community or race'.^{xi} Hitler called Grant's volume 'his Bible'.^{xii}

Before turning to consider Hitler and the Nazi doctors, we should note that the new genetic technology has led to a new eugenic enthusiasm. In a 1993 poll, the March of Dimes, a US advocacy group dedicated to preventing birth defects, found that 11% of parents would abort a foetus whose genome was predisposed to obesity; four out of five would abort a foetus if it had a disability; and 43% would use genetic engineering, if available, to enhance their child's appearance.^{xiii} In the USA college-age women are solicited for their eggs on the basis of their desirable genetic traits, with extra compensation offered to those with mathematical, musical or athletic abilities. Acceptable donors are offered as much as \$80,000 for their eggs. This is eugenics with a 21st century face.

James Watson, who with Francis Crick discovered the double-helix structure for DNA, told *The Guardian* in 2003: 'If you really are stupid, I would call that a disease... So I'd like to get rid of that...It seems unfair that some people don't get the same opportunity. Once you have a way in which you can improve our children, no one can stop it. It would be stupid not to use it because someone else will. Those parents who enhance their children, then their children are going to be the ones who dominate the world'.^{xiv}

The Nazi Doctors^{xv}

In post World War One Germany, in 1920 Karl Binding, a distinguished lawyer, and Alfred Hoche, a psychiatrist, published *The granting of permission for the destruction of worthless life. Its extent and form*. In it they coined the term 'life unworthy of life' and argued that in certain cases it was legally justified to kill those suffering from incurable and severely crippling handicaps and injuries. Hoche used the term 'human ballast' to describe people suffering from various forms of psychiatric disturbance, brain damage and retardation.

By the early 1930s traditional compassionate 19th century attitudes to the terminally ill were increasingly being challenged by a propaganda barrage. When the Nazi Party came to power in 1933, 6% of doctors were already members of the Nazi Physicians League. *Deutsches Arzteblatt*, a respected and widely read platform for medical education and professional politics in Germany, declared that the medical profession had 'unselfishly devoted its services and resources to the goal of protecting the German nation from biogenetic degeneration'.^{xvi}

With this eugenic ideology, paralleling that in the USA, Professor Dr Ernst Rudin, Director of the Kaiser Wilhelm Institute of Psychiatry of Munich, promoted enforced sterilisation. The medical profession embarked on the campaign with such enthusiasm that within four years almost 300,000 patients had been sterilised, at least 50% for failing scientifically designed 'intelligence tests'.^{xvii}

By 1939 the sterilisation programme was halted and the killing of adult and paediatric patients began. The Nazi regime had received requests for 'mercy killing' from the relatives of severely handicapped children, and in that year an infant with limb abnormalities and congenital blindness (named Knauer) became the first to be put to death, with Hitler's personal authorisation and parental consent.^{xviii} This 'test-case' paved the way for the registration of all children under three years old with 'serious hereditary diseases'. This information was then used by a panel of 'experts', including three medical professors (who never saw the patients), to authorise death by injection or starvation of some 6,000 children by the end of the war.^{xix}

Adult euthanasia began in September 1939 when an organisation was set up at *Tiergartenstrasse 4* in Berlin (T4), aiming to create 70,000 beds for war casualties and ethnic German repatriates by mid-1941. All state institutions were required to notify patients who had been ill for five years or more and were unable to work, and chosen patients were gassed and incinerated at one of six institutions. False death certificates were issued with diagnoses appropriate for age and previous symptoms, and payment for 'treatment and burial' was collected from surviving relatives. The programme ended in 1941 when the necessary number of beds had been created, and the staff from T4 and the six killing centres were redeployed for the killing of Jews, gypsies, Poles, Russians and disloyal Germans. By 1943 there were 24 main death camps and 350 smaller ones.

Throughout this process doctors were involved from the earliest stage in reporting, selection, authorisation, execution, certification and research. They were not ordered, but rather empowered to participate. Leo Alexander, a psychiatrist with the Office of the Chief of Counsel for War Crimes at Nuremberg, has famously said:

'The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the attitude, basic in the euthanasia movement that there

is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans.'^{xv}

The War Crimes Tribunal reported that 'part of the medical profession co-operated consciously and even willingly' with the 'mass killing of sick Germans'.^{xxi}

Further examples of abuse

- **Russia.** In Stalin's Russia, psychiatrists imprisoned, sedated and electro-shocked political dissidents.^{xxii}
- **USA.** From 1932 – 1972 physicians planned and carried out the infamous Tuskegee experiments in Alabama where 399 male patients with advanced syphilis, all black sharecroppers, were deliberately deceived and left untreated in order to follow the natural history of the disease.^{xxiii}
- **USA.** In Abu Ghraib and Guantanamo Bay, US military doctors were actively involved in the supervision of torture.^{xxiv}
- **China.** Doctors have been repeatedly involved in preparing prisoners for execution and removing organs for transplant purposes.^{xxv}

These examples are all gross deviations from the Hippocratic code, extreme abuses of doctor power, but just briefly we must consider contemporary examples of doctor power which breaks 'professionally' the key Hippocratic prohibition on intentionally ending human life (and at least in some cases breaks national laws in the process):

Abortion

Caroline Berry has mentioned this. Suffice it to say that in Britain there are now over 200,000 'legal' abortions a year. Almost one in four of all pregnancies ends in abortion and one English woman in three will have an abortion. Christian Medical Fellowship commented extensively on many aspects of abortion in its 2007 submission to the House of Commons Select Committee Inquiry.^{xxvi}

Euthanasia

The progression from voluntary to non-voluntary euthanasia (where the patient lacks capacity) or involuntary euthanasia (where a competent patient is not consulted) is well documented in the Netherlands. The Rummelink Report^{xxvii} analysed all 129,000 deaths in the Netherlands in 1990. 3% were by euthanasia. Of that 3%, one in three, 1% of all deaths in the Netherlands in 1990, were euthanasia 'without explicit request'. In a mix of non-voluntary and involuntary euthanasia, Dutch doctors in 1990 killed more than 1,000 patients without their request. This is not respect for patient autonomy but doctor paternalism of the very worst kind.

Subsequent studies in the Netherlands confirm these patterns, and also illustrate the

danger of euphemisms: ‘terminal sedation’ there is often language for the intentional rendering unconscious of patients who are then maintained in a coma without food or fluids until they die. Thankfully, a recent study^{xxviii} confirms that this practice takes place only very occasionally if at all in the UK, but the price of freedom is eternal vigilance.

Lessons to be learned

The analysis of the Nazi doctors’ abuse of their power provides important warning signs for us today.

- **Propaganda.** Campaigns were prominent. Films such as *The Inheritance* degraded and stigmatised handicapped patients. They disputed their humanity, inflamed resentment against ‘luxury’ asylum conditions, and advocated the ‘natural’ elimination of the weak.^{xxix} Other films promoted the ‘merciful release’ aspect: *I accuse* depicted a woman with multiple sclerosis being killed at her husband’s request while a colleague plays soft piano music in the next room.
- **Euphemisms** distorted the facts and added a veneer of respectability. The *Reich Committee for the scientific approach to severe illness due to heredity and constitution* arranged for the killing of handicapped children. *The charitable transport company for the sick* transported adult patients to the killing centres, while *The Charitable Foundation for Institutional Care* collected the cost of killings from bereaved relatives. The *SS X-ray Battalion* identified TB patients in the general population and then shot them.
- **Cost-benefit analyses** became a Nazi obsession. School children studied maths problems balancing the cost of housing units for young couples against the costs of looking after ‘the crippled, the criminal and the insane’. The killing of 70,000 patients in the T4 programme was calculated to save 245,955.50 Reichsmarks per day.^{xxx} The Germans were diligent gatherers of statistical information. Both the child and adult euthanasia programmes relied on extensive form filling which became the basis of decisions to kill.
- **Unethical experimentation.** The Nazis’ experiments are well-documented: Hallervorden collected brains for his neuropathological collection; and radiation and castration for sterilisation, intravenous phenol, gasoline and cyanide killings, and hypothermia and haemorrhage studies were performed. These prompted the drafting of the Nuremberg code in 1947,^{xxxi} making informed consent an absolute requirement for research.
- **Too close a relationship between medicine and the State.** In June 1933, *Deutsches Arzteblatt* affirmed the medical profession’s ‘special responsibility to work within the framework of the state on the tasks posed by population politics and racial improvement’^{xxxii} Many British clinicians today feel similar state pressures...

Conclusion

Is it true that 'history teaches us nothing except that history teaches us nothing'? Can we review some of these examples and learn lessons? Can we be inspired to return to the Hippocratic ideal with the added Christian concepts of *imago Dei* and of teachings such as Psalm 139:13-16? Can people truly continue to trust us because we are doctors?

And, finally

If we have seen the respective tyrannies of uncontrolled patient autonomy and uncontrolled doctor paternalism, can we remember that the best clinical and ethical decisions in healthcare are made as an outcome of the dialogue between two experts: the doctor or nurse who is an expert in her specialty, and the patient who is an expert in two things – how he feels and what he wants.

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Whence are Ethics, Whither go they, and Why Do Medical Ethics Matter?

Professor Duncan Vere

Ethics have been defined as ‘the science of moral behaviour’. (OED) At once we hit problems, why should anyone behave in a certain way, and who is it, or what, that is behaving?

The ancients fell out over this, Plato stating that virtue is conduct dutiful to the social state; Homer suggested the reverse as self-aggrandising heroism and Aristotle showed that Socrates had argued inductively that virtue was individual integrity of character. (1) (figure 1) They did, of course, invent the word from which we get our name ‘ethics’.

The words used by these Greek writers all turn out to refer either to conduct which depends upon a person’s character, or which is judged by the populace to have been appropriate. It’s interesting that all of those words are used in the New Testament, but are given different shades of meaning and of context from those which characterised them in ancient Greek usage. (Table 1)

But long before all of that, Jewish believers had no question that ethics came not as a description, nor as something reasoned by man, but from Divine commands or ordained rules for behaviour. Sadly, the rules came to be what mattered, and Jesus clearly taught that behind Moses’ commandments and rules there lay a deeper, spiritual content which had been mistakenly overlooked by those who got no further than rules. Hence His combined quotation in Matthew 22:39 of Deuteronomy 6:5 and Leviticus 19:18, using the strong word for love (agapao). Who was a neighbour, and what this love was like, He showed clearly in His ‘Good Samaritan’ story. Whereas the world has always had the ‘Golden Rule’, do as you would be done by, Jesus was setting as a duty unreciprocated love, in deed as well as word. This was ‘agape’ indeed, and far transcended the Golden Rule. This, He said, was His ‘commandment’ (John 15:12). So, the Church set off with what are now known as ‘Divine Commandment Ethics’.

This was elaborated by Christian philosophers like Augustine and Aquinas, though mixed to varying degrees with some of the older Greek ideas. But it held as far on as the Enlightenment, not that it was that which dislodged it but rather that the age of authority yielded to social pressure when the market economy supplanted the power of both monarchs and nobles as the determinant of wealth so that monarchs became answerable to parliaments of various kinds. (2,3)

The Enlightenment, or age of reason, coincided roughly with this change, and Hobbes (4) and Locke (5) propounded ethical ideas based on reason, in the enlightenment mode. However, David Hume (6) dealt a fatal blow to their ideas; reason, he said, cannot give rise to ethics; this is because ‘is’ never gives rise to ‘ought’, nor can ‘is not’

lead to 'ought not'. For this reason, it has since been accepted that ethics must have an assumed 'basis'.

At the same time, Robert Boyle (7) and Grotius (8) both gave Divine Command as a basis for ethics, Boyle in whole, Grotius in part. The motto on the flypage of Boyle's work was "That's the Good that makes the owner so." There is still endless philosophical dispute over which of some ten possible bases is best; favoured are 'utility'(9), virtue of character and 'pleasure' (10) or self satisfaction, but proponents of all the possible bases of ethics have little difficulty in finding cogent objections to any basis but their own argued choice.

In the naturalistic ideology of the later Enlightenment Darwin wondered whether altruism could have arisen by natural selection, but in his 'Descent of Man' (11) he rejected this; Huxley (12), like Darwin, sought to attribute morality in man to human strivings, not to natural selection. However, Hamilton (13) and Price (14,15) showed from genetic and mathematical evidence that altruism is, over part of the range of possibilities, favoured by natural selection.

But beside all these ideas there still exists 'Divine Commandment' as a basis of ethics, but it differs radically from them all in several ways. First, it is claimed to have been received by revelation. Then it is not derived by human reason from an assumed standard. And it is derived in many ways, not from direct verbal propositions but from illustrative examples, stories and events from the sayings of prophets or teachers, not least Moses and Jesus Himself. For example, the two most direct ethical injunctions in the Bible are in Micah 6:8 and in 1 Peter 1:22-2:3 and 1 Peter 4:1-11. Paul gives a remarkable example of good conduct (i.e. writing so that people could understand his message) in 2 Corinthians 1:12-22. In each case the basic message which underlies the detail is the same. It is agape love expressed in relationship with others, in holiness and in sincerity. This is true morality.

Now, even in works entitled 'Christian Ethics', this content is missed, omitted or misstated. So it is not surprising that Christian Divine Commandment Ethics are dismissed as 'unworkable', or based upon 'conscience' which is too variable for reasoned use. Jesus is said to have given only one specific command, about divorce (16). One must notice three important issues for ethical working. First, we should not take nature as our standard of good morals. This is what Moore, following Hume's reasoning, called 'the Naturalistic Fallacy' (17). If nature were the model for conduct we would have cannibalism, incest, murder, theft, polygamy, infanticide, euthanasia, deceit for gain and many similar criteria of conduct.

Next, there will always be areas of uncertainty in ethical decision; where that is the case the safe choice is to be conservative, not radical. Lastly, notice a property of ethical understanding which has been true from the start; it is polarised; just as the ancients

argued about whether virtuous conduct arose from character, or from the judgements of popular opinion (both arising from purely human thinking or stature), so today utility tussles with virtue as a basis of ethics, both arising within human understanding. (figure 1) Note that against all of that stands, in isolated purity, Judaeo-Christian Divine Commandment Ethics (which is rejected because it does not arise from human origin or choice).

There are several main strands in the Jewish-Christian tradition. One of these, and one of singular emphasis, is the sacredness of human life whether from direct commandment, (like the ten), or from 'worked examples such as the stories of Cain and Abel and Joseph which stand out right at the start of Genesis. The problems are that life has an uncertain start; (is it at fertilisation or at conception); embryos were unheard of in biblical times as were anencephalics and stem cells. Are these persons, or not? The early foetus was known, and is referred to in Exodus 22 and Psalm 139. Jesus must once have been a foetus. Hence there are reasons, but not certainty about conserving such lives, though there are undoubtedly strong reasons against foetal destruction. I used to be upset by some Christian arguments for life conservation, and against contraceptive methods which may act by causing embryo damage or may block implantation. Often it seemed that having reached a conclusion they then sought to find arguments to support it. Also, I was very impressed by the fact that some 30% to 40% of normal human embryos are lost spontaneously, and some 95% of abnormal. However, I was wrong because I had taken a reason from a natural event to reach an ethical view (Moore's fallacy) and was not being conservative where there was uncertainty. Things become certain for this ethic, however, once there is implantation; in both Old and New Testaments the word used for a person who is pregnant with a foetus of any age is "a woman with child" (18)

Whither go Ethics?

Throughout some 1600 to 1700 years there had been the age of authority; monarchs, nobles, the Church were seen as authoritative in matters of moral behaviour as in all else. Various forms of Divine Commandment Ethics held, whether Jewish, Christian or Islamic. The religious hierarchy dispensed authority on morals, the sovereign and nobility on power and on politics. Where there was collective disagreement there was war. And, as already described, the coincidence of several social changes brought change in the Age of Reason; these were weariness with the wars of religion, the emergence of the market economy until it tipped the balance of power, the questioning of authoritative views and the ascendancy of scientific evidence, the demand for reasoned opinion to replace arbitrary judgements. But, the new ethics led by Hobbes and Locke had received an abrupt decisive impact through the realisation that although ethics were a necessary and reasoned discussion of some assumed basis no one could insist that any basis was 'right' because it was based solely on demonstrable evidence. The best evidence obtainable was that of outcomes but these were hard to obtain.

Nevertheless numerous studies have shown that the social and individual outcomes of Judaeo-Christian Divine Commandment Ethics are at least as good as, and often better than those from Humanist assumptions (19). But because they do not derive from human reasonings they are rejected. Gradually the social climate of ethics has moved towards some new grounds; the rate of change is accelerating.

What are these new basic ideas which shape modern ethical perception? First there is a shift of importance in the polarised ethical axis from personal character towards public esteem. Certain criteria and forms of expression become 'politically correct'. They are, 'What we should do', or 'say'. Exemption for reasons of conscience is eroded (20) Next, there is heightened emphasis upon selected aspects of conduct which even if reasonable in some contexts isolated as essentials; this is a sort of crystallisation of behaviour. Examples are "equality of opportunity" and "discrimination on grounds of gender, race, religion" Then there follow erected technical offences, either in rule or in law, with associated penalties. This tends to offer opportunities for 'constructive isolation', for pillory and punishment, for action pivoted upon or triggered by complaints about behaviour or by an assumed giving of offence to others. In some societies this has gone down the road of separating religious views (held in private) from public behaviour (which includes education, preaching and publishing) which must be based on shared scientific evidence. There have been paradoxical results. That which was framed to promote tolerance becomes, as it is effected, a promoter of intolerance; a bizarre sequel of the 'liberal principle'. Also, social behaviour becomes encrusted with regulations until it is difficult to move in any direction without tortuous considerations of posture. Lastly, those incriminated suffer not only some form of punishment but are also referred for re-education or corrective instruction.

This progression was prophesied and displayed elegantly by O'Donovan in his work 'Begotten or Made' (21) There have been many examples of this progression; and it is not new. Daniel found his prayer behaviour to be a target used as a means of incrimination. Recent examples include a nurse's offer to pray for someone, if requested (22); and a bishop who thought that a candidate should not be offered a post as a youth leader with tasks for which homosexual behaviour would not be best suited (23) Education about creation in the USA and in Britain (as was discussed within the Royal Society (24)) have been separated, though not yet prohibited here as in USA. Again, the paradox is that what was conceived of as a part of extended individual liberty of action has become a prescriptive regulator of individual conduct by the public. What is happening is a progressive movement of what was in ancient times 'public esteem' away from Divine Commandment Ethics. With it has come erosion of the principle of individual opt-out on grounds of conscience, a strengthening of the 'rights' of the recipients of actions as against their agents and the erection of rules of conduct without exceptions.

Why do medical ethics matter?

Divine Commandment Ethics, for Christians at least, have core principles which are very different from other codes of conduct. Chief among them are -

1. the central importance of relationship between persons.
2. the relationship involves commitment of self and of resource.
3. This commitment is not dependent on reciprocation (i.e.it transcends the 'golden rule')

These are the qualities of 'neighbour love', of agape. Now in medicine these ideas are in prime focus; medicine is about inter-personal relationships. These require balance, so that personal preferences whether of doctor, nurse or patient cannot be overruling. But there is a disproportion of personal power; the medical agent has knowledge and abilities in relation to illness which far exceed those of patients, whilst patients have knowledge of their sufferings and circumstances far beyond those of their carers. Also, medicine advances continually, hence ethical problems are never static and new attitudes have to be learned throughout practitioners' lives. Past ethical codes reflect historical situations and must be transcended. And medical ethics par excellence reflects the continuous interaction between scientific knowledge and best practice. There are three areas of uncertainty -

1. the status of embryos, of amients and dements, of psychotic persons and the severely incapacitated.
2. the special needs of different persons in terms of age or of gender
3. the proper aims of medical intervention, to cure, to restore to normal, or to modify normal strucure or function.

Hence, decisions must be made on behalf of structures which may become people, or which mean much to people, or which are made with those people as participants. Hence, medical ethics are in some ways particular, but in others they are paradigms for ethical decisions in general. The old polarisation of ethics between individual duty of conduct, informed by conscience and doctrines of public esteem still exists, but in a new, changing and increasingly rigorous form.

A change in society has followed the death of modernism, the fading of post-modernism and a new global trend of individual consumerism with socially dictated conduct formulations is now gaining ascendancy; doctrines of autonomous choice, of equality of opportunity, are now formulated as 'rights'.

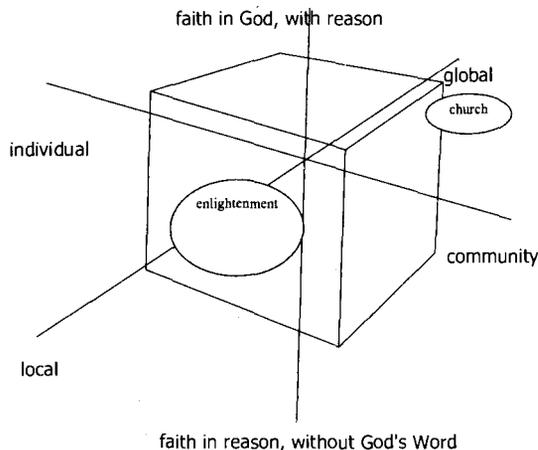
A Christian task is to address this new culture, not to continue to address cultures now passed, or of fading influence. The title of this symposium is 'Medical Ethics –Playing God? In summary, I would suggest that in ancient times medical ethics, and indeed all ethics, were to placate the gods; in the age of authority they were at times to play God, but in present times they are becoming a matter of playing 'No God'. (fig.2)

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1. Streams of Greek thought about ethics and their origins

Ancient Greek	Original meaning	New Testament use	Category: personal (P), social esteem(SE)
agathos	using proper function as....	Morally good, virtuous	SE > P
Arête	Virtue, performing appropriate social function	Whatever procures preeminent estimation of person or a thing	SE
dikaiousunc	Quality of justice	Dikaioma signifies quality, dikaiousunc character = righteousness	SE>P
Nomos	Custom, convention	Usage, custom law	SE
Phusis	nature	Phusikos = natural	P
Hubris	Overstepping moral order, proud excess		SE,P
kalos	Well thought of		SE

2. Projections of Human Society and positions taken on it by the Christian Church and Enlightenment Thought.



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Book Reviews

John Wyatt *Matters of Life and Death* 2009 Nottingham TVP 303pp. pb. £12.99 ISBN 978-1-84474-567-4

The contents of this brilliant book were originally given as lectures in contemporary Christianity, which have been completely revised in the light of recent events. The author, who is professor of ethics and perinatology at University College London, brings his academic prowess and clinical expertise to bear of vital issues affecting the beginning and ending of life. The volume opens with a series of case studies, which pinpoint the issues discussed later on. These include late abortion, doctor assisted suicide, living wills, persistent vegetative state (PVS), 'saviour siblings' and the 'impossible' choice that had to be made by the mother of conjoined twins

Professor Wyatt sets the discussion in its contemporary context by reviewing the challenges that are faced by patients and doctors in a secular, multicultural society. In particular he highlights the modern mechanistic, reductionist view of humanity and the stress on personal autonomy where each individual has the right to choose whether to have a baby or not as well as the right to decide its sex and desirable characteristics and to have it destroyed if it is defective. Similar rights, it is argued, should be granted to people who wish to end their own lives or, where this is impossible, for others to end it for them. He highlights the views of Peter Singer, who strongly advocates a rejection of the idea of the sanctity of human life in favour of only bringing 'wanted' children into the world. For Singer severely handicapped children have less right to life than healthy animals. Later in the book Dr. Wyatt shows how Christianity grew up in an environment similar to that proposed by Singer where human value was not held as intrinsic, but where a child was only valued for his potential contribution to society as an adult, and where defective or unwanted children were aborted or abandoned. Singer's views also reflect the Nazi 'euthanasia' programme, also mentioned in this book, where handicapped people were killed because lives were considered not worth living and whose care was a drain on financial resources. (I have often wondered why Singer was so surprised that his lecture tour in Germany was subject to heckling and had to be abandoned!)

Professor Wyatt juxtaposes the Biblical worldview alongside that put forward by some of the modern philosophers and bioethicists mentioned above. The Bible represents every human being as created in the image of God. The author uses the wonderful analogy of humans as flawed masterpieces, who are known by God from before birth. In the Old Testament God is represented as the one who shows no partiality and is the champion of the most needy in society. God judges his people by how they treat the poor, the defenceless and the foreigner. The author also points out that by becoming a man God became a vulnerable baby "...who could do absolutely nothing for himself,

a being who depends on human breasts for milk, and human hands to wipe his bottom” and even in death was unable to care for his bodily needs when nailed to a cross. Dr. Wyatt also points out that in the Graeco-Roman world there also existed a different attitude to that previously described. The followers of Hippocrates, who lived four hundred years before Jesus, treated all persons as ‘brothers’ irrespective of their social status and they were instructed not to abort, give poison, abuse or exploit patients. This tradition, along with the example of Jesus, formed the basis of Christian attitude to healing.

In dealing with the issue of euthanasia the author outlines the fears that lead some people to want to have their lives terminated. These are fear of pain and the fear of the indignity of having to rely on others for seeing to their basic needs. Along with this is the breakdown of family structures, the scarcity of resources for continued medical care and the demand for donor organs, which could be supplied if those with PVS were allowed to die. There is also the danger of misdiagnosis and the risk that, in some cases at least, termination might be hastened for financial gain. Such fears add to the anxiety of the elderly and could lead to a mistrust of the medical profession.

Holding to the traditional Christian view of the sanctity of life Dr. Wyatt takes a tough line of the question of abortion, fetal screening and euthanasia. Although he does not doubt that the intention of those who introduced the Abortion Act in 1967 was not to bring in abortion on demand, this is what has happened. Similarly he is only too aware of the distress experienced by children with genetic disorders and the effect this has on their parents. However he believes that routine fetal screening with the tacit assumption that, if abnormality is discovered, an abortion will be performed, sends out the wrong message and is an insult to handicapped people in our society. He believes that human life should be protected from the beginning. Of course he is aware of the many ‘hard’ cases but thinks that there is nearly always a better alternative than the premature ending of life.

Professor Wyatt is no armchair philosopher or theologian calmly evaluating the pros and cons of the case, but is someone who has to face up to the reality of the problems on a daily basis. Here is a man who feels deeply for his patients and cares deeply about the issues discussed. The book is a rallying call to Christians not just to know about what is going on and to mount a protest. We are called to follow his lead and to present a genuine Christian alternative. He cites the example of Mother Teresa, who when asked why she cared for the outcasts on the streets of Calcutta, replied, “Here on the streets, in the unwanted children, in the broken body of the leper, in the dying beggar, we see Christ, we touch him and we care for him.” (182) The book contains inspirational stories of those known to the author who have found a better way to face up to these issues. We might think that, in our largely secular society, this Christian approach would meet with little response but we would be wrong. Professor Wyatt

writes, "I am continually struck by the fact that the deepest intuitions of ordinary people, parents and families in our pluralistic and multifaith society, are so often similar to the convictions of orthodox Christian theology. When we put forward a Christian perspective about the disabled and dying baby, we are not defending a sugary sentimentality. We are telling it like it is. The biblical Christian worldview works; it fits with reality." (190) I can heartily commend this book not only for health professionals and academics but for all Christians to read and act upon.

Reviewed by Reg Luhman

Malcolm Jeeves & Warren. S. Brown. *Neuroscience, Psychology and Religion* 2009 West Conshohocken Templeton Foundation Press. 160pp. Pb. £13.99 ISBN 978-1-59947-147-1

This book is one of a series, published by the Templeton Foundation, on Science and Religion. The authors will be well known to readers of this journal. Both are associated with Christians in Science and Malcolm Jeeves is a Vice-President of the Victoria Institute. Both are neuropsychologists. Professor Jeeves was at St. Andrews in Scotland and Professor Brown holds the chair at Fuller Theological Seminary. The opening chapters of the book skilfully guides the reader through the complexities of the subject. They point out that until the time of Freud psychology and religion were allies, but since then, in the eyes of some notable scientists, religion is seen as either a neurosis, an evolutionary accident or as a non-adaptive consequence of the formation of a complex brain. The authors give a potted history of psychology from the early speculations regarding the relationship between the 'soul' or 'mind' and the body. One school held that the soul was in the heart and blood and the other that it was in the brain. The latter view prevailed only to be superseded by the almost universally held modern view that the mind does not exist independently of the brain. They also chart the history of phrenology and show how the modern use of scanning to locate particular functions within the brain have led to a new phrenology and a search for a 'God spot', which supposedly accounts for human religious experiences. There is a fairly technical chapter on how the brain functions and another on the links between brain and mind and the way our understanding has developed through cognitive and behavioural psychology, the study of animals and the use of brain imaging.

Of particular interest for Christians are the discussions of the links between psychology and religion. The authors survey the work on evolutionary psychology and the study of apes with respect to their acquisition of language, the development of a theory of mind and the discovery of particular neurones that are common to chimpanzees and humans. The authors are not convinced that human uniqueness is compromised by this research. Neuroscience has sought to explain religiousness by showing the effects that

brain stimulation, hallucinogenic drugs and brain damage have on the individual. Jeeves and Brown point out that the experiences had from drug taking depend on the subject's expectations as well as their cognitive and religious setting. Religious experiences can also be triggered by temporal lobe epilepsy and damage to the brain can lead to changes in moral behaviour, as the famous case of Phineas Gage and the teacher who became addicted to pornography as a result of a brain tumour, demonstrate. The authors accept that brain stimulation can lead to reports of the presence of supernatural beings (God, angels or aliens!) but that these changes are not uniquely religious and are dependent of genetic, cultural and social factors.

Where readers might take issue is with the rejection by Jeeves and Brown of the traditional Christian dualist view of mind and body in favour of dual aspect monism. They argue that the complexity of human consciousness can be explained by the emergence of complex systems from a simpler one as is the case in ant colonies. They conclude by pointing out that with the rapid advance of scientific understanding many of our cherished religious experiences like 'miraculous' conversions and healings may be explicable in scientific terms. However they affirm the importance of emphasising the moment-by-moment upholding of all creation by God. "Such a view recognizes the spiritual dimension of life as embodied and embedded. It also affirms that the whole of reality - all that we observe and are privileged to study - is a manifestation of the unchanging and steadfast love of a Creator who upholds all things at all times." (p.136) The intention of the series of books was for authors to distil their knowledge and experience into a brief tour of their specialities for the general reader. In the case of this volume the authors have admirably fulfilled this intention.

Reviewed by Reg. Luhman

O'Murchu, Diarmuid, *Ancestral Grace*, New York Orbis Books 2008 \$22, 270pp, ISBN 978-1-57075-794-5

This volume is in a sense difficult to review; it is certainly wide-ranging, but liberating and disturbing in equal measure. It will stimulate but also possibly challenge the Christian at times. The basis of the author's thesis is that God's 'ancestral grace' - what he subtitles 'meeting God in our human story' - has been available to the human race for seven million years, i.e. since our early ancestors left Africa, the cradle of their birth. The foreword to the book is in fact written by a member of the African National Congress, who compares the fence-free state of Kruger National Park to the world's present state, eg barriers of religion, race, culture, etc. Africans see God in nature - such as waterfalls and stones - and values for this life, not necessarily for the next: 'liberation now, not paradise hereafter'. Community is all-important and in fact relationships are central to this book. We must liberate ourselves from those religious traditions which subvert the good news of Jesus to bolster their own kingdoms on earth. Rather

surprisingly this foreword claims that before religious institutions or scriptures came into being, the harvest of the spirit flourished in Africa (Gal. 5).

The author himself in his preface claims that we need to revisit the Christian narrative so that it honours the more ancient wisdom we are uncovering today. God has been present with humanity over the whole history of seven million years and not merely the recent 5000 years of formal religion. This makes for a very optimistic book, though by no means turning a blind eye to the failures in the human story. God's grace is not limited by the state of one's soul or whether or not the Church was crucial in this. Hence the author dismisses the orthodox view of original sin with salvation by Jesus as the remedy. This he regards as a myth perpetuated through male predominance in the Church. On the contrary, grace in both Hebrew and Christian scriptures is the gift of God nourishing and sustaining everything in being. This is the optimistic view worked out over 32 chapters. Reading these in detail one can be swept away by the all-embracing view of God's creation – past, present *and* future. Readers will make up their own minds about this, but it left the reviewer with the big question – have we been misled in our interpretation of the scriptures?

Much of the book expounds the early history of mankind – paleoanthropology – from primates, early human art to man the hunter, then the farmer, and so on. Along the way the origin of language, creativity and many other aspects of the human story are discussed.

The second half of the book is entitled 'the human as Christian'. Subsections cover the rescue of Jesus from patriarchy, the feminine face of God and many others. The author states that Jesus never claimed that creation is fundamentally flawed but rather subject to a fundamental paradox. This paradox is the mix of creation and destruction, which leads to a new creation. The claim is made that Jesus in the kingdom of God was birthing afresh the dream of God in all creation – a new world order dedicated to the evolution of right relationships for all life. This process involved suffering for Jesus throughout his entire life and culminated in his untimely (sic) death. This is the only time the author mentions the cross, and that not in so many words. Jesus offers a model and invites us to embrace the task as co-creators. The Christian faith is grounded in the realisation of a better future – already present in the world – to which all Christians are asked to commit themselves (p214).

The author calls upon all humankind to 'muster afresh the outrageous hope that we have known so often throughout our long evolutionary journey, and allow it to transform us once more in the amazing power of ancestral grace' (p236).

Is this our true hope – or is there something missing? (Reviewer). The book has a good bibliography and lengthy index and additional notes to many of the chapters.

Reviewed by A B Robins

Willem JJ Glashouwer *Why Israel?* 2007 Destiny Image Europe pb 173pp. ISBN 13:978-88-89127-52-0

This book, available from Christian bookstores and distributors worldwide, has received no previous mention in this publication. It is available in more than ten languages and deserves the consideration of Bible believing readers, particularly any who may be confused about the relative positions of the Church and this re-emergent nation. The author relates Jewish history to the evidence revealed within scripture about the DIVINE PLAN for this world and beyond. He seeks to show how the Church shares in and depends upon God's revelation of His plans for humanity from Genesis to Revelation. Lance Lambert in the Foreword concludes, 'The same fathomless love and grace of God that has saved every Gentile sinner who has put their trust in Him will save Israel.' This looks to the future and echoes St.Paul's teaching in Romans 11:25-27. The author was born in Holland in 1944, is President of Christians for Israel International and subtitles his book, *Understanding Israel, the Church, and the Nations in the Last Days*.

It is an easy read with bible verses extensively quoted. The reader is rarely left to look up chapter and verse. One criticism is a degree of repetition in the closing chapters, but since these relate to the Nation, the Temple and the Kingdom, there is perhaps good reason. He begins with God's 'fatherly' love for His 'son', identified as the people delivered out of Egypt and moves on to the Almighty's six unconditional covenants, plus one conditional covenant, the covenant of the Law made obsolete (Heb.8:13) in Christ Jesus. These covenants or promises begin with Abraham and conclude in Ezekiel 16:59-63. In chapter four he writes, '*It might come as a shock to us Christians, but all covenants since Abraham have been made with Israel alone... Praise the Lord, however, one of the covenants made with Israel has also been opened to non-Jews...This is the new covenant.*' Then he deals with three untills; 'until the Son of David comes', 'until the Times of the Gentiles Are Fulfilled' and 'until the Church Has Come In'.

If the reader has never considered the significance of the re-emergence of Israel as a nation, or with many, takes exception to its intransigence in the face of international pressure, here is revealed a spiritual conflict and the ultimate global reign of Jesus Christ. This may be beyond comprehension for those without close association with God's Word. It might also shatter the belief of some who read it and up to now think it irrelevant, failing to take God at His Word; but would you make Him a liar?

Reviewed by Brian H T Weller

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Faith&Thought

The *Faith and Thought Bulletin* first appeared in 1985 under the title *Faith and Thought Newsletter*. That new title reflected a wider coverage, since it contained some short articles, notes and book reviews, in addition to the news items, which previously would not have fallen within the purview of the journal. From the April 2005 issue it will be known as *Faith & Thought*.

Faith & Thought is published by The Victoria Institute and mailed free to all Institute members, along with *Science & Christian Belief*.

The Journal *Science & Christian Belief* is published jointly for VI and CIS. It replaced the CIS (previously RSCF) *Newsletter* and the VI journal *Faith & Thought*, the final number of which was volume 114 No. 2 - October 1988.

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