



THE NATIONAL CATHOLIC BIOETHICS CENTER

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Fifty Years of The National Catholic Bioethics Center (NCBC)

Fifty years is a venerable age for a bioethics center, especially since the academic discipline only came into being in the 1970s. The original name of the NCBC when we were founded in 1972 was the Pope John XXIII Medical-Moral Research and Education Center. It was the year before *Roe v. Wade* unleashed abortion-on-demand across the USA. We are fervently praying that 2022 will be the year that the US Supreme Court reverses itself and allows states to ban abortion again. Yet, even if the enormous ethical issue of abortion moves towards resolution, there are vast and growing areas where bioethical reasoning and guidance are needed in health care and biomedical research. The COVID-19 pandemic, for instance, has led to the busiest time in our Center's history.

It is interesting to note some of the bioethical milestones the NCBC has engaged along the way. The first birth of a "test-tube baby" in 1978 led to the swift development of *in vitro* fertilization (IVF) around the world and numerous ethical issues. The Church condemned IVF as an immoral way to procreate human lives because it tramples on the love and dignity that should accompany the conception of a child and the pregnancy that follows. Creating human embryos in labs has led to myriad bioethical abuses, such as experimenting on or ripping apart these tiny humans for their stem cells.

The first stem cell was isolated in 1982, and HIV/AIDs was discovered in 1984. Oregon legalized physician-assisted suicide in 1994. The human genome was first sequenced in 2003. A Chinese scientist, subsequently jailed for his criminal actions, did the first germline gene editing of human embryos who were successfully brought to term in 2018. The twin girls will pass on the genetic modifications made to them to all their descendants. Scientific discoveries and unethical research continue to accelerate. Our modern world desperately needs sound ethical reflection and safeguards.

It important to reaffirm, as the Church and the NCBC have over the years, that scientific research and biomedical treatments are great goods if they are at the service of humanity and respect the unique dignity of the human person. Ethical problems begin to accumulate, however, when vulnerable persons are exploited for the benefit of others. Utilitarian or consequentialist ethics commit the very great error of accepting injustice or evil towards a few in order to help a larger group. "The needs of the many outweigh the needs of the one" is a typical expression of this view. There is a grain of truth in it, but one cannot kill a person for the good of others. Christ gave His life to redeem all of us, but it was a free gift and not something we could have ethically demanded.

One excellent example of the benefit of strongly defending ethical standards is the now abandoned practice of craniotomy. This horrific procedure was used to save the lives of mothers

with impacted labor by directly taking apart the skull of the preborn child. The Congregation for the Doctrine of the Faith in the nineteenth century recognized that this was a direct killing of the baby and declared that it could not be morally done. This spurred Catholic doctors to develop Caesarean section techniques to save both the life of the mother and the child. If craniotomies had been seen as an acceptable solution, the new and better technique might have only been developed much later.

Something similar happened with stem cells. The extreme ethical violation of killing humans for their embryonic stem cells, and the fact that their use did not lead to the promised cures, encouraged research into alternatives. One Japanese scientist perfected a technique to create induced pluripotent stem cells that begin with skin or other mature cells and so are not tainted by the killing of embryos. Other scientists found ways to isolate adult stem cells from umbilical cord blood and other parts of the body, again with no killing involved to obtain them. It is a real blessing the latter two ethical scientific advances have yielded far more beneficial treatments than embryonic stem cells.

At the NCBC we were saddened by the recent case of a pregnant mother who carried a preborn child with tremendous health problems, some of which were incompatible with survival outside the womb. When she told her doctor that under no circumstances would she consent to a direct abortion he was simply flabbergasted and said that he did not know how to medically assist a mother with that kind of high-risk pregnancy. It was a clear case of medical knowledge regressing because abortion had become the default “treatment” for these situations. The mother did find a pro-life doctor eventually and safely delivered her child who was baptized before he died.

The NCBC has for fifty years sought to defend and help form the consciences of individuals and institutions involved in health care and biomedical research. It is unfortunately true that ethical “grey areas” caused by complex medical circumstances can make it hard to know the best choices to make. We encounter this most frequently in end-of-life situations where the distinction between ordinary care, which is morally obligatory, and extraordinary care, which is morally optional, must be carefully discerned and applied. Similarly, extremely difficult cases can arise with maternal/fetal conflicts in pregnancy. We know what definitely cannot be done, but assessing what extraordinary care to pursue is increasingly complicated as technology improves and treatment options increase but all usually have pros and cons.

We look forward to continuing our mission of service in the next fifty years of the NCBC.