

Father Tom Knoblach, Ph.D.

Consultant for Healthcare Ethics, Diocese of Saint Cloud

On December 12, 2008, the Congregation for the Doctrine of the Faith (CDF) released its latest Instruction on Certain Bioethical Questions, entitled *Dignitas Personae* (The Dignity of a Person). Much has happened in the spheres of science, technology, biomedical research, and society since the last CDF Instruction on these matters, 1987's

Donum Vitae.

Thus,

Dignitas Personae

(dated September 8, 2008, the feast of the Birth of Mary) updates Church teaching on these topics, including some new matters not addressed previously.

The full text of the document, along with supporting materials, can be found on the United States Conference of Catholic Bishops website at www.usccb.org.

The document is divided into three parts. Highlights include:

First Part: Anthropological, Theological, and Ethical Aspects of Human Life and Procreation

- the context of human dignity is newly grounded in the teaching of the late Pope John Paul II, especially the theological anthropology he developed that has come to be known as the "theology of the body"

- the series of reservations and concerns with technology expressed in *Dignitas Personae* are all rooted in the "great 'yes' to human life" and the gifts of human sexuality, marriage, and family that have always been foundational in the Church's moral teaching in these areas

- at the center of every evaluation of progress in science and culture lies the consideration of the impact of technology on the human person, made in the image of God and called to

community

Second Part: New Problems Concerning Procreation

- with regard to **treatments for infertility**: interventions which assist the act of spousal sexual intercourse to achieve its natural end or remove obstacles to natural fertilization are permitted, while interventions which substitute for the conjugal act are to be excluded (such as techniques for artificial fertilization that rely on technicians and not the conjugal act to achieve conception)

- the forms of **in vitro fertilization (IVF)**, including **ICSI (intracytoplasmic sperm injection)**, are excluded for these reasons, as well as the extremely high number of embryos which are destroyed in pursuing such procedures

- **freezing embryos** and **freezing oocytes** (cells which will develop into ova, or egg cells) for future attempts at artificial reproduction are excluded as incompatible with the respect owed to human embryos and their source

- to **use embryos as mere biological research material** or for the treatment of disease are excluded since they use the human lives of some as mere means to other ends

- **“prenatal adoption”** or the adoption of embryos with the attempt to bring them to birth, while praiseworthy in intention, is not supported since it effectively participates in the same illicit procedures to bring about life apart from the conjugal act; additionally, the rate of embryo loss is extremely high and children who may eventually be born may also have unknowable and severe disabilities in the future. The Instruction states: “All things considered, it needs to be recognized that the thousands of abandoned embryos represent a situation of injustice which in fact cannot be resolved” (II, 18). In other words, we have created a situation with these technologies for which there is simply no ethical solution. Thus, John Paul’s plea is repeated that the creation of embryos be stopped worldwide.

- **embryo reduction** or the intentional selective abortion of implanted embryos that are not wanted by the parents is excluded

- **preimplantation diagnosis** is related to IVF; embryos created in the laboratory are examined prior to implantation into a woman's womb and those without the desired traits are destroyed. It is excluded due to this destruction of early human life, as well as an expression of a eugenic mentality that the value of human life is to be judged based on the possession of certain arbitrary qualities

- **interventions which cause the death of embryos** by preventing implantation (such as "Plan B") or eliminating an implanted embryo (such as RU 486) are excluded as intentional abortions

Third Part: New Treatments which Involve the Manipulation of the Embryo or the Human Genetic Patrimony

- gene therapy that seeks to eliminate or reduce genetic defects in the cells of a single person (**somatic cell gene therapy**) are in principle acceptable as long there is informed consent and a due proportion of benefits and risks to that person

- **germ line cell therapy** is excluded at this time, since the current state of research does not allow certainty about the safety and long-term effects on all future generations derived through the subjects of this research; even more is **germ line genetic engineering** (the selection or exclusion of certain genetic traits for all future generations) to be excluded

- **human cloning**, whether for proposed therapeutic or reproductive ends, is excluded as contrary to human dignity and the meaning of human sexuality

- **stem cell therapies** are evaluated ethically based on both the method of obtaining stem cells and the risks associated with their use. Methods that obtain stem cells through the destruction of embryos are excluded. Stem cells derived from an adult organism, from umbilical cord blood, or from fetuses who have died of natural causes are acceptable. The use of stem cells that

have been legitimately obtained is morally licit as long as the common criteria for all medical research and treatment are met (such as informed consent, free donation, minimizing risks with proportionate benefits, etc.). The Instruction encourages research using adult stem cells.

- **attempts at hybridization** (mixing human and animal genetic elements) are excluded as they expose humans to unknown risks

- in relation to using human “biological material” of illicit origin, the Instruction addresses vaccines and other products resulting from either mediate or immediate violations of human life at some point in the past. The intentional creation and destruction of human embryos to obtain such materials for use are obviously wrong. Those who knowingly and willingly obtain such materials for use in treatments, even if they themselves were not directly involved in the destruction of life, are still guilty of formal cooperation in the wrongdoing; researchers and clinicians should refuse to obtain or use such materials. However, the teaching on the principles of cooperation recognizes that very remote mediate material cooperation may at times be justified if there are sufficiently grave reasons. The example given is the licitness of using vaccines developed from cell lines that originated, many cell generations prior, in an act of abortion (though not done precisely to produce the cell line). As long as the danger to children’s health is sufficiently grave; the users of such vaccines do not approve of the ultimate, remote source of the vaccine; and there is no available alternative vaccine, such vaccine may be used. At the same time, parents and those in authority have the obligation to make known their disagreement and ask for the development of other vaccines.

Conclusion

The Instruction concludes by reiterating that the prohibitions it names are simply consequences of responsible stewardship for the gift of life entrusted to humanity, and the various forms of injustice and moral wrongdoing that result from abuse of this stewardship: “every prohibition is based on the need to protect an authentic human good.” True progress in understanding and safeguarding human rights and dignity will see in the sphere of bioethics the same concerns that motivated Pope Leo XIII and others across the last century to address the impact of technology on the human person.

For:

“Behind every ‘no’ in the difficult task of discerning between good and evil, there shines a great ‘yes’ to the recognition of the dignity and inalienable value of every single and unique human being called into existence.”