

This response was submitted to the consultation held by the Nuffield Council on Bioethics on Critical Care Decisions in Fetal and Neonatal Medicine: Ethical issues during March to June 2005. The views expressed are solely those of the respondent(s) and not those of the Council.

Question 1.

In analyze this subject anthropological aspects are important. From our view, the human being must be respected – as a person (taking into account his suffering and disabling after birth) – from the first instant of his existence. (According to *Instruction on respect for human life in its origin and the dignity of procreation – Donum vitae (DV)*, Congregation for the Doctrine of the Faith – 22 II 1987).

Indeed, where possible, to correct all abnormalities before or after birth. Necessary use possibility treatment of pain and use strong pain killers with the least risk of side effects is even more challenging. If the analgesics will shorten life, like in adult patients, according to Christian ethics, it is acceptable: “if no other means exist”. *Declaration on euthanasia – Iura et bona (IB)*, Congregation for Doctrine of the Faith from Vatican (5 V 1980) says that, “In this case, of course, death is in no way intended or sought, even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose painkillers available to medicine”.

In cases where therapeutic procedures carried out on the human embryo, “As with all medical interventions on patients, one must uphold as licit procedures carried out on the human embryo which respect the life and integrity of the embryo and do not involve disproportionate risks for it but are directed towards its healing, the improvement of its condition of health, or its individual survival. Whatever the type of medical, surgical or other therapy, the free and informed consent of the parents is required, according to the deontological rules followed in the case of children. The application of this moral principle may call for delicate and particular precautions in the case of embryonic or foetal life” (DV 3).

In case the wishes of the pregnant woman, *Donum vitae* says: “No objective, even though noble in itself, such as a foreseeable advantage to science, to other human beings or to society, can in any way justify experimentation on living human embryos or fetuses, whether viable or not, either inside or outside the mother's womb. The informed consent ordinarily required for clinical experimentation on adults cannot be granted by the parents, who may not freely dispose of the physical integrity or life of the unborn child” (DV 4). In this circumstance is possible override the consent of pregnant women or parents.

Question 2.

All of these circumstances, all cases and all situations (medicine, surgery and palliative care) require to prolong the life of the newborn to the natural death: “since the embryo must be treated as a person, it must also be defended in its integrity, tended and cared for, to the extent possible, in the same way as any other human being as far as medical assistance is concerned” (DV 1).

Question 3.

The first principal ethical question is the moral status of the fetus. The problem increases because, the dignity of human being of this child is rejected. The ethics of prolonging life in fetuses and the newborn are situation on the field anthropological status of human embryo, because arguments against the transfer humanity of human being in his prenatal period are taken from embryology and genetics on one hand, and from philosophy on the other. In the first case we have for example the attitudes of embryologist and geneticist justifying the continuity of development in the whole prenatal period; in the second case we have among others from the metaphysics of man on the priority of existence before its manifestations, human nature before its actualisation. Christian anthropology rejects the possibility of moving the status of being a man to some later period.

“Applied biology and medicine work together for the integral good of human life when they come to the aid of a person stricken by illness and infirmity and when they respect his or her dignity as a creature of God. No biologist or doctor can reasonably claim, by virtue of his scientific competence, to be able to decide on people's origin and destiny”. (DV)

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Conclusion

According to *Instruction Donum vitae*, “science and technology (in this Consultation Paper also social, economic and law issues), are valuable resources for man when placed at his service and when they promote his integral development for the benefit of all; but they cannot of themselves show the meaning of existence and of human progress. Being ordered to man, who initiates and develops them, they draw from the person and his moral values the indication of their purpose and the awareness of their limits”.