



CFE

HIGHER RMPS



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BrightRED Study Guide

CFE HIGHER

RMPS

RELIGIOUS, MORAL  
AND PHILOSOPHICAL STUDIES



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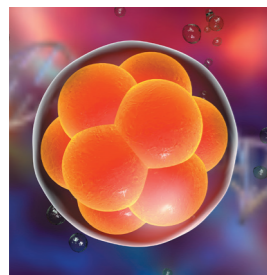
# MORALITY, MEDICINE AND THE HUMAN BODY

## AN OVERVIEW

To be successful in this section of the course, you need to develop a good knowledge and understanding of:

- The reproductive uses of embryos
- The therapeutic uses of embryos
- Using embryos in research

The moral issues raised by each of these areas, and the religious and non-religious viewpoints on these moral issues. Before we look at each separate area, let's explore what embryos are and why the status of the embryo is important.



### WHAT ARE HUMAN EMBRYOS?

A human embryo is quite simply a multicellular organism, which is the earliest stage of human life. The term embryo is used from conception (when sperm meets egg) until the end of the seventh week of development. From week eight the embryo becomes known as a foetus.

In the UK, the Human Fertilisation and Embryo Authority (HFEA) regulate how embryos can be used. The Human Fertilisation and Embryo Act 1990 (the original act has undergone slight changes over time) is the piece of legislation that explains what can and can't be done regarding the use of embryos in the UK. It explains that human embryos must be used within 14 days of creation or until the appearance of the *primitive streak*, a groove that appears on the embryo marking the development of the inner cell mass to the structures that will form the skeleton, brain and nervous system.

The uses of human embryos raise many questions and moral issues. Possibly the main question that causes the most moral debate within this topic is: When does human life actually begin? As depending on your answer regarding the status of the embryo, there are many different consequences for how embryos can or should be used.

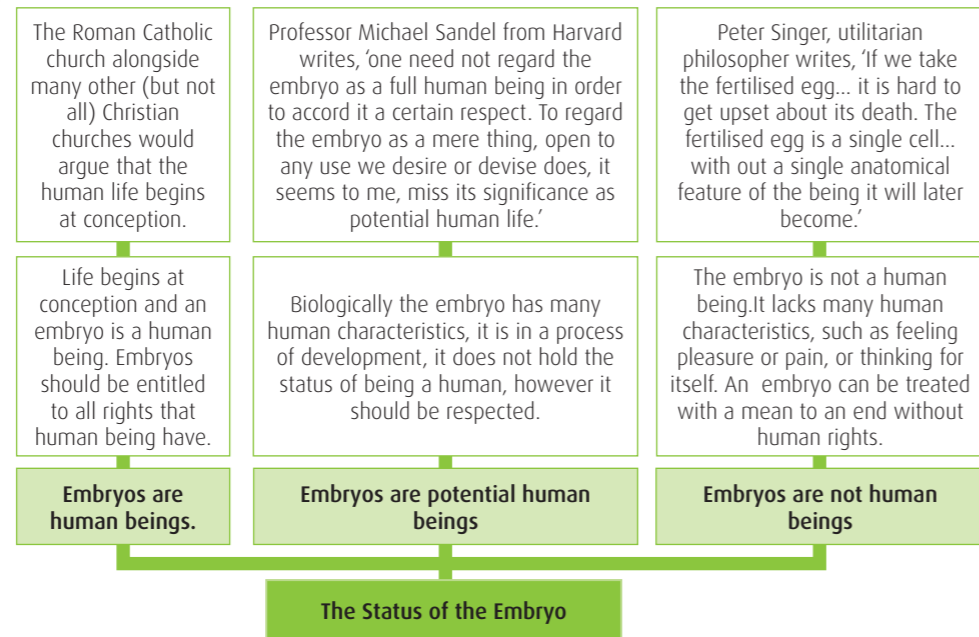
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### THE STATUS OF THE HUMAN EMBRYO

The 'status of the embryo' is a more sophisticated way of saying: 'What is the embryo's position regarding how much of a human being it is?' There are generally three positions to consider: *embryos are human beings*, *embryos are potential human beings* and *embryos are not human beings*, and, depending on which of these viewpoints you take, there will be implications on how you believe embryos can be used within medical ethics.



### RELIGIOUS VIEWPOINTS ON THE STATUS OF THE EMBRYO

Religious viewpoints are extremely varied regarding the status of the embryo.

#### Hinduism

Most Hindus believe that an embryo should be classed as a person from conception; this is because of the Hindu belief in reincarnation and how this takes place at the moment of conception. There are certain exceptions to this. One would be saving the life of a mother at the expense of an embryo. Another could be that some Hindus believe the benefits of embryonic stem cell research can bring more benefits to humankind.

#### Church of Scotland

At the General Assembly in 2006, the Church of Scotland revised their viewpoint on the status of the embryo. The Church took what they called a middle position, affirming the special status of the embryo, yet recognising the benefits of embryo research under certain circumstances.

#### Judaism

The majority of Jewish people would not believe that the embryo is a human at conception. Some Jews consider the embryo as a person on the 40<sup>th</sup> day of development when the soul becomes part of the embryo. Many Jews, however, believe that it is long after the embryonic stage that personhood takes place, and full personhood is not reached until the time of birth.

#### Roman Catholic Church

Like the Hindu viewpoint, but for different reasons, the Roman Catholic Church believes the embryo should be considered a person from conception, the moment that the egg becomes fertilised by the sperm.

### NON-RELIGIOUS VIEWPOINTS ON THE STATUS OF THE EMBRYO

Non-religious viewpoints usually consider the embryo to be a non-person; however, this is not always the case, with some arguing the embryo as a potential human, while others argue that the embryo is a person.

#### Carl Sagan

The non-religious scientist stated that 'Despite many claims to the contrary, life does not begin at conception: It is an unbroken chain that stretches back nearly to the origin of the Earth, 4.6 billion years ago.' This would be the viewpoint of the majority of secular scientists today.

#### Humanist Society Scotland

The Humanist Society Scotland argue that a fertilised egg has the ability to grow into a person; however, they are quite clear on their position regarding the status of the embryo, stating 'there is no brain, no self-awareness or consciousness, no way of feeling pain or emotion. An early-stage embryo is not a person and cannot suffer.'

#### Secular Pro-Life

Secular Pro-Life, an organisation run by three atheist women, who state that 'one of our primary goals is to hold space in the pro-life movement for atheists, agnostics, and other non-religious people who are against abortion'. They believe that the embryo is a person from the moment of conception.

### THINGS TO DO AND THINK ABOUT

Exploring what you think regarding the status of the embryo, and why you think that, can set up a good foundation for exploring the rest of this unit. Have a go at answering the question below as a starting point before working through the unit.

*What is a human embryo and to what extent do you believe a human embryo is a person, a potential person and not a person?*



MORALITY, MEDICINE AND THE HUMAN BODY

# REPRODUCTIVE 1

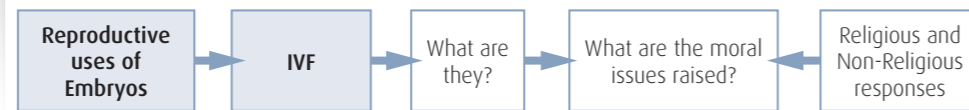
**DON'T FORGET**

Some of the guidelines propose that you must be under the age of 43 years, have been trying to get pregnant by natural means for two years, or have been receiving less invasive fertility treatment in consultation with your local GP or doctor.

**ONLINE**

Have a look and explore the NHS website that offers lots of information on the IVF process - <https://www.nhs.uk/conditions/ivf/>

## IN VITRO FERTILISATION (IVF)



In Vitro Fertilisation (IVF) is a medical process that creates an embryo outside of the body. This technique is often used by people who cannot conceive a child naturally. There are quite strict guidelines as to who can go through the IVF procedure on the National Health Service (NHS). These guidelines are regulated by an organisation known as NICE (the National Institute for Health and Care Excellence).

The NHS highlights six stages to the IVF process:

1. The natural menstrual cycle is stopped using medication.
2. Egg supply is boosted by using medication to help the ovaries produce more eggs.
3. An ultrasound scan is used to monitor the eggs and check they are maturing, with medication used to help the eggs mature.
4. The eggs are collected from the ovaries.
5. The eggs are fertilised by mixing them with sperm for a few days, this forms the embryo.
6. One or two of the embryos are placed back into the womb.



**DON'T FORGET**

There are no hard scientific facts concerning the point when human life has actually or will actually begin. Organisations such as the British Medical Association (BMA) view the embryo as having more rights the more they develop, highlighting that until the embryo achieves the status of a human being, it doesn't have full human rights.

## WHAT ARE THE MORAL ISSUES RAISED BY IVF?

### The status of the embryo

As noted in the previous topic, there are different viewpoints regarding the status of the embryo. Is the embryo a human being, a potential human being or not a human being?

If the embryo is considered a person, then the process of IVF can be called into question, as common practice means more embryos are created than are used. The treatment of those leftover embryos (explored in detail below) from the IVF process raises an ethical question if those embryos are considered to be human beings.

If the embryo is considered a potential human being it becomes harder to judge, from an ethical perspective, how the embryo might be used.

If the embryo is considered as not being a human being, then there are less ethical issues raised with how embryos are used, specifically those embryos that are additional to requirements regarding the reproductive process.

contd

### Leftover embryos

As eggs are fertilised during the IVF process, there may be many embryos produced. It is common practice for one embryo to be implanted, although two embryos may be used (if the patient is slightly older or if there are questions regarding the quality of the embryo). This means that there are embryos leftover and poses a question as to what should be done with the embryos that are leftover. Some of the options regarding the unused embryos are:

- They may be frozen and kept for a later date.
- They may be donated to other couples unable to conceive.
- They may be donated to scientific or medical research.
- They may be destroyed.

### Interfering with natural processes/playing God

There are those, usually from a religious perspective, who would argue that having children should be a natural process and if you are unable to have a family then you should just accept this. If you start to interfere with this process, then you are *playing God*. Others argue that God may have given His creation the wisdom and intellect as human beings to be able to advance the human race in this way, whilst others see God as irrelevant in the discussion as God doesn't exist and it is up to humanity to use reason and science to advance medicine in any way that will benefit us.

### Eugenics/slippery slope

Eugenics is when desirable or favourable traits in offspring are selected, so that they, or indeed future races, have an improved genetic composition. Medically, on the NHS, IVF is not used to control human reproduction so that certain types of preferred people are being bred. However, there is an argument that creating embryos outside the womb could open the door to greater experimentation, which may have concerning morally questionable implications regarding what traits an individual could be born with.

### Cost/equity

IVF costs can vary, but the NHS states on their website that 'one cycle of treatment may cost £5000 or more'. The NHS works on a budget, which means that money directed towards IVF treatment has an opportunity cost. The opportunity cost is that those who are waiting on other medical procedures either miss out, or that there are longer waiting lists in some areas of critical care.

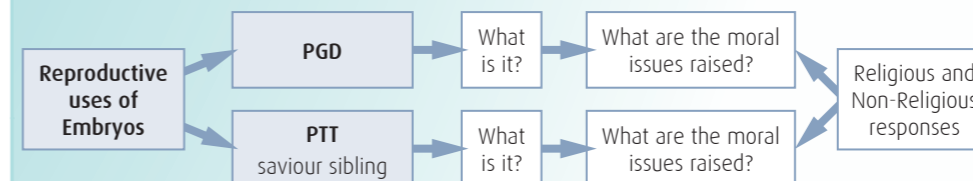
Some may argue that there is more virtue and equity in putting this money into treatments that have a higher success rate or may be more beneficial for more people. Others would argue that the right to have a family overrides the cost and that if IVF was only available through private healthcare, then there are many in society who would not be able to afford the treatment.

**DON'T FORGET**

From 2014 to 2016, it was recorded that the success of IVF in any age range was less than 30%, gradually becoming less successful with age, with less than a 10% success rate for those older than 39 years.

## THINGS TO DO AND THINK ABOUT

Two of the other techniques that use embryos created by IVF are Pre-implantation genetic diagnosis (PGD) and Pre-implantation tissue typing (PTT), often known as Saviour siblings. Have a look at the diagram below and see if you can explore these further issues for yourself. Remember, the key questions to ask are: What are they? What moral issues do they raise? And what are the religious and non-religious viewpoints towards those moral issues?





## RELIGIOUS, MORAL AND PHILOSOPHICAL STUDIES

Tim Beattie

This BrightRED Study Guide is the ultimate companion to your CfE Higher RMPS studies! Written by our trusted author and experienced teacher, Tim Beattie, this book is full-colour and packed with clear and accessible information, excellent examples, activities and advice. Inside, you will find:

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