

The ethics of prolonging life in fetuses and the newborn
THE CHURCH OF ENGLAND MISSION AND PUBLIC AFFAIRS
COUNCIL

Response to the Nuffield Council on Bioethics' consultation on

The ethics of prolonging life in fetuses and the newborn

Please note that :

- The Church of England's submission to the Nuffield Inquiry is entirely in keeping with the Church's policy on treatment at the beginning and end of life (see [Euthanasia and Suicide](#))
- The submission stated that fetuses and newborns should only have treatment withheld or withdrawn if treatment is futile.
- We believe firmly that every life is valued and loved by God equally.

The submission appears below:

1. The Church of England's Mission and Public Affairs Council is pleased to respond to the Nuffield Council's consultation on the ethics of prolonging life in fetuses and the newborn. The Council is part of the Archbishops' Council and through it reports to the General Synod of the Church of England.
2. The questions as posed were difficult to address. Some seemed to require empirical research for an answer (for example question 4). Others demanded a choice between or a prioritising of absolutes. Rather than answering the questions directly, therefore, this submission offers some principles from the Church's tradition that, it is hoped, will contribute to the Council's task.
3. We are conscious of the need for guidelines, both for the medical profession and for families facing the tragedy of ill health in fetuses and newborn children. Since each case will have specific and unique characteristics, guidelines and principles are essential to give broad parameters within which to work.
4. The primary principle from the Christian tradition is that all life is a gift from God, whether inside the womb or outside, whether disabled or not. Its appearance in the womb confers on the parents and all others concerned a profound and continuing duty of care. Thus in the Christian tradition the conceiving and bearing of a child is not for the purpose of producing a perfect baby, but to receive and nurture a divine gift. The fetus and neonate are unique individuals under God. We cannot therefore accept as a justification for killing them the argument that their lives are not worth living.
5. This is not incompatible with accepting that it may in some circumstances be right to choose to withhold or withdraw treatment, knowing that it will possibly,

- probably or even certainly result in death. To justify such a course of action two conditions would have to be met. First, there would have to be very strong proportionate reasons for overriding the presupposition that life should be maintained. Second, all reasonable alternatives would have to be fully considered so that the possibly lethal act would only be performed with manifest reluctance.
6. Death is a fact of all existence that is neither to be feared nor to be controlled. In every person's life there will come a time when life has to be surrendered and death accepted. Despite all the advances of medical science that is still, sadly, something which parents sometimes have to face for their children. For a Christian, death is not the end, and is not to be avoided at all costs as if it were.
 7. As children of God, all people are owed the freedom to make choices and face their consequences. In these agonisingly difficult cases involving fetuses and the newborn the decision making processes must fully involve members of the families and of the healthcare team.
 8. Within the bounds of agreed moral obligations, difficult and controversial decisions may have to be made; and when that happens the forbearance and charity of others is deserved. Decision makers should not, however, be unaccountable, nor immune from well informed, charitable and pastorally responsible criticism. It would, for example, never be justified to decide not to save a fetus or neonate because that fetus or neonate was not considered worth saving.
 9. Great caution should be exercised in bringing questions of cost into the equation when considering what treatment might be provided. The principle of justice inevitably, means that the potential cost of treatment itself, the longer term costs of healthcare and education and the opportunity cost to the NHS in terms of saving other lives have to be considered.
 10. Nevertheless significant and continuing advances in medical technology have frequently come about through the use of initially expensive and risky techniques. Some developments in life support have become routine as skills and knowledge have grown. Where lives are at stake society should be extremely cautious over concluding too readily that new techniques cannot be afforded. There needs, too to be a recognition that people with disability have as much a right to life as everyone else, and that the ongoing cost of caring for them should be shared, not left solely to the families concerned.
 11. The principle of compassion, for a Christian, is key. There are many instances in the life of Christ where he overrode rule-based systems. There may be occasions where, for a Christian, compassion will override the 'rule' that life should inevitably be preserved. Disproportionate treatment for the sake of prolonging life is an example of this. The ever-improving understanding of how and why fetuses and neonates experience pain needs to be taken into account in decisions about treatment.

12. The principle of humility asks that members of the medical profession restrain themselves from claiming greater powers to heal than they can deliver. It asks that parents restrain themselves from demanding the impossible from the medical profession and indeed from themselves and their own capacity to cope. The principle of humility also requires that when things go wrong, generosity and understanding are shown to those practitioners, relatives and friends who have done their best in emotionally fraught circumstances.

Signed:

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Vice-Chair: Public Affairs, Mission and Public Affairs Council

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