

SUBMISSION TO

THE MEDICAL COUNCIL

CONCERNING THE REVIEW OF

A GUIDE TO

ETHICAL CONDUCT AND BEHAVIOUR

SUBMISSION FROM

MOTHER AND CHILD CAMPAIGN



LIFE INSTITUTE



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CONTENTS

	Page
Executive Summary	3
Introduction	4
Abortion	6
Respecting the Right to Life of the Human Embryo	9
Caring for the Seriously Ill and the Elderly	11
Medical Vaccines: Making Ethical Alternatives Available	15

EXECUTIVE SUMMARY

In response to the invitation to make submissions to the public consultation process prior to the preparation of the 7th edition of *A Guide to Ethical Conduct and Behaviour*, the *Life Institute* (LI) would like to make the following points:

- Tradition requires medical practitioners to follow the dictum *primum non nocere*. We would urge the Council to bear that in mind in all its deliberations.
- Medical ethics should remain free from political influence and should not be compromised by connections to any industry or any service providers such as those who profit from the killing of unborn children.
- In regard to Section 24.6 of the current *Ethical Guidelines* dealing with the child in utero, LI believe the Guidelines should clearly prohibit abortion and we would like to see the guideline amended to read:

The deliberate and intentional destruction of the unborn child is professional misconduct. Should a child in utero lose its life as a side-effect of standard medical treatment of the mother, then this is not unethical. Refusal by a doctor to treat a woman with a serious illness because she is pregnant would be grounds for complaint and could be considered to be professional misconduct.

- Research on human embryos is immoral, unethical and has not produced any beneficial results. In regard to Section 24.1 of the current *Ethical Guidelines*, LI would like to see the protection of the human embryo retained and the section left entirely unchanged.
- Euthanasia – widely touted as “mercy-killing” – is in fact, neither merciful nor progressive. It is a form of medical homicide that violates the right to life, puts doctors in the role of killers, and creates a dangerous assumption that the lives of the gravely ill and disabled are of less value than the lives of others. LI recommends that the *Ethical Guidelines* be explicit in stating that any action or omission undertaken to bring about the death of a patient is professional misconduct.
- LI would like to draw the Council’s attention to the fact that vaccines currently being offered to Irish parents – including the MMR vaccine – are derived from cell lines originally prepared from tissue taken from aborted babies. This gruesome fact has led thousands of parents to refuse the MMR vaccine. Those parents would like to see an ethical alternative to this MMR vaccine made available in Ireland.

INTRODUCTION

The Medical Council is required, amongst other things, to give guidance to the medical profession generally on all matters relating to ethical conduct and behaviour. To date this has been achieved through the periodic publication of *A Guide to Ethical Conduct and Behaviour*. The contents of the guide may be broadly categorised into professional ethics, business ethics and medical ethics.

The Life Institute (LI) is satisfied that other representations will adequately cover the first two categories and have confined this submission to concerns regarding medical ethics. Medical ethics should remain free from political influence and should not be compromised by connections to any industry or any service providers such as those who profit from the killing of unborn children.

In particular, we are concerned that political pressure is being brought to bear on the Ethics Committee to weaken the protection given to human life when it is most vulnerable. Mary Harney, the current Minister for Health, has voted to fund embryo research at the *European Council of Ministers*, thereby funding a practice which is ethically outlawed by the Medical Council. Additionally, political appointees to the Medical Council have previously sought to weaken the prohibition on abortion which has always protected both mother and baby, and an appalling demand has been made by an Irish obstetrician for the provision of abortion in this country on the grounds of disability.

Such political manoeuvres are contrary to the expressed wishes of the Irish people who have repeatedly expressed their opposition to the deliberate destruction of human life. It is our fervent hope that the Medical Council members resist influences which would undermine the protection of vulnerable children and of the elderly in Ireland. The degradation of human life in other jurisdictions, such as the UK, where calls are being made to kill disabled children after birth, or the Netherlands where sick and elderly people feel obliged to carry cards stating their wish not to be euthanised, should be a warning to Irish practitioners.

Irish medical professionals do a superb job – often in very difficult circumstances, for their patients. They are to be commended for recognising that a healing profession should play no part in the deliberate destruction of life. LI join the great majority of Irish people who emphatically urge the *Ethics Committee* to ensure that their life-affirming ethics and practices continue.

This submission deals with four main categories of concern: Abortion; Protection of the Human Embryo; Caring for the Seriously Ill and the Elderly; and Medical Vaccines: Making Ethical Alternatives Available.

ABORTION

Induced abortion is the deliberate destruction of the unborn child in utero and the abortion industry is the greatest destroyer of life in the world today. Irish medical ethics have long recognised that abortion is not only unethical, but is also unnecessary. As stated by the Professors of the four main Irish teaching hospitals in 1992, abortion is never medically necessary and there exists no medical condition which necessitates the deliberate killing of the child in the womb. In the same year, the *United Nations Populations Division* reported that Ireland, where abortion remained illegal, had one of the lowest maternal mortality rates in the world. An 2006 report from the UN re-affirms that our pro-life medical ethics have kept our maternal mortality enviably low.

Irish mothers are therefore confident that Irish medical ethics best protect both mother and baby. The principle of double effect is adhered to by Irish medical practitioners where an early intervention in pregnancy is always undertaken if medically necessary – the intention is to terminate the pregnancy and not the life of the child. This is a very important distinction and is very well understood by Irish doctors, but has been deliberately blurred by abortion-campaigners who seek to perpetuate the myth that womens' lives may be put in danger without access to abortion. We would urge the Medical Council to clearly state that, within Irish obstetric practice, so-called “therapeutic” abortion – the deliberate destruction of the unborn child – is never necessary to save the life of a mother.

The difference between abortion and a necessary medical intervention which may result in the early ending of a pregnancy is, of course, that the former seeks to end the life of a baby while the latter seeks to save the life of both mother and child. Since saving lives is the keystone of medical ethics, the barbaric and medieval practice of abortion should have no place in modern medicine.

The Medical Council, to its credit, has always held that abortion is unethical and is a most serious offence. They do so in a context which states that the withholding of necessary medical treatment from the mother is also unethical - the clearest endorsement of the fact that there exists no conflict between the right-to-life of the mother and of the child.

THE ETHICAL GUIDELINES AND LI RECOMMENDATIONS

Section 24.6 of the *Guide to Ethical Conduct and Behaviour* states that:

The Council recognises that termination of pregnancy can occur when there is real and substantial risk to the life of the mother, and subscribes to the views expressed in Part 2 of the written submission of the Institute of Obstetricians and Gynaecologists to the *All-Party Oireachtas Committee on the Constitution*, as contained in its fifth progress report, Appendix IV, page A407.

Part 2 of the submission referred to reads: “We consider that there is a fundamental difference between abortion carried out with the intention of taking the life of the baby - for example for social reasons - and the unavoidable death of the baby resulting from essential treatment to protect the life of the mother”.

We believe that the prohibition of abortion previously stated in the *Ethical Guide* was unambiguous and less open to erroneous interpretation than its amended version and we recommend that the current guideline be amended to read:

“The deliberate and intentional destruction of the unborn child is professional misconduct. Should a child in utero lose its life as a side-effect of standard medical treatment of the mother, then this is not unethical. Refusal by a doctor to treat a woman with a serious illness because she is pregnant would be grounds for complaint and could be considered to be professional misconduct.”

OTHER CONSIDERATIONS

- ***Adverse Effects of Abortion***

There is now strong evidence that women who choose abortion subsequently suffer from higher rates of depression, self-harm and psychiatric hospitalisation than those who carry their babies to term. This evidence has been strengthened by the findings of a large longitudinal study from New Zealand published in the *Journal of Child Psychology and Psychiatry* in January 2006, which demonstrated that women who had abortions had twice the level of mental health problems and three times the risk of major depressive illness as those who had either given birth or never been pregnant. As a consequence, the *American Psychological Association* has withdrawn from their website an official statement that denied a link between abortion and psychological harm.

It would appear that women are being referred for abortion, without being made aware of all the possible consequences of the abortion procedure, in particular

the highly prevalent psychological and psychiatric effects. Women have the right to be informed about the physical and psychological risks of abortion. LI urges the Medical Council to instruct referring or counselling doctors that those risks be explained and made known to Irish women.

- ***Conscientious Objection***

LI also views with considerable concern attempts by *The Irish College of General Practitioners* to browbeat doctors into either providing abortion referral or referring patients to doctors who will refer for abortion. We urge the Irish Medical Council to protect the rights of the majority of Irish doctors whose medical knowledge and personal beliefs compel them to have **no part** in the killing of unborn children.

RESPECTING THE RIGHT-TO-LIFE OF THE HUMAN EMBRYO

LI holds that life begins at conception – a view endorsed by scientific and medical evidence. It follows therefore that life must be protected in law and by medical ethics from that point. In common with most Irish people, we oppose the use of human embryos for research purposes.

Embryonic stem cell research is controversial and unethical because this type of research assures the destruction of many early human lives. Since the formulation of the Nuremberg Code, it has been held that it is an abuse of human rights to use human beings in experimental research without their consent, and research is permitted only if there is therapeutic benefit for the human subject. Clearly, this is not the case in embryonic stem cell research as no consent can be given by/for the embryo and as the embryo is destroyed in the process. Research on human embryos undervalues human life, damages the integrity of science and medicine, and degrades society.

The cost of the life of the embryo is not the only problem with embryo research. It is also an inefficient process and an ineffective one. Problems with tumour formation and tissue rejection are rife and, to date, there have been no successful therapies using stem cells derived from human embryos. On the other hand, up to 65 successful treatments have been carried out using non-embryonic or adult stem cells.

Section 24.5 of the *Guide* deals with In Vitro Fertilisation (IVF), which, as practised in this country, has given rise to ethical problems, especially in regard to the freezing and storage of human embryos. LI believe that safer, more ethical alternatives to IVF should be examined and considered by the Council and the risks IVF poses to mother and child should be brought to light. We also believe that it should be considered unethical to create and freeze embryos deemed “surplus” to IVF requirements, particularly since these embryos are now at risk of destruction by order of the judiciary. Registered medical practitioners should be precluded, and indeed protected, from forced participation in this action.

THE ETHICAL GUIDELINES AND LI RECOMMENDATIONS

LI strongly recommend that destructive embryo research be banned in Ireland and that we do not fund this type of research elsewhere. We believe that Section 24.1 of the current Ethical Guidelines should be left entirely unchanged. The Section reads:

The creation of new forms of life for experimental purposes or the deliberate and intentional destruction of in-vitro human life already formed is professional misconduct.

We also recommend that IVF clinics in Ireland do not allow “surplus” embryos to be formed and urge the Council to amend the *Guide* to prohibit cloning.

OTHER CONSIDERATIONS

- **Adult Stem Cells**

LI recommend that Ireland takes a leading role in the development of ethically acceptable treatments involving adult stem cells.

- **Genetic Testing**

Section 24.3 of the *Guide* deals with Genetic Testing and states:

Genetic testing may be of benefit in diagnosing an illness or predicting its development in the future. Individuals who undergo such testing should be counselled regarding the consequences of their actions and testing should not be done without their informed consent.

LI remind the Council that genetic testing poses a high level of risk to the embryo. Testing should only be undertaken if there is good reason to expect the presence of a serious genetic disorder, but only with a view to providing treatment to the unborn or making appropriate preparations in advance of birth. Using genetic testing as a means to ‘seek and destroy’ disabled children is unethical and the *Guide* should reflect this.

CARING FOR THE SERIOUSLY ILL AND THE ELDERLY

The treatment of the elderly in Irish society should give us cause for concern. Recent Health Service Executive inspection reports show continuing poor standards in nursing homes across the country – a disappointing outcome, given the outcry following the Leas Cross scandal. Meanwhile the parliamentary *Joint Committee on Human Rights* in the UK made public a horrific list of abuses of elderly people which have become commonplace in a society where growing old has become something to fear.

Neither is Ireland immune from changing attitudes towards the vulnerable – including the elderly, the very young and those with disabilities – which is souring humanity in other jurisdictions. Extra effort may be required to care for premature babies, for those with a serious illness or for older people, but that responsibility is now more frequently being described as a “burden” and a “waste of resources”.

Consider the disturbing statement made by neurologist Ronald Cranford, key witness in favour of starving/dehydrating Terri Schiavo to death in 2005:

"In the elderly, dementia is more common than the vegetative state. What are we going to do with humane care for the elderly? One-third to one-half people over the age of 80 will have some form of dementia."

The recent call by the *Royal Institute of Obstetricians and Gynaecologists* in the UK to consider “active euthanasia” when dealing with the “sickest of newborns” is equally disturbing. Cost, it would now seem, is a reason to end the life of a vulnerable person. And the issue of euthanasia may soon be heard in an Irish court as US citizen, George Exoo, is expected to be charged with “assisting” in the suicide of Rosemary Toole-Gilhooley at her Donnybrook home in 2002.

Little wonder then that the Fine Gael TD, Dan Neville has warned against the legalisation of euthanasia in this country, pointing to the Netherlands, which, following the legislation of euthanasia and assisted suicide in recent years, has seen a number of cases which have blurred the line between voluntary and involuntary euthanasia, particularly when involving people with mental handicaps or dementia.

Euthanasia – widely touted as “mercy-killing” – is in fact, neither merciful nor progressive. It is a form of medical homicide that violates the right to life, puts doctors in the role of killers, and creates a dangerous assumption that the lives of the gravely ill and disabled are of less value than the lives of others.

The alternative to euthanasia is good medical practice, which requires doctors to recognise when it is appropriate not to continue treatment. As with abortion, the critical distinction is the doctor's intention. For example, painkillers given to a seriously ill patient may shorten his/her life but the intention is not to hasten death but to control the pain.

THE ETHICAL GUIDELINES AND LI RECOMMENDATIONS

LI and the majority of Irish people remain in agreement with current medical ethics which forbid the taking of human life by euthanasia or assisted suicide.

Section 22.1 of the *Ethical Guide* in relation to Serious Illness states:

“For the seriously ill patient who is unable to communicate or understand, it is desirable that the doctor discusses management with the next of kin or the legal guardians prior to the doctor reaching a decision particularly about the use or non-use of treatments which will not contribute to recovery from the primary illness. In the event of a dispute between the doctor and relatives, a second opinion should be sought from a suitably qualified and independent medical practitioner.”

Access to nutrition and hydration remain one of the basic needs of human beings, and all reasonable and practical efforts should be made to maintain both.”

And in Section 23.1 in reference to the Dying Patient the *Guide* states:

“Where death is imminent, it is the responsibility of the doctor to take care that the sick person dies with dignity, in comfort, and with as little suffering as possible. In these circumstances a doctor is not obliged to initiate or maintain a treatment which is futile or disproportionately burdensome.”

Deliberately causing the death of a patient is professional misconduct.”

Non-access to nutrition and hydration is now frequently being proposed by those who see seriously ill or dying patients as a burden and further treatment of any kind as futile.

LI would therefore recommend that the second paragraph of Section 22.1 be amended to read:

“Access to nutrition and hydration remain one of the basic needs of human beings, and all reasonable and practical efforts should be made to maintain

both. Deliberately withholding nutrition or hydration with the intention of deliberately causing death is professional misconduct.”

Section 23.1 specifically forbids any action which may cause the death of a patient. However, given the unfortunate precedent created by shocking cases such as the death by forced dehydration of Terry Schiavo, LI recommends that the Section be amended to read:

“Deliberately causing the death of a patient, either by act or by withdrawal of treatment, is professional misconduct.”

OTHER CONSIDERATIONS

- **Withdrawal of Tube Feeding**

In other jurisdictions courts have authorised the withdrawal of tube-feeding from patients with severe brain damage who are said to be in a persistent vegetative state (PVS). This amounts to euthanasia if done with the intention of bringing about the patient's death. In the high-profile case of Terry Schiavo, the patient's distressed family was forced to endure the death by dehydration of their beloved sister and daughter, who they wished to care for indefinitely. Political, financial and ideological factors rather than medical or scientific concerns seemed to drive the judgment in the Schiavo case.

Tube-feeding is not usually unduly burdensome, and only becomes futile if it no longer enables a patient to receive nourishment. Even if the provision of food and water require medical assistance, they are not intended to cure illness but are the basic means of sustaining life, which it is unjust to deny anyone on grounds of their disability. In many cases, a certainty that the patient would never recover has been confounded by unexpected and inexplicable recovery. In any case, the brain-damaged patient has a right-to-life which the medical profession should strive to uphold.

LI notes that the expression 'vegetative state', which has become commonly used is unfortunate and misleading. Patients in this state maintain full human dignity, right up to natural death. Moreover, such patients are not necessarily terminally ill and generally carry on basic metabolic functions.

- **Advance Directives or Living Wills**

Advance directives typically contain instructions that, in the event of certain conditions arising, treatment should not be given. An advance directive may not necessarily contain a request for euthanasia, but such statements can be used to demand that doctors bring about the patient's death by, for example, specifying that tube-feeding should be withheld. Advance directives are often referred to as "living wills". LI believes they should not be given legal status nor should they be used to compel doctors to participate in euthanasia. There is also a danger that medical practitioners might act on an advance directive in circumstances which the patient did not foresee, or misinterpret the patient's wishes.

- **Ascertaining when life ends**

LI recommend that a patient should not be regarded as dead until there is evidence of both brain stem death and the end of other vital functions. This would safeguard against ending the lives of patients who had volunteered for organ donation before natural death had occurred.

We urge the Medical Council to emphatically reject suggestions that patients with certain forms of brain damage, such as persistent vegetative state, should be regarded as dead.

MEDICAL VACCINATIONS – MAKING ETHICAL ALTERNATIVES AVAILABLE

Many of LI members and supporters are the parents of young children and as such have been involved in discussions and near-disputes with the health authorities regarding vaccines supplied by the State for children, particularly the vaccine known as MMR, a preventative against Measles, Mumps and Rubella.

While herd immunity is important, democracy is even more so. Parents may decide for legitimate reasons that they do not wish to inoculate their children against a given illness. LI believes that parents' concerns should be addressed respectfully and sympathetically by medical practitioners.

Of greatest concern to parents within our organisation is the source of the vaccine – the fact that the vaccines currently on offer in Ireland for Measles, Mumps and Rubella (known as MMR) are derived from cell lines originally prepared from tissue taken from aborted babies. This gruesome fact has led thousands of parents to refuse the MMR vaccine. Those parents would like to see an ethical alternative to this MMR vaccine made available in Ireland.

Currently, Irish parents are offered an MMR vaccine manufactured using the RA27/3 and WI-38 fetal cell lines obtained from aborted babies. Alternative, ethical vaccines have not been made available despite repeated requests from parents to medical practitioners and to the HSE.

Alternatives, including Mumpsvox by Merck and the Takahashi Rubella vaccine for Rubella are available for the HSE to obtain. Given the prohibition on abortion and embryo research, LI would be pleased to see the Medical Council play an active role in discontinuing the use of unethically-produced vaccines and assisting to make morally acceptable alternatives available.

Abortion is unnecessary to obtain live viruses as proved by the Japanese in producing Takahashi for Rubella. The virus was obtained by swabbing the throat of an infected child.

Aborted foetal tissue is unnecessary as a culture medium, as non-abortive human tissue may be used or animal cell lines, as evidenced in the production of Measles, Mumps, Polio, Rabies and the Japanese Aimmungen for Hepatitis-A and Takahashi for Rubella.

The aborted fetal cell lines are not “immortal” – further foetal tissue from another aborted child will be used to create vaccines in the future. Science and

medicine should neither be lazy nor unethical. Alternatives exist to using unborn babies in making vaccines – those alternatives should be used.

We believe that every person is entitled to protect the health and safety of their families without compromising their moral conscience or religious beliefs. LI believes the Ethics Committee should recommend that vaccines made from cell lines obtained from aborted babies should no longer be used.

Sources

R/A/27/3 R=Rubella, A=Abortus, 27=27th foetus tested, 3=3rd tissue explant. Control study group where the live Rubella virus was found in the 27th foetus tested; first 26 apparently non-infected, normal fetuses. Performed during the Rubella outbreak of 1964 when physicians advised women in their first trimester of pregnancy to abort their child due to possible infection; over 5,000 abortions performed. (Table 17-5 Est. Morbidity Assoc. with Rubella Epid. 1964-65; Attenuation Of RA273 Rubella Virus Amer. Journal Diseases of Child., Vol. 118 Aug 1969)

MRC-5 Human diploid foetal cell line was derived from a 14-week gestation male infant lung tissue; abortion performed for "psychiatric reasons" (Nature, 277:168 1970; Corriel Cell Repositories Cell Line Characteristics)

WI-38 Human diploid foetal cell line was derived from a 3-month gestation female infant lung tissue; abortion performed because the parents felt they had too many children (Hayflick, Exp Cell Res 37:614-36, 1965)

PUBLISHED BY

The Life Institute
60a Capel Street
Dublin 1

T: (353) 1 873 0465

F: (353) 1 873 0464

E: info@thelifeinstitute.net

W: www.thelifeinstitute.net

SUBMITTED TO

Professional Standards Section

Medical Council

Lynn House

Portobello Court

Lower Rathmines Road

Dublin 6.

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